

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

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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 type="checkbox"/> Check if different than previously reported 116 Pine Street, 5th Floor | | | |
| 3. Principal Place of Business (if different from line 2) Harrisburg PA, 17101 City: State/zip (or Country) | | | |
| 4. Contact Name Toni Theis | | Telephone (717) 635-7372 | E-mail (optional) Toni L. Theis |
| 5. Senate ID # 36036001 | | | 6. House ID # 36036001 |
| 7. Client Name <input type="checkbox"/> Self Children's Hospital of Philadelphia | | | |

TYPE OF REPORT 8. Year 2005 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☒

\$10,000 or more ☐ ⇌ \$ _____
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇌ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option

- ☐ **Method A.** Reporting amounts using LDA definitions and Internal Revenue Code
- ☐ **Method B.** Reporting amounts under section 6033(b)(8) Internal Revenue Code
- ☐ **Method C.** Reporting amounts under section 162(e) of Internal Revenue Code

Signature

Toni L. Theis

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Date _____

Printed Name and Title _____

Toni L. Theis, Associate

LD-2 (REV. 4/03)

PAGE 1 of ____

Registrant Name Triad Strategies, LLC Client Name Children's Hospital of Philadelphia

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 members of the PA Congressional delegation for assistance with 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) |
|---------------|---|
| Bradley Shopp | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature Toni L. Theis Date 8/5/05

Printed Name and Title

Toni L. Theis, Associate

Registrant Name Triad Strategies, LLC Client Name Children's Hospital of Philadelphia

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

Martin Sellers
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 Business (city and state or country) |
|------|---------|--|
| | | |

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 | Own per client |
|------|---------|--|---|----------------------|
| | | | | |

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature Toni L. Theriault Date 8/5/05

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 Printed Name and Title Tom L. Meis, Associate

Form LD-2 (Rev. 4/03)

Page 3 of