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LOBBYING REPORT

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

1. Registrant Name <p style="text-align: center;">Triad Strategies, LLC</p>			
2. Address <input type="checkbox"/> Check if different than previously reported <p style="text-align: center;">116 Pine Street, 5th Floor</p>			
3. Principal Place of Business (if different from line 2) <p style="text-align: center;">Harrisburg PA, 17101 City: State/zip (or Country)</p>			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Deb Savarese	(717) 635-2360	dsavarese@triadstrategies.com	36036004
7. Client Name <input type="checkbox"/> Self			6. House ID #
Moore College of Art & Design			36036004

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

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 style="text-align: center;">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"/> ⇔ \$ _____ <small style="margin-left: 150px;">Income (nearest \$20,000)</small></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 style="text-align: center;">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"/> ⇔ \$ _____ <small style="margin-left: 150px;">Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature Debra Lee Savarese Date 4/2/07

Printed Name and Title Debra Savarese, Senior Executive Assistant

LD-2 (REV. 4/03)

PAGE 1

Registrant Name Triad Strategies, LLC Client Name Moore College of Art & Design

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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Lobby members of PA Congressional delegation for assistance with funding of educational facilities.

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)
Martin Sellers	
Bradley Shopp	
Scott Malan	

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

Signature Debra Lee Lawrence Date 2/5/04

Printed Name and Title Debra Savarese, Senior Executive Assistant

Form LD-2 (Rec. 4/03)

Page 2

Registrant Name Triad Strategies, LLC Client Name Moore College of Art & Design

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

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 B (city and state or cc)

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 affiliated organization

Signature Debra Lee Anwarose Date 2/3/04

Signature _____

Printed Name and Title Debra Savarese, Senior Executive Assistant

Form LD-2 (Rev. 4/03)

Page 3