

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
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SECRETARY OF THE SENATE
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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 Toni Theis	Telephone (717) 635-7372	E-mail (optional) ttheis@triadstrategies.com	5. Senate ID # 36036024
7. Client Name <input type="checkbox"/> Self Latrobe Area Hospital			6. House ID # 36036024

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

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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)</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"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(3) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Date _____

Printed Name and Title _____

Toni L. Theis, Associate

LD-2 (REV. 4/03)

PAGE 1 of ____

Registrant Name Triad Strategies, LLC Client Name Latrobe Area Hospital

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 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, Seante

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

Name	Covered Official Position (if applicable)
Bradley Shopp	

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

Signature Toni L. Theis Date 8/5/05

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Printed Name and Title _____

Form LD-2 (Rec. 4/03)

Page 2 of

Registrant Name Triad Strategies, LLC Client Name Latrobe Area Hospital

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

Martin Sellers
Yvonne Roberts

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	Overseas per client

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

Signature Toni L. This Date 8/5/05

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