

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

1. Registrant name				
Organization <u>SUNY Upstate Medical University</u>				
2. Address <input type="checkbox"/> Check if different than previously reported				
Address I <u>750 East Adams Street</u>				
City	<u>Syracuse</u>	State	<u>NY</u>	Zip Code <u>13210</u> Country <u>US</u>
3. Principal place of business (if different than line 2)				
City		State		Zip Code Country
City State/Zip or Country				
4a. Contact Name		b. Telephone number		c. E-mail
Prefix	Full Name			
	<u>Mr. Daniel N Hurley</u>	<u>315-464-4832</u>		<u>hurleyd@upstate.edu</u>
7. Client Name		<input type="checkbox"/> Self		5. Senate ID # <u>to be assigned</u>
				6. House ID # <u>37232000</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☐ OR 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 _____ 11. No Lobbying Activities ☐**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center">12. Lobbying Firms</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>EXPENSES 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 METHOD. Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e)(1)(A) Internal Revenue Code</p>
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Form C

Printed Name and Title


*Daniel N Hurley*Daniel N Hurley, Assistant Vice President, Governor's Office of Community Relations

Registrant Name SUNY Upstate Medical University Client Name _____

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

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue 

Labor HHS Appropriations
HR 5006
HRSA Renewal of HC Facilities

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

House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists to

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Daniel	Hurley	Sr	Assistant VP, Government & Community Relations

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

Add a page for a diff


Printed Name and Title Daniel N Hurley, Assistant Vice President, Govern
Filing #5e204338-c62a-4fb6-894a-7fddac7486d - Page 3 of 12

Registrant Name SUNY Upstate Medical University Client Name _____

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

15. General issue area code HOM (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

Department of Homeland Security
HR 4567

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

House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Daniel	Hurley	Sr	Assistant VP, Government & Community Relations

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

Add a page for a diff

Daniel A. Hurley

Registrant Name SUNY Upstate Medical University Client Name _____

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

15. General issue area code HOM (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

Homeland Security

General discussion of appropriations opportunities

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

Senate

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Daniel	Hurley	Sr	Assistant VP, Government & Community Relations

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

Add a page for a diff

Daniel N. Hurley

Printed Name and Title

Daniel N. Hulley, Assistant Vice President, Govt.

LD-2DS (REV. 4/03)

Community Relations


Page 4

Registrant Name SUNY Upstate Medical University Client Name _____

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

15. General issue area code HCR (one per page)

16. Specific lobbying issues


Add page to continue specific issues description for this issue 

Labor-HHS-HRSA

Appropriations request for renewing health care facilities

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

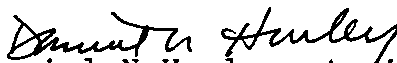
Senate

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for this issue 

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Daniel	Hurley	Sr	Assistant VP, Government & Community Relations

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

Add a page for a different issue 



Daniel N. Hurley, Assistant Vice President, Government & Community Relations

Registrant Name SUNY Upstate Medical University Client Name _____

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** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

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 City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Or pe cli
			City		
			State Country		

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

1

3

5

2

4

6

Add a page for more

Printed Name and Title Daniel N Hurley, Assistant Vice President, Govern

