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 SEN,

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	March 1			
2. House Identification Number 34724 -	1. Effective Date of Registration Ward 1, Senate Identification Number 507 96			
REGISTRANT				
3. Registrant name Winning Strateg	siec Machination			
Address 819 7th Street, NW	611+e5101			
City Washington	State DC Zip 20001			
4. Principal place of business (if different from line 3)	1001			
City	State/Zip (or Country)			
5. Telephone number and contact name	2 6 2 4 9			
902 589-0800 Contact M	ICHAEL MENDLA E-mail (optional)			
6. General description of registrant's business or activities 2014 Ment Relations				
CLIENT A Lobbying firm is required to file a separate registration labeled "Self" and proceed to line 10.	for each client. Organizations employing in-house lobbyists should che			
7. Client name PAZLY Inc.				
Address 325 1th Street NW	Suite 1200			
City Washington	State C Zip O			
8. Principal place of business (if different from line 7)				
City New York	State/Zip (or Country)			
9. General description of client's business or activities +leutneare	111111111111111111111111111111111111111			
LOBBYISTS				
10. Name of each individual who has acted or is expected to ac	t as a labbujet for the client identified at the second			
arm section that served as a covered executive pranch of	ficial" or "corresed legislative been at access to the second			
acting as a lobbyist for the client, state the executive and/o	or legislative position(s) in which the person served.			
Name	Covered Official Position (if applicable			
Michael Merola				
Kich Gannon	***************************************			
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WMNIng Strateg	jies Washing	Ton Client Name	fizer,	Inc.
LOBBYING ISSU 11. General lobbying issu HCR ADV		plicable codes listed in inst	ructions and on th	e reverse side of Form Li
GOVERMENT/PUBLIC PELATING to her AFFILIATED OR	c relation. althcare, pr GANIZATION	S Introducina narmaceutica vs		
13. Is there an entity other a semiannual period and the No ⇔ Go to li	and in whole or in i	major part plans, supervi	ises or controls t ete the rest of th	obbying activities of the registrant's lobbying is section for each entity proceed to line 14.
Name	************************	Address		Principal Place of Bu (city and state or co
activities of	t 20% equitable own directly, in whole of the client or any or of the client or any ng activity?	nership in the client or a or in major part, plans, si ganization identified on organization identified	upervises, contro line 13; or on line 13 and h	ls, directs, finances or as a direct interest in the
			Complete the rematching the cri registration.	st of this section for eac teria above, then sign a
Name	Address	bı	pal place of usiness state or country)	Amount of contribution for lobbying activities
Λ.				
Signature Printed Name and Title	Micionala	July 12	Date_	March 7, 20