

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

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORD

09 MAR -4 PM

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

1. Registrant Name <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Individual <u>SUNY UPSTATE MEDICAL UNIVERSITY</u>	
2. Address <input type="checkbox"/> Check if different than previously reported Address1 <u>750 EAST ADAMS STREET</u> Address2 _____ City <u>SYRACUSE</u> State <u>NY</u> Zip Code <u>13210</u> Country <u>USA</u>	
3. Principal place of business (if different than line 2) City _____ State _____ Zip Code _____ Country _____	
4a. Contact Name <u>Mr. DAN HURLEY</u>	b. Telephone Number <u>(315) 464-4832</u>
c. E-mail <u>hurleyd@upstate.edu</u>	5. Senate ID# <u>291696-12</u>
7. Client Name <input checked="" type="checkbox"/> Self <u>SUNY UPSTATE MEDICAL UNIVERSITY</u>	6. House ID# <u>372320000</u>

TYPE OF REPORT 8. Year 2007 Midyear (January 1-June 30) 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 12/31/07 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying</p> <p>INCOME relating to lobbying activities for this reporting period</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" 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>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 expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature Digitally Signed By: Daniel N Hurley Date 02/15/2008
U.S. DST Act Use/Name Individual, Daniel N Hurley

Printed Name and Title Daniel N Hurley Page 1 of 3

0000021455

0000011499

Registrar: 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: EDU Education (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 [x] House [x] Senate [] Other

LOBBYING

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

Table with columns: Name (First, Last, Suffix), Covered Official Position (if applicable), New. Row 1: Daniel Hurley, Mr., [], []

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

Foreign entity information section

Printed Name and Title: Daniel N Hurley

0000021456

0000011500

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 _____ Country _____

21. Client new principal place of business (if different than line 20)
 City _____ State _____ Zip Code _____ Country _____

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

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

ISSUE UPDATE

24. General lobbying issue that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

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

1 2 3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
	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 organization

1 3 5
2 4 6

Printed Name and Title Daniel N Harley

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