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LOBBYING REPORT

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

1. Registrant Name <u>Nancy T. Bernstine</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1313 Geranium St. NW, Washington, DC 20012</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Nancy T. Bernstine</u>		Telephone <u>(202)722-4196</u>	E-mail (optional) <u>nbernstine@aol.com</u>
7. Client Name <input type="checkbox"/> Self <u>National AIDS Housing Coalition</u>		5. Senate ID # <u>74897</u>	6. House ID # <u>360400</u>

TYPE OF REPORT 8. Year 2002 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

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 reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6 Internal Revenue Code

Method C. Reporting amounts under section 179 Internal Revenue Code

Signature Nancy J Bernstine

Printed Name and Title Nancy T. Bernstine, consultant

Registrant Name Nancy T. Bernstine Client Name National AIDS Housing Coalition

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 HOU (one per page)

16. Specific lobbying issues

Housing Opportunities for Persons with AIDS; other low income housing program:

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

House
Senate
U.S. Department Housing and Urban Development

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

Name	Covered Official Position (if applicable)
Nancy T. Bernstine	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title

0 _____ Date _____
Nancy T. Bernstine, consultant

Form LD-2 (Rev.6/98)

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