

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
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SECRETARY OF THE SENATE
03 JAN 23 PM 2:56

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration JANUARY 1, 2001

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name WINNING STRATEGIES WASHINGTON

Address 819 SEVENTH STREET, NW — SUITE 501

City WASHINGTON

State DC

Zip 20001

4. Principal place of business (if different from line 3)

City SAME AS ABOVE

State/Zip (or Country) _____

5. Telephone number and contact name

() 202-589-0800

JENNIFER

Contact CRUICKSHANK

E-mail (optional) _____

6. General description of registrant's business or activities

GOVERNMENT RELATIONS

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* Self

7. Client name SOMERSET MEDICAL CENTER

Address 110 REHILL AVENUE

City SOMERVILLE

State NJ

Zip 08876

8. Principal place of business (if different from line 7)

City SAME AS ABOVE

State/Zip (or Country) _____

9. General description of client's business or activities

HEALTH CARE

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>DONNA MULLINS</u>	<u>Chief of Staff, Rep. Frelinghuysen</u>
<u>MICHAEL MEROLA</u>	

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WINNING STRATEGIES WASHINGTON

Registrant Name _____

Client Name SOMERSET MEDICAL CEN

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

BUD HCR MED _____

12. Specific lobbying issues (current and anticipated)

Appropriations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity meeting the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or supervises the lobbying activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Contribution

Signature

Donna F. Mullins

Date

23 Jan 2016

Printed Name and Title DONNA F. MULLINS, MANAGING PARTNER

