

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE
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LOBBYING REPORT

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

1. Registrant Name Triad Strategies, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 116 Pine Street, 5th Floor			
3. Principal Place of Business (if different from line 2) Harrisburg PA, 17101 City: State/zip (or Country)			
4. Contact Name Deb Savarese	Telephone (717) 635-2360	E-mail (optional) dsavarese@triadstrategies.com	5. Senate ID # 36036023
7. Client Name <input type="checkbox"/> Self Indiana Regional Medical Center			6. House ID # 36036023

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☐ OR Year End (July 1-Dec 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 ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

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

Signature _____

Deb Savarese

Date **2/10/05**

Printed Name and Title

Debra Savarese, Senior Executive Assistant

LD-2 (REV. 4/03)

PAGE 1

Registrant Name Triad Strategies, LLC Client Name Indiana Regional Medical Center

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

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Lobbied members of the PA Congressional Delegation for assistance with funding of health care facilities.

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

House of Representatives, SEate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Martin Sellers	
Bradley Shopp	
Yvonne Roberts	

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

Signature Debra Lee Savarese Date 2/10/05

Printed Name and Title Debra Savarese, Senior Executive Assistant

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

Page 2

Registrant Name Triad Strategies, LLC Client Name Indiana Regional Medical Center

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 UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Scott E. Malan

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 Business (city and state or country)

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 registrant or affiliated organization

Signature Debra Lee Savarese Date 2/10/05

Printed Name and Title Debra Savarese, Senior Executive Assistant

