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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 checked="" type="checkbox"/> Check if different than previously reported 116 Pine Street Harrisburg, PA 17101			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Jennifer M. Bertrand	Telephone (717) 238-2970	E-mail (optional) jbertrand@triadstrategies.com	5. Senate ID # 360
7. Client Name <input type="checkbox"/> Self Delaware Valley Community Health			6. House ID # 360

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Activities **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></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 align="center"><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature  \_\_\_\_\_  
Printed Name and Title JENNIFER M. BERTRAND ASSOCIATE \_\_\_\_\_

LD-2 (REV. 6/98)

Registrant Name Triad Strategies, LLC Client Name Delaware Valley Community Health

**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 Pennsylvania Congressional delgation on issues pertaining to funding of health care 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 D. Sellers	
Bradley P. Shopp	

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

Signature *[Handwritten Signature]* Date 12 FEB 03

Printed Name and Title JENNIFER M. BERTRAND ASSOCIATE

Form L.D-2 (Rev.6/98)

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