

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

LOBBYING REPORT

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

1. Registrant Name Organization Individual
SUNY UPSTATE MEDICAL UNIVERSITY

2. Address Check if different than previously reported
 Address1 750 EAST ADAMS STREET Address2 _____
 City SYRACUSE State NY Zip Code 13210 - _____ Co _____

3. Principal place of business (if different than line 2)
 City _____ State _____ Zip Code _____ - _____ Co _____

4a. Contact Name Mr. <u>DAN HURLEY</u>	b. Telephone Number <input type="checkbox"/> International Number <u>(315) 464-4832</u>	c. E-mail <u>hurleyd@upstate.edu</u>	5. Se <u>291</u>
7. Client Name <input checked="" type="checkbox"/> Self <u>SUNY UPSTATE MEDICAL UNIVERSITY</u>			6. Ho <u>372</u>

TYPE OF REPORT 8. Year 2007 Midyear (January1-June30) Year End (July 1-Dec)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSE relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____</p> <p>14. REPORTING Check box to indicate accounting method. See instructions for description.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature **Digitally Signed By: Daniel N Hurley** Date 02
 US, DST Act Unaffiliated Individual, Daniel N Hurley

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Registrant SUNY UPSTATE MEDICAL UNIVERSITY

Client Name SUNY UPSTATE MEDICAL UNIVERSITY

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

15. General issue area code (one per page)

16. Specific lobbying issues

Higher Education financial aid and funding issues, academic medicine issues

17. House(s) of Congress and Federal agencies Check if None House Senate

LOBBY

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Daniel	Hurley	Mr.	

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

Daniel

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Registrant SUNY UPSTATE MEDICAL UNIVERSITY

Client Name SUNY UPSTATE MEDICAL UNIVERSITY

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address _____

City _____ State _____ Zip Code _____ - _____ Ct

21. Client new principal place of business (if different than line 20)

City _____ State _____ Zip Code _____ - _____ Ct

22. New General description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expect to act as a lobbyist for the client

	First Name	Last Name	Suffix	3	First Name	Last Name
1				3		
2				4		

ISSUE UPDATE

24. General lobbying issue that no longer pertain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address				Principal Place of (city and state or Country)
	Street Address City	State/Province	Zip	Country	
					City State Country

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1	2	3
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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
	Street Address City	State/Province	Country		
				City State Country	

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

1	3	5
2	4	6

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Printed Name and Title Daniel N Hurley

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1/1/2008

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