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LOBBYING REPORT

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

1. Registrant name	
Organization	Cassidy & Associates
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	700 13th Street, NW Suite 400
City	Washington State DC Zip Code 20005 Country USA
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
4a. Contact Name Prefix Full Name b. Telephone number c. E-mail	
Mr. Gregory M. Gill	202-585-2417 compliance@cassidy.com
5. Senate ID # 8453-6170	
7. Client Name <input type="checkbox"/> Self Carolinas Healthcare System	
6. House ID # 30223428	

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <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>160,000</u></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>13. Organizations</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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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Printed Name and Title Gregory M. Gill, Executive Vice President & General Counsel

Gregory M. Gill

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Registrant Name Cassidy & Associates

Client Name Carolinas Healthcare System

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

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

H.R.3010, Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act FY2006, HRSA, seeking funding for health facility construction and equipment

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Christy	Evans		
Gregory M.	Gill		
Gregg L.	Hartley		
Lellyett	Wentworth		

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

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Registrant Name Cassidy & Associates Client Name Carolinas Healthcare System

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

20. Client new address
 Address
 City State Zip Code Country

21. Client new principal place of business (if different than line 20)
 City State Zip Code 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

First Name	Last Name	Suffix	First Name	Last Name	Suff
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner's percent client
	City	State/Province Country	City State Country		

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add a page for more upd

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