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LOBBYING REPORT

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

1. Registrant Name Cassidy & Associates, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 700 Thirteenth Street, NW, Suite 400 City Washington State/Zip (or Country) DC 20005			
3. Principal Place of Business (if different from line 2) City ** Same as Above** State/Zip (or Country)			
4. Contact Name Arthur D. Mason	Telephone	E-mail (optional)	5. Senate ID # 8453-3770
7. Client Name <input type="checkbox"/> Self KALEIDA HEALTH			6. House ID # 30223314

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-De

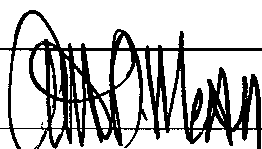
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date _____ 11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$120,000.00</u> Income (nearest \$20,000)</p> <p>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).</p>	<p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$2)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definit</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603: the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162: Internal Revenue Code</p>

Signature _____



Date 8/14/2002

Registrant Name: Cassidy & Associates, Inc.

Client Name: KALEIDA HEALTH

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)

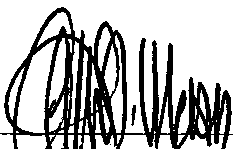
16. Specific Lobbying issues
S.2766/House, Department of Labor, Health & Human Services and Education, and Related Agencies Appr- Act, 2003, Children's Hospital
S.2797/House, Department of Veterans Affairs, Housing and Urban Development and Independent Agencie Appropriations Act, 2003, Children's Hospital

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)
Clay, Sonya	LD, Office of Rep. Barbara Lee
Johnson, Mary Kate	
Mason, Arthur D.	
Russ, Marnie	

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

Signature  Date 8/14/2002

Registrant Name: Cassidy & Associates, Inc.Client Name: KALEIDA HEALTH**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 UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client
Russ, Marnie**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 Bu (city and state or cou

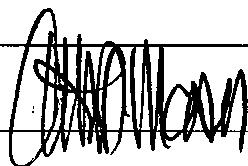
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client**FOREIGN ENTITIES**

27. Add the following foreign entities

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

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

Signature


Date 8/14/2002

