

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

05 SEP 12 PM 2:18

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

LOBBYING REPORT

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

1. Registrant name
 Organization **Fierce, Isakowitz & Blalock**

2. Address Check if different than previously reported
 Address 1 **600 New Hampshire Ave., NW** Suite **1000**
 City **Washington** State **DC** Zip Code **20037** Country **US**

3. Principal place of business (if different than line 2)
 City _____ State _____ Zip Code _____ Country _____

4a. Contact Name Prefix **Mr.** Full Name **Mark Isakowitz**
 b. Telephone number **(202) 333-8667**
 c. E-mail **misakowitz@fierce-isakowitz.com**

5. Senate ID # **44812-45**

7. Client Name Self
Apria Healthcare

6. House ID # **3150702**

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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 checked="" type="checkbox"/> ⇨ \$ <u>80,000</u></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>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 type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expert accounting method. See instructions for description of options</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
---	---

Form Con

Printed Name and Title Mark Isakowitz, President *Mark Isakowitz* *Blalock* *alallos*

1000473059

Registrant Name Fierce, Isakowitz & Blalock

Client Name Apria Healthcare

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

15. General issue area code MED - Medical/Disease Research/Clinical Labs (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Medicare Coverage

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

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

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for in*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Mark	Isakowitz		
Kirk	Blalock		<i>Spec Asst to the Pres w/ hep. Dir. Public Liaison</i>
Don	Fierce		
Katie	Huffard		
Kirsten	Chadwick		<i>Spec Asst to the Pres for Leg Affairs</i>
Diane	Moery		
Samantha	Poole		
Kate	Hull		<i>IA Hutchinson on Dep COS Pickering</i>
Mike	Chappell		

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

0000473060

Printed Name and Title Mark Isakowitz, President

Add a page for a signature



Registrant Name Fierce, Isakowitz & Blalock Client Name Apria Healthcare

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

	<small>First Name</small>	<small>Last Name</small>	<small>Suffix</small>	<small>First Name</small>	<small>Last Name</small>	<small>St</small>
1	Diane	Moery		3		
2				4		

ISSUE UPDATE

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

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

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

1	2	3
----------	----------	----------

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	Owns per cent client
	Street Address City State/Province Country	City State Country		

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

1	3	5
2	4	6

Mark Isakowitz

Printed Name and Title **Mark Isakowitz, President**

Add a page for more info

0000473061

