

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLI

One Steuben Place, Albany, NY 12207 Tel: (518) 449-8893 Fax: (518) 449-8927

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August 8, 2003

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, D.C. 20510

Senate ID# 41567-75, House ID# 32975-004

Re: Canton-Potsdam Hospital

Our File No.: 05928.00003

Term Covered: January 1 – June 30, 2003

Dear Sir/Madam:

In accordance with 2 U.S.C. § 1601 et. seq., enclosed please find a Semi-Annual Lobbying Report for Wilson, Elser, Moskowitz, Edelman & Dicker LLP with regards to the above referenced client, along with a copy of their corresponding retainer agreement.

Thank you for your attention to this matter. If you have any questions please call me in our Albany office at (518) 449-8893.

Very truly yours

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP



Richard Lauricella
Office Manager

RCL/jdg

Enclosure

27907.1

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
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LOBBYING REPORT

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

1. Registrant Name Wilson, Elser, Moskowitz, Edelman & Dicker LLP			
2. Address <input type="checkbox"/> Check if different than previously reported One Steuben Place			
3. Principal Place of Business (if different from line 2) Albany NY 12207 City: State/zip (or Country)			
4. Contact Name Richard C. Lauricella	Telephone (518) 449-8893	E-mail (optional) lauricellar@wemed.com	5. Senate ID # 41567-75
7. Client Name <input type="checkbox"/> Self Canton-Potsdam Hospital			6. House ID # 32975-4

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December)

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

INCOME OR EXPENSES Complete Either Line 12 OR Line 13	
<p>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 checked="" type="checkbox"/> ⇔ \$ <u>20,000.00</u> Income (nearest \$20,000)</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>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"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature


Date **August 8, 2003**

Signature _____ Date _____



Richard C. Lauricella, Administrative Officer

Printed Name and Title

LD-2 (REV. 4/03)

PAGE 1 of _

Registrant Name n, Elser, Moskowitz, Edelman & Dicker Client Name Canton-Potsdam Hospital

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 HCR (one per page)

16. Specific lobbying issues

Healthcare Issues including funding, medicare, and medicaid

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

United State Senate
United States House of Representatives

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

Name	Covered Official Position (if applicable)
Kenneth L. Shapiro	
Cynthia D. Shenker	
Lisa Marrello	
Kenneth Bruno	
Darrell Jeffers	
Theresa D'Alessandro	
Alexander Betke	

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

Signature  Date 8/8/03

Printed Name and Title Richard C. Launcella, Administrative Officer

Form LD-2 (Rev. 4/03)

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WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LL

One Steuben Place, Albany, NY 12207 Tel: (518) 449-8893 Fax: (518) 449-4292

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December 19, 2002

Mr. Bruce Potter
President and CEO
Canton-Potsdam Hospital
50 Leroy Street
Potsdam, NY 13676

Our File No.: 05928.00003
Federal Tax ID #13-2679447

Dear Mr. Potter:

This will confirm our understanding concerning this firm serving as Legislative Counsel to Canton-Potsdam Hospital on the Federal level commencing on January 1, 2003 until December 31, 2003. The representation will be on specific issues identified jointly by Canton-Potsdam Hospital and Wilson Elser, Moskowitz, Edelman & Dicker LLP.

The fee for these services will be \$50,000.00 (Fifty Thousand Dollars) per year plus expenses. This fee shall be paid in four equal installments of \$12,500.00. The first payment is to be returned with the copies of the signed retainer. The remaining payments will be due on April 1, 2003, July 1, 2003 and October 1, 2003. Expenses will be billed as incurred and will include the cost of photocopying, long-distance telephone calls, messenger service, travel, and other related disbursements.

The Federal Regulation of Lobbying Act requires that we file regular financial reports on February 15th and August 15th. Clients do not have to file any reports on the federal level.

Please note, we must have a signed copy of your retainer before we can lobby on your behalf. If the terms of this retainer are acceptable, please sign two (2) copies; keep one (1) for your file and return one (1) to us.

Very truly yours,

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP

BY: _____

Jerry S. Hoffman

RECEIVED

DEC 27 2002

WILSON
ELSER, MOSKOWITZ,
EDELMAN & DICKER
ALBANY, NEW YORK

ACCEPTED BY: _____

Name: _____ Signature: _____ DATE: _____

On Behalf of: Canton-Potsdam Hospital

