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LOBBYING REPORT

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

1. Registrant Name CORPORATION FOR SUPPORTIVE HOUSING			
2. Address <input type="checkbox"/> Check if different than previously reported 50 Broadway, 17th Floor			
3. Principal Place of Business (if different from line 2) City: New York State/Zip (or Country) NY 10004			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Jonathan Harwitz	(212) 986-2966	jonathan.harwitz@ csh.org	69195-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35769000

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**

<p align="center">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 type="checkbox"/> ⇒ \$ _____ 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>120,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of o</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title Carolyn P. Powell, Chief Financial & Administrative

LD-2 (REV. 6/98)

(CFAO)

PAC

Registrant Name Corp. for Supportive Client Name _____
Housing

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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Mental Health and Substance Abuse

17. House(s) of Congress and Federal agencies contacted

Check if None


U.S. Senate
U.S. House of Representatives
HUD
HHS

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

Name	Covered Official Position (if applicable)
Jonathan Harwitz	Not applicable
Jenice Jones-Kibby	Not applicable

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 2/11/04

Registrant Name Corp. for Supportive Client Name _____
Housing

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg 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

Homeless Assistance and Affordable Housing

17. House(s) of Congress and Federal agencies contacted

Check if None

- U.S. Senate
- U.S. House of Representatives
- HUD
- HHS

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

Name	Covered Official Position (if applicable)
Jonathan Harwitz	Not applicable
Jenice Jones-Kibby	Not applicable

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 2/11/04

Printed Name and Title Carolyn P. Powell, CFAO

Form LD-2 (Rev. 6/98)

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