Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REPORT

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

Registrant Name				
DAVID OLLEY CraSure Tech	oplonies Toc			
2. Address Check if different than previously reported	20109185, 11X.			
200 EAST FIRST STREET	_			
3. Principal Place of Business (if different from line 2)				
City: BETHLEHEH PA. State	Zip (or Country)			
4. Contact Name Telephone	E-mail (optional) 5. Senate ID#			
DAVID OXLEY	85958-12			
7. Client Name Self	6. House ID #			
•	3/25530			
TYPE OF PEROPE	\			
TYPE OF REPORT 8. Year 2001 Midye	ar (January 1-June 30) W OR Year End (July 1-December 20)			
9. Check if this filing amends a previously filed version of thi	s report 🙎			
 Check if this is a Termination Report ☐ ⇒ Termination 	on Date 11. No Lobbying A			
INCOME OR EXPENSES - Complete Either	er Line 12 OR Line 13			
12. Lobbying Firms	13. Organizations			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this report period were:			
Less than \$10,000 ·	Less than \$10,000			
\$10,000 or more □ ⇒ \$	\$10,000 or more \Rightarrow \$ 17669 30			
Income (nearest \$20,000)	Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expenses.			
Provide a good faith estimate, rounded to the nearest \$20,000	accounting method. See instructions for description of or			
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Method A. Reporting amounts using LDA definition			
activities on behalf of the client).	Method B. Reporting amounts under section 6033(t Internal Revenue Code			
	Method C. Reporting amounts under section 162(e) Internal Revenue Code			
Signature (Anie (Oxfey				

DAVID OYLEY, VICE PRESIDENT GOVERNMENT ATTAIRS

LD-2 (REV. 6/98)

PAG

Registrant Name Org Sure Technologies	Client Name David Oxley
LOBBYING ACTIVITY. Select as many codes as ne	ecessary to reflect the general issue areas in which the regresporting period. Using a separate page for each code, I
15. General issue area code HCR	(one per page)
16. Specific lobbying issues	Add page to continue specific issues description for this issue
Socre awareness of and need for Build awareness of new ora	epparaion of HIV tooling in The U.S. I fluid rapid HIV tool.
17. House(s) of Congress and Federal agencies contacted	
· House appropriations committee · Serate appropriations commit · Department of Health's Haman S	the Write House
18. Name of each individual who acted as a lobbyist in	
Name First Name Last Name Suffix March Mar	Covered Official Position (if applicable)
19. Interest of each foreign entity in the specific issues l	isted on line 16 above Check if None
	Add a page for a different s
Printed Name and Title David Oxley UP	Government Offairs

LD-2DS (REV. 4/03)

Registrant Name	Sure Ter	hnologies	Client i	Name David	d Oxley		
Information Upda	te Page -	Complete ONLY	where reg	istration infor	mation has chan	ged.	
20. Client new address Address						t :	
	y nt new principal place of business (if different than		State line 20)	Zip Code	Cor	intry	
City	**************************		State Zip Code			intry	
22. New general descript	tion of client	's business or activitie.	S			* *	
LOBBYIST UPDAT 23. Name of each prev		rted individual who	is no longer	expected to act	as a lobbyist for the		
1		34117	3	r not reality	Last ivalle	Suffix	
2		4					
ISSUE UPDATE			F	Find the code to	select below.		
24. General lobbying is	ssues that n	o longer pertain				* * : : :	
AFFILIATED ORG							
25. Add the following a	illiliated org	ganization(s)	Address		Principal place	of Ruciness	
		Address			Principal place of Business (city and state or country)		
		Address			City		
		C/S/Z Address			State Country		
		C/S/Z		I	City State		
26. Name of each previ	ously repor	ted organization tha	t is no longe	r affiliated with	the registrant or cli	ent	
1		2		3			
FOREIGN ENTITE 27. Add the following f		ies				-	
Name	Street Address	Address	(city and	place of business state or country)	Amount of contributio		
	City	State/Province Count	City		to roos ing activities	client	
			State	C		i O	
28. Name of each previou	ısly reported	foreign entity that no		Country or controls or is	affiliated with the re-	ristrant alian	
affiliated organization			ionger owns,	or controls, or	ammated with the re	gistraint, chien	
		3 5					
2		4		6	-	for more update	
	<u> </u>	^		. ^~		or more apartic	
Printed Name and Title	Droid	Orley, UP	Governo	neat UHa	irs		

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