2012 P5 Client Periodic Report

Lobbyist Name: Community Housing Improvement Program, Inc.

Client Name: Community Housing Improvement Program, Inc.

Lobbyist Information

Principal Officer Name	Siconolfi, Patrick
Principal Officer Title	Executive Director
Principal Officer Email	BLOCKED_EMAIL
Principal Officer Phone	(212) 838-7442
Lobbyist Business Name	Community Housing Improvement Program, Inc.
Lobbyist Business Address	5 Hanover Square, suite 1605, New York, NY 10004 United States of America
Lobbyist Business Phone	(212) 838-7442

Client Information

Client Name	Community Housing Improvement Program, Inc.
Business Address	5 Hanover Square, suite 1605, New York, NY 10004 United States of America
Client P.O. Name	Siconolfi, Patrick
Business Phone	(212) 838-7442
Business Email	BLOCKED_EMAIL

Employee(s) Lobbying for Client

Employee # 1

Employee's Name	Condon, Joseph
Employee's Work Address	377 Broadway, 3rd floor, New York, NY 10013 United States of America
Employee's Work Phone	(212) 838-7442
Employee's Salary	$1,416.00

Employee # 2

2012 P5 Client Periodic Report

Lobbyist Name: Community Housing Improvement Program, Inc.

Client Name: Community Housing Improvement Program, Inc.

Employee's Name	Siconolfi, Patrick
Employee's Work Address	377 Broadway, 3rd floor, New York , NY 10013 United States of America
Employee's Work Phone	(212) 838-7442
Employee's Salary	$2,922.00

Lobbying Activities

Activity # 1

Subject Category	VIOLATION CLEARANCE AT HPD
Subject Details	PROCEEDURES AND REQUIREMENTS FOR VIOLATION CLEARANCE_ EDUCATIONAL SEMINAR

Target	Office/Department	Contact Name
Housing Preservation & Development, Department of (HPD)		MUSTACIUOLO, VITO CARBINE, WILLIAM DEFINA, GRACE FERRIGNO, MARIO SANTIAGO, ANN MARIE

Activity # 2

Subject Category	SECTION 8 RENT ASSISTANCE PAYMENTS
Subject Details	DISCUSSIONS REGARDING LATE PAYMENTS TO BUILDING OWNERS AND MISTAKEN PAYMENT AMOUNTS

Target	Office/Department	Contact Name
Housing Authority (NYCHA)		TESORIERO, ROBERT RODGERS, COLETTE

Activity # 3

Subject Category	SECTION 8 RENT ASSISTANCE PAYMENTS
Subject Details	DISCUSSIONS REGARDING LATE PAYMENTS TO BUILDING OWNERS AND MISTAKEN PAYMENT AMOUNTS

Target	Office/Department	Contact Name
Mayor, Office of the (OTM)	Deputy Mayor(s)	MCBRIDE, YOLANDA

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Lobbyist Name: Community Housing Improvement Program, Inc.

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Activity # 4

Subject Category	PROPERTY TAX REFUNDS, SCRIE, DRIE
Subject Details	INCORRECT DETERMINATION OF TAX ABATEMENTS AND SCRIE AND DRIE BENEFITS

Target	Office/Department	Contact Name
Finance, Department of (DOF)		MEYERS, SARA MCALOON, KATHLEEN WONG, GRACE

Activity # 5

Subject Category	Introduction
Subject Details	940 OF 2012 RE FEES FOR FIRE SAFETY INSPECTIONS

Target	Office/Department	Contact Name
NYC Council Members - Staff	Recchia, Jr., Domenic M. - District No. 47	EDWARDS, TANISHA RYAN, REGINA POREDA LISYANSKIY, JOHN

Summary of Compensation from Client

Total Compensation Paid or Owed for Current Period	$4,338.00

Lobbying Expenses

Aggregate of all expenses for salaries of support staff	$0.00
Total of Aggregate Expenses $75.00 or less	$0.00
Are there expenses greater than $75.00?	No
Itemized Expense Total	$0.00
Total Expenses for Current Period	$0.00

Reimbursed Expenses

Total Reimbursed Expenses for Current Period	$0.00

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Lobbyist Name: Community Housing Improvement Program, Inc.

Client Name: Community Housing Improvement Program, Inc.

CERTIFICATION

I certify that all statements made on this report are true and correct to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein will subject me to the provisions of law relevant to the making of false instruments and will render such statement null and void.

Principal Officer Name	Siconolfi, Patrick
Principal Officer Email	BLOCKED_EMAIL
Certification Date	11/13/2012 16:04

ELECTRONIC SIGNATURE

Patrick Siconolfi was required to indicate acceptance of the representations made in the following statement by entering his or her password used to access the E-Lobbyist, New York City Lobbyist Filing System and pressing the Submit button to affix his or her electronic signature and file the report with the Office of City Clerk - City of New York.

"I certify that all statements made on this report are true and correct to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein will subject me to the provisions of law relevant to the making of false instruments and will render such statement null and void."