

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 9/22/2003

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant name Cassidy & AssociatesAddress 1 Walnut StreetCity BostonState MAZip 02108

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(617) 305-4161Contact David Oliveira

E-mail (optional) _____

6. General description of registrant's business or activities

Consultants in Government Relations

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* Self

7. Client name Martha's Vineyard HospitalAddress One Hospital Road / P.O. Box 1477City Oaks BluffsState MAZip 02557

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

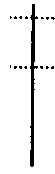
9. General description of client's business or activities

Hospital**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>David J. Oliveira</u>	
<u>Scott H. Bosworth</u>	
<u>Gregory Gill</u>	

Sean O'Shea



Form LD-1 (Rev. 04/03)

Registrant Name Cassidy & Associates Client Name Martha's Vineyard Hospital

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

HCR

12. Specific lobbying issues (current and anticipated)

Facility funding in Labor / HHS / Ed / Appropriations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regist a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activitie

No ⇨ Go to line 14.

Yes ↓ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or countr


FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidi activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outc of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ↓ Complete the rest of this section for each matching the criteria above, then sign and registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
			

Signature _____ Date 09/22/2003

Printed Name and Title David J. Oliveira, Senior Vice President & General Counsel

Form LD-1 (Rev. 04/03)