

**CITY OF MADISON  
Principal's Expense Statement**

RECEIVED-CITY OF MADISON  
CLERKS OFFICE

**Reporting Period:** January 1, 2003 through March 31, 2003  
 April 1, 2003 through June 30, 2003  
 July 1, 2003 through September 30, 2003  
 October 1, 2003 through December 31, 2003 2

**Filing Deadline, Indicate Calendar Quarter:** PM  April 30, 2003  
 July 31, 2003  
 October 31, 2003  
 January 31, 2004 3

03 JAN 15

American Heart Association

Name of Principal

608-221-8866

Phone No.

2850 Dairy Drive, Suite 300 Madison WI 53718

Address

Mauran Cassidy

See above

Name of Lobbyist

Lobbyist Phone No.

Name of Lobbyist

Lobbyist Phone No.

I. Total lobbying expenditures and obligations incurred \$ 0

Is this amount an estimate under Sec. 2.40 (10) (b) MGO? Yes  No

**Disclosure of Lobbying Communications**

| Date            | City Official         | Number of Contacts                                | Subject of Each Contact      | Lobbyist              |
|-----------------|-----------------------|---|------------------------------|-----------------------|
| <u>11/14/03</u> | <u>Common Council</u> | <u>Entire Council<br/>(letter to each member)</u> | <u>smoke-free restaurant</u> | <u>Mauran Cassidy</u> |
|                 |                       |   |                              |                       |
|                 |                       |   |                              |                       |

See Page 2 to List Additional Disclosures

**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 authorized designee. I understand that if I know or believe any of the above information not to be true, I am subject to a forfeiture of \$1,000.

Signature

M.P. Cf

Public Advocacy Director  
Title

Type or print name

Mauran A. Cassidy

Date

1/10/03