

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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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 4/1/02

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 be labeled "Self" and proceed to line 10.*  Self

7. Client name Children's Specialized Hospital

Address 150 New Providence Road

City Mountainside

State NJ

Zip 07092

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Healthcare 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)
<del>Donna Mullins</del> Donna Mullins	
Michael Merola	



Registrant Name Winning Strategies Washington Client Name Children's Specialized Hospi

**LOBBYING ISSUES**

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

BUD HCR MED

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 the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cou

**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 s 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 th of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for eac matching the criteria above, then sign a registration.

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

Signature Michael Merola

Date 4/1/02

Printed Name and Title Michael Merola, Partner

