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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			
2. Address <input type="checkbox"/> Check if different than previously reported 1845 Walnut Street, 12th Floor, Philadelphia, PA 19103			
3. Principal Place of Business (if different from line 2) City: Philadelphia State/Zip (or Country) PA 19103			
4. Contact Name Martin D. Sellers	Telephone (215) 564-1992	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Delaware Valley Community Health			6. House ID # 360361

TYPE OF REPORT 8. Year 2002 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	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000.00</u> 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 accounting method. See instructions for description of o</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(e) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature _____

Printed Name and Title _____

Martin D. Sellers, Director

Registrant Name Triad Strategies Client Name Delaware Valley Community Health

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

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

16. Specific lobbying issues

Request for Funding for Development and Operations of New Health Center

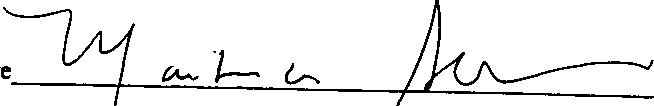
17. House(s) of Congress and Federal agencies contacted Check if None

US Senate
US House of Representatives

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

Name	Covered Official Position (if applicable)
Martin D. Sellers	Director
Alexa M. Knapp	Associate

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

Signature  Date 08/13/02
Printed Name and Title Martin D. Sellers, Director

