

**REGISTRATION OF PRINCIPAL  
EMPLOYING A LOBBYIST**

For Use In 2001-2002

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53709-0001

**Section 1 -- Identification of Principal  
"Principal" means any person who employs a lobbyist.**

Name of Principal American Heart Association

Name of in-house person the City Clerk's Office may contact regarding lobbying issues:

Last Name Cassidy First Name Maureen Title Public Advocacy Director

Mailing Address 2850 Dairy Dr. Suite 300

City Madison State WI Zip Code 53718

Business Address (if different) 221-8866

Contact Phone 221-9233

Contact FAX \_\_\_\_\_ Contact E-mail Address Mcassidy@heart.org

Principal's Internet Address www.americanheart.org

Person to whom correspondence should be sent (if different from above)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Firm or Organization Name Same

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

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MADISON, WISCONSIN

**Section II -- Nature and Interest of Principal**

Check one of the following and complete only that section:

**Business Entity**

Describe the business activity in which the entity is engaged

Chief Executive Officer: \_\_\_\_\_  
Last First Title

If partnership or limited liability company, check here  and attach list of partners/members.

**Industry, Trade or Professional Association**

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer: \_\_\_\_\_  
Last First Title

Approximate number of members: \_\_\_\_\_

**Other Not for Profit**

Governmental     Labor Union     Charitable/Religious/Civic, etc.     Other

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: \_\_\_\_\_

**Individual**

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

Describe the business activity in which the individual or the individual's employer is engaged

**Section III -- Areas of Lobbying**

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

*Emergency medical service, tobacco control, nutrition, physical activity*

List the City agencies in which the principal seek to influence administration action:

- All       None       Agencies listed below

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1. Item: *Smoke free workplace ordinances; other clean indoor air proposals;*  
*Other issues unknown at this time*
- a. How will this item affect the principal's business or other activity?  
*Achieves our goal of reducing cardiovascular disease + stroke by addressing risk factors.*
- b. Which industry, trade, profession or segment or portion thereof would be principally affected?  
*The broader community.*
- c. If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

For additional items, attach additional sheets.

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

**CAPITAL BUDGET**

**OPERATING BUDGET**

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**Section IV - Authorization of Lobbyists**

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

1. Lobbyist's Name: Maureen Cassidy  
Mailing Address: \_\_\_\_\_  
Address same as Section I City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
  
2. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
  
3. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
  
4. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee

**Section V - Authorized Signer**

1. Name: Maureen Cassidy  
Position or Relationship to Principal: Public Advocacy Director
  
2. Name: \_\_\_\_\_  
Position or Relationship to Principal: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Position or Relationship to Principal: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Position or Relationship to Principal: \_\_\_\_\_

**Section VI -- Certification**

I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.



Signature Maureen A. Cassidy Title Public Advocacy Director  
Type or print name as signed above Maureen A. Cassidy Date February 2, 2001

Address & Telephone (if different from first page of this form)

Individuals permitted to sign documents -- Name and position or relationship to the principal of any designee authorized to sign documents submitted to the City Clerk by the organization principal.

Subscribed before me this 20<sup>TH</sup> day of FEBRUARY, 2001.

Notary Matthew De Ol

Commission expires: DECEMBER 26, 2004