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# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) -All Filers Are Required to Complete This Page

|  |           |                   |                                   |
|--|-----------|-------------------|-----------------------------------|
| 1. Registrant Name<br><b>Cassidy &amp; Associates, Inc.</b>  |           |                   |                                   |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>700 Thirteenth Street, NW, Suite 400</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20005</b> |           |                   |                                   |
| 3. Principal Place of Business (if different from line 2)<br>City <b>** Same as Above**</b> State/Zip (or Country)   |           |                   |                                   |
| 4. Contact Name<br><b>Barbara Sutton</b>   | Telephone | E-mail (optional) | 5. Senate ID #<br><b>8453-835</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>UMASS Memorial Health Care, Inc.</b>  |           |                   | 6. House ID #<br><b>30223064</b>  |

**TYPE OF REPORT** 8. Year 2001 Midyear (January 1-June 30)  **OR** Year End (July 1-Dec

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  >> Termination Date \_\_\_\_\_ 11. No Lobbying

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms   | 13. Organizations   |
|--|---|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$240,000.00</u><br>Income (nearest \$20,000) | <b>EXPENSES</b> relating to lobbying activities for this reporting period were:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> >> \$ _____<br>Expenses (nearest \$20,000)  |
| Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).              | <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of<br><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition<br><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 the Internal Revenue Code<br><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code |

Signature Barbara Sutton Date 8/14/2001



Registrant Name: Cassidy & Associates, Inc.

Client Name: UMASS Memorial Health Care, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific Lobbying issues

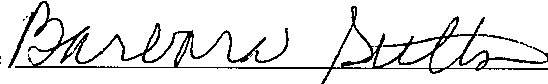
**H.R.2311/S.1171, Energy and Water Development Appropriations Act, 2002, Cancer Center House/Senate, Departments of Labor, Health and Human Services, and Education, and Related Agencies Act, 2002, Emergency Medicine Demonstration Project, Cancer Center, and Bio Science Initiative House/Senate, Department of Defense Appropriations Act, 2002, Bio Science Initiative**

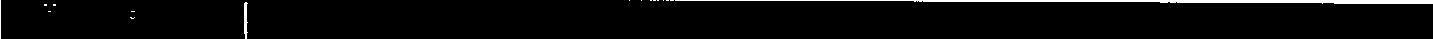
17. House(s) of Congress and Federal agencies contacted  Check if None  
**House of Representatives**  
**Senate**

18. Name of each individual who acted as a lobbyist in this issue area

| Name                    | Covered Official Position (if applicable)       |
|-------------------------|---|
| <b>Clay, Sonya</b>      | <b>LD, Office of Rep. Barbara Lee</b>           |
| <b>Doerr, Kerrie</b>    |   |
| <b>James, Marie</b>     |   |
| <b>O'Shea, Sean</b>     | <b>Sr. Advisor, Ofc of Cabinet Affairs, EOP</b> |
| <b>Russo, Martin A.</b> |   |
| <b>Sutton, Barbara</b>  |   |
|                         |   |
|                         |   |

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature  Date 8/14/2001



Registrant Name: Cassidy & Associates, Inc.

Client Name: UMASS Memorial Health Care, Inc.

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client  
**Doerr, Kerrie**

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business<br>(city and state or country) |
|------|---------|--|
|      |         |  |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Address | Principal Place of Business<br>(city and state or country) | Amount of contribution<br>for lobbying activities |
|------|---------|--|---|
|      |         |  |   |

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant or affiliated organization

Signature *Burton Smith*

Date 8/14/2001



Registrant Name: Cassidy & Associates, Inc.

Client Name: UMASS Memorial Health Care, Inc.

| Item | Description                       | Data  |
|------|-----------------------------------|---|
| 25a  | Affiliated Orgs - Name            | University of Massachusetts Medical School  |
| 25b  | Affiliated Orgs - Address         | 55 Lake Avenue North Worcester MA 01655 USA |
| 25c  | Affiliated Orgs - Principal Place |   |

