

07 NOV 27 AM 9:37

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
---	--

LOBBYING REPO

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

1. Registrant Name Organization Individual
 WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP

2. Address Check if different than previously reported
 Address1 677 BROADWAY Address2
 City ALBANY State NY Zip Code 12207 - Cou

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

4a. Contact Name Mr. RICHARD C. LAURICELLA	b. Telephone Number <input type="checkbox"/> International Number (518) 449-8893	c. E-mail Richard.lauricella@wilsonelser.com	5. Sen 4156
7. Client Name <input type="checkbox"/> Self ALBANY MEDICAL CENTER HOSPITAL			6. Hou 3297

TYPE OF REPORT 8. Year 2007 Midyear (January 1-June 30) 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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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 checked="" type="checkbox"/> \$ 20,000.00</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 were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$</p> <p>14. REPORTING Check box to indicate accounting method. See instructions for descriptive</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1621 Internal Revenue Code</p>
--	---

Signature Digitally Signed By: Richard C Lauricella Date 08
 US, DST Accs Unaffiliated Individual, Richard C Lauricella

000101062

Registrant WILSON, ELSEK, MOSKOWITZ, EDELMAN & DICKER LLP

Client Name ALBANY MEDICAL CENTER HOSPITAL

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 HCR Health Issues (one per page)

16. Specific lobbying issues

Healthcare issues including funding, medicare and medicaid

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

House of Representatives and United States Senate

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Lisa	Marrello		
Kenneth	Shapiro		
Cynthia	Shenker		
Alexander	Betke		
Theresa	Russo		
Darrell	Jeffers		

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

[Empty box for foreign entity interest]

3901010000

00

Printed Name and Title Richard C. Lauricella, Child Administrator, State

v5.0.0m

Registrant WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP Client Name ALBANY MEDICAL CENTER HOSPITAL

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

20. Client new address

Address _____

City _____ State _____ Zip Code _____ - _____ Cou

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

City _____ State _____ Zip Code _____ - _____ Cou

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	
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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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
---	---	---

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address			Principal place of business (city and state or country)	Amount of contributor 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 or

1	3	5
2	4	6

3000101064

