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# LOBBYING REPORT

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

1. Registrant name  
Organization **Triad Strategies LLC**

2. Address  Check if different than previously reported  
Address 1 **116 Pine Street**  
City **Harrisburg** State **PA** Zip Code **17101** Country **USA**

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
State/Zip or Country \_\_\_\_\_

4a. Contact Name Prefix **Mr.** Full Name **Paul Hindmarsh** b. Telephone number **717-635-2348** c. E-mail **phindmarsh@triadstrategies.com**

5. Senate ID # **79131-492**

7. Client Name  Self **LATROBE AREA HOSPITAL**

6. House ID # \_\_\_\_\_

**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 Activity

## 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  ⇨ \$ \_\_\_\_\_

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  ⇨ \$ \_\_\_\_\_

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

**Method A.** Reporting amounts using LDA definitions only

**Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

**Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Form Complete

3000263160

Printed Name and Title Paul Hindmarsh, Operating Director

*Paul W. ...*

Registrant Name TRIAD STRATEGIES LLC

Client Name LATROBE AREA HOSPITAL

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

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

16. Specific lobbying issues

*Add page to continue specific issues description for this issue*

LOBBIED MEMBERS OF THE PA CONGRESSional delegation for ASSISTANCE WITH FUNDING FOR HEALTH CARE FACILITIES

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

HOUSE OF REPRESENTATIVES, SENATE

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

*Add a page to continue adding lobbyists for this issue*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	N
Jane	Strittmatter			<input type="checkbox"/>
John	OBoyle			<input type="checkbox"/>
YVONNE	ROBERTS			<input type="checkbox"/>
ERIC	WALLACE			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

3000263161

Printed Name and Title PAUL HINDMARSH OPERATIONS DIRECTOR

*Handwritten signature*