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

SECRETARY OF THE SENA

02 AUG 14 PM 3: !

LOBBYING REPORT

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

	Registrant Name Cassidy & Associates, Inc.	
2.	Registrant Address	
3.	Principal Place of Business (if different from line 2)	
	City ** Same as Above** State/Zip (or Country	·)
4.	Contact Name Telephone Barbara Sutton	E-mail (optional) 5. Senate ID # 8453-835
7.	Client Name Self UMASS MEMORIAL HEALTH CARE, INC.	6. House ID # 30223064
	NCOME OR EXPENSES - Complete E	•
77	NCOME relating to lobbying activities for this reporting residuals:	13. Organizations EXPENSES relating to lobbying activities for this reperiod were:
		period were.
pε	ess than \$10,000 🔲	Less than \$10,000 \square
pe Le	ess than \$10,000	Less than \$10,000
pe Le \$1	10,000 or more \boxtimes >> \$ $\frac{\$280,000.00}{\text{Income (nearest }\$20,000)}$	Less than \$10,000 □ \$10,000 or more □ >> \$
Pr \$2 (ii	10,000 or more >> \$\frac{\$280,000.00}{\text{Income (nearest \$20,000)}}\$ rovide a good faith estimate, rounded to the nearest 20,000 of all lobbying related income from the client negligible including all payments to the registrant by any other entirest.	Less than \$10,000 \$10,000 or more \$Expenses (nearest \$2) 14. REPORTING METHOD. Check box to indicat accounting method. See instructions for description of
Pr \$2 (ii	10,000 or more $>>$ \$\frac{\$280,000.00}{\text{Income (nearest \$20,000)}}\$ rovide a good faith estimate, rounded to the nearest 20,000 of all lobbying related income from the client	Less than \$10,000 \$10,000 or more \$Expenses (nearest \$2) 14. REPORTING METHOD. Check box to indicat accounting method. See instructions for description of

00020273203

Reg	istrant Name:	Cassidy & Associates, Inc.	
Clie	nt Name:	UMASS MEMORIAL HEALTH CAR	E, INC.
enga	aged in lobbyin		y to reflect the general issue areas in which the registrant ng period. Using a separate page for each code, provide l.
15.	General issue	area code <u>BUD</u> (one per page)	
16.	S.2766/House Act, 2003, Fa	nate, Department of Defense Appropriat	ıman Services, and Education, and Related Agencies A
17.	House(s) of C House of Rep Senate	ongress and Federal agencies contacted presentatives	☐ Check if None
18.	Name of each	individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)
	Burnett, Lair	rd	
	Clay, Sonya		LD, Office of Rep. Barbara Lee
	James, Marie		
	O'Shea, Sean		Sr. Advisor, Ofc of Cabinet Affairs, EOP
	Russo, Marti	n A.	
	Sutton, Barba	ara	
19.	Interest of eac	h foreign entity in the specific issues listed	I on line 16 above 🔀 Check if None
Sign	ature <u>M</u>	van Sut	Date 8/14/2002

00020273204

Reg	istrant Name:	Cassidy & Associates, Inc.	
Clie	nt Name:	UMASS MEMORIAL HEALTH CAR	E, INC.
enga	aged in lobbyin	•	to reflect the general issue areas in which the registrant ng period. Using a separate page for each code, provide l.
15. General issue area code MMM (one per page)			
16.	Specific Lobb Medicare Re	oying issues imbursement Issues	
17.		Congress and Federal agencies contacted ledicare & Medicaid Services presentatives	☐ Check if None
18.	Name of each	individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)
	Burnett, Lair	rd	
	Clay, Sonya		LD, Office of Rep. Barbara Lee
	O'Shea, Sean	l	Sr. Advisor, Ofc of Cabinet Affairs, EOP
	Russo, Marti	n A.	
	Sutton, Barb	ara	
			
19.		ch foreign entity in the specific issues listed	
Sign	ature <u>Br</u>	Morn Suts	Date8/14/2002

Paį

Registrant Name: Cassidy &	Associates, Inc.		
Client Name: <u>UMASS N</u>	MEMORIAL HEALTH CA	RE, INC.	
nformation Update P	age - Complete ONLY wh	ere registration information has	s changed.
20. Client new address			- ns ·
21. Client new principal place of l	business (if different from line 20)		
City	State/Zip (or Country)		
22. New general description of cli	ent's business or activities		
LOBBYIST UPDATE			
23. Name of each previously James, Marie	y reported individual who is r	no longer expected to act as a lob	byist for the client
James, warie			
ISSUE UPDATE			-
24. General lobbying issues	previously reported that no lo	onger pertain	
AFFILIATED ORGANIZATION		-	·
25. Add the following affilia	ated organization(s)		
Name		Address	Principal Place of B (city and state or co
			(City and state of C
6. Name of each previously	reported organization that is	s no longer affiliated with the regi	strant or client
OREIGN ENTITIES			
27. Add the following foreig	n entities		
Name	Address	Principal Place of Business	Amount of contribution
		(city and state or country)	for lobbying activities
28. Name of each previously	reported foreign entity that	no longer owns, or controls, or is	affiliated with the regis
or affiliated organization	1		
<u>~</u>	Sum		

00020273206

Registrant Name: Cassidy & Associates, Inc.

Client Name: UMASS MEMORIAL HEALTH CARE, INC.

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