

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
---	--

RECEIVED.  
SECRETARY OF THE SENATE

03 DEC 19 PM 2:28

**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 11/13/2003

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

**REGISTRANT**

3. Registrant Name **Cassidy & Associates, Inc.**

Address **700 Thirteenth Street, NW, Suite 400**

City **Washington** State **DC** Zip **20005**

4. Principal place of business (if different from line 3)  
City **\*\* Same as Above\*\*** State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name Contact E-Mail (optional)  
**202/347-0773** **Matthew J. Trant** \_\_\_\_\_

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 **TRIHEALTH, INC.**

Address **619 Oak Street**

City **Cincinnati** State **OH** Zip **45206**

8. Principal place of business (if different from line 7)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities \_\_\_\_\_

**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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<b>Sean O'Shea</b>	
<b>David Oliveira</b>	
<b>Matthew J. Trant</b>	



Registrant Name: Cassidy & Associates, Inc.Client Name: TRIHEALTH, INC.**LOBBYING ISSUES**

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

**BUD**

12. Specific lobbying issues (current and anticipated)

**Program and facility funding.****AFFILIATED ORGANIZATIONS**

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

 No. Go to line 14. Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**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 subsidizes 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 outcome of the lobbying activity?

 No. Sign and date the registration. Yes. Complete the rest of this section for each entity matching the criteria above, the sign and date the registration.

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

Signature

Date 12/17/2003

