

House of Representatives
Resource Center
Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

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LOBBYING REPORT

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

1. Registrant Name FIERCE E. ISAKOWITZ			
2. Address <input type="checkbox"/> Check if different than previously reported 600 NEW HAMPSHIRE AVE, NW SUITE 1000			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20037			
4. Contact Name MARIL ISAKOWITZ	Telephone 202 333 8106	E-mail (optional) misakowitz@er.ois.com	5. Senate ID
7. Client Name <input type="checkbox"/> Self AMERICAN ASSOCIATION OF NURSE ANESTHETISTS			6. House ID # 3150

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobby

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 ⇒ \$ 40,000
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 period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$2)

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

Method A. Reporting amounts using LDA defi

Method B. Reporting amounts under section 6 Internal Revenue Code

Method C. Reporting amounts under section 1 Internal Revenue Code

Signature _____

Maryl Isakowitz *AA* *9/14/05*

1000472375

FD

Printed Name and Title MARK FREDERICK KATZ

LD-2 (REV. 6/98)

Name MARK ISAKOWITZ Client Name REV. ASSOC. OF NURSE ANESTHETISTS

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which t
ged in lobbying on behalf of the client during the reporting period. Using a separate page for each c
ormation as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HCFIA Rule on Supervision

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

US House & Senate

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

Name	Covered Official Position (if applicable)
<u>Don Force</u>	
<u>Mark Isakowitz</u>	
<u>Kate Braden</u>	<u>LA-Sen Frist</u>
<u>Piane Moeny</u>	<u>LA-Sen. Nickles</u>

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

Signature Mark Isakowitz Date 20 JULY 20

Printed Name and Title MARK ISAKOWITZ, PARTNER

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