

REGISTRATION OF PRINCIPAL  
EMPLOYING A LOBBYIST  
For Use In 2002

RECEIVED-CITY OF MADISON  
CLERKS OFFICE

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703-3449

02 NOV 15 PM 1:07

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

American Heart Association

Name of Principal

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

Cassidy Last Name      Maureen First Name      Public Advocacy Director Title

2850 Dairy Drive Mailing Address      Suite 300

Madison City      WI State      53718 Zip Code

Business Address (if different)

608-221-8866

Contact Phone

608-221-9233 Contact FAX

Maureen.cassidy@heart.org Contact E-mail Address

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

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

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

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

## 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

*Voluntary health association dedicated to reducing disability and death from heart disease and stroke.*

### Section III -- Areas of Lobbying

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

Clean indoor air initiatives (smoke free restaurant ordinance); ~~at the school~~  
~~at the school~~

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 Restaurant ordinance
  - a. How will this item affect the principal's business or other activity?  
Help achieve our mission of improving cardiovascular health in our community.
  - b. Which industry, trade, profession or segment or portion thereof would be principally affected?  
restaurants and all who work in and patronize them
  - 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**

topic
topic
topic
topic
topic
topic

**OPERATING BUDGET**

topic
topic
topic
topic
topic
topic

## Section IV - Authorization of Lobbyists

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

- Lobbyist's Name: Maureen Cassidy  
Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
- Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
- Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
- Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee

## Section V - Authorized Signer

- Name: Maureen Cassidy  
Position or Relationship to Principal: Public Advocacy Director
- Name: \_\_\_\_\_  
Position or Relationship to Principal: \_\_\_\_\_
- Name: \_\_\_\_\_  
Position or Relationship to Principal: \_\_\_\_\_
- 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

Date

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 15<sup>th</sup> day of November, 2002.

Notary

*Mary R. Jorgensen*

Commission expires: 2/23/03

