

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

02 APR -5 PM 3:

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 4/3/02

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Winning Strategies Washington

Address 819 7th Street, NW Suite 501

City Washington State DC Zip 20001

4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____

5. Telephone number and contact name
202 589-0800 Contact Michael Merola 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 Valley Hospital (Valley Health Systems)

Address 223 North Van Dien Avenue

City Ridgewood State NJ Zip 07450

8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____

9. General description of client's business or activities
Health care facility

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>Michael Merola</u>	
<u>Donna Mullins</u>	



Winning Strategies Washington Valley Health System
 Registrant Name Client Name

LOBBYING ISSUES

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

HCR MED MMM PHA

12. Specific lobbying issues (current and anticipated)

Appropriations for health care facility

AFFILIATED ORGANIZATIONS

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

- No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each entity matching 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 manages 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 client or any organization identified on line 13 of the lobbying activity?

- No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for each entity 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

Signature Michael Merola Date 4/3/02

Printed Name and Title Michael Merola, Partner

