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LOBBYING REPORT

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

1. Registrant Name Delta Development Group, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 2000 Technology Parkway, Mechanicsburg, PA 17050			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Tami E. Bubb	Telephone (717) 441-9030	E-mail (optional) tami@deltaone.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Good Samaritan Hospital			6. House ID # 33602032

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

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:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇌ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇌ \$ _____ Expenses (nearest \$20,000)
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 exp accounting method. See instructions for description of opti
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitior
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(t Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Tami E. Bubb

Signature _____ Date _____

Printed Name and Title _____ Tami E. Bubb, Assistant Secretary _____

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Delta Development Group, Inc. Client Name Good Samaritan 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 TRA (one per page)

16. Specific lobbying issues

Federal Funding for Transportation Project

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

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Anthony B. Seitz	Vice President - Government Relations
Scott P. Tochterman	Principal - Government Relations
Louis P. Roth	Government Relations Associate

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

Signature Jami L. Bullock Date 2/11/04

Printed Name and Title I am E. Bubb, Assistant Secretary

Form LD-2 (Rev. 4/03)

Page _____

Registrant Name Delta Development Group, Inc. Client Name Good Samaritan 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

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 Bus. (city and state or cour

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, c
affiliated organization

Signature Tami D. Bullock Date 2/11/04

