Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETAR
03 JUN 1

LOBBYING REPORT

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

1. Registrant Name

Hessel and Aluise, P.C.

2. Address ☐ Check if different than previously reported

1050 17th Street, N.W., Suite 900,

3. Principal Place of Business (if different from line 2)

City: Washington, D.C. State/Zip (or Country) 20036

4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Timothy J. Aluise	202-466-5300		

7. Client Name ☐ Self	6. House ID #
Massachusetts Housing Finance Agency	31163003

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) ☐ **OR** Year End (July 1-Decem

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇨ Termination Date 12/31/02 11. No Lobbying A

INCOME OR EXPENSES - Complete Either Line 12 **OR** Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☒

$10,000 or more ☐ ⇨ $_____
Income (nearest $20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this report period were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $_____
Expenses (nearest $20,000)

14. **REPORTING METHOD.** Check box to indicate e accounting method. See instructions for description of o

☐ **Method A.** Reporting amounts using LDA definitio

☐ **Method B.** Reporting amounts under section 6033(t Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) Internal Revenue Code

Signature

Printed Name and Title Timothy J. Aluise, Esq.

LD-2 (REV. 6/98)

PAC

Registrant Name Hessel and Aluise, P.C. Client Name Massachusetts Housing Financ

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

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

16. Specific lobbying issues

Prepayment and Refinancing of Section 202 Projects
Extension of Mark to Market Legislation

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

Senate
House
U.S. Department of Housing and Urban Development

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

Name	Covered Official Position (if applicable)
Timothy J. Aluise	
Kristin M. Neun	

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

Signature _____ Date June 2, 2003

Printed Name and Title Timothy J. Aluise, Esq.

Registrant Name_____ Client Name_____

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

20. Client new address

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

City State/Zip (or 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

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus (city and state or cou

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

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

Signature_____ Date_____

Printed Name and Title_____

Pag

Form LD-2 (Rev. 6/98)