EXHIBIT X

FORM A SNY01-CM00957-3320211 CA

New York State Consultant Services
Contractor's Planned Employment
From Contract Start Date Through the End of the Contract Term

State Agency Name: SUNY Upstate Medical Univ.
State Agency Department ID: Agency Business Unit:
Contractor Name: Hogan Lovells US, LLP Contract Number:
Contract Start Date: 3/1/15 Contract End Date: 2/29/20

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Paralegal	10	1,667	$250,000
Associate	4	781	$250,000
Senior Associate	3	568	$250,000
Partner	2	~~1,667~~ 424	$250,000
Total this Page	19	3,440	$1,000,000
Grand Total	19	3,440	$1,000,000

Name of person who prepared this report:
Title: Contracts Admin. Phone #: 315-464-4680
Preparer's Signature: [signature]
Date Prepared: 4/13/16

(Use additional pages, if necessary) Page of