

12-63-2001-02062001152725

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LOBBYING REPORT

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

1. Registrant Name: FIERCE & ISAKOWITZ			
2. Address <input type="checkbox"/> Check if different than previously reported 600 NEW HAMPSHIRE AVE NW #1000			
City: WASHINGTON		State: DC Zip: 20037 Country: USA	
3. Principal place of business (if different from line 2) City: State: DC Zip: Country: USA			
4. Contact Name: MARK ISAKOWITZ	Telephone: 202-333-8667	Email: misakowitz@erols.com	5. Senate ID # 44812-63
7. Client Name: HEALTH BENEFITS COALITION			6. House ID # 31507007

Type of Report 8. Year (YYYY) 2000 Midyear (Jan 1-Jun 30) or Year End (Jul 1-Dec 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report --> Termination Date **12/31/00** 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p><input type="checkbox"/> Less than \$10,000 (\$0.00 - \$9,999.99)</p> <p><input checked="" type="checkbox"/> \$10,000 or more</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 style="text-align: center;">\$60,000</p>	<p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p><input type="checkbox"/> Less than \$10,000 (\$0.00 - \$9,999.99)</p> <p><input type="checkbox"/> \$10,000 or more</p>
<p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definit</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(Internal Revenue Code</p>	

Signature:
Printed Name: **MARK ISAKOWITZ**
Title: **PARTNER**

Mark Isakowitz

0000472361

https://opr.senate.gov/cgi-win/ss_rep_viewer.exe

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Registrant Name:
FIERCE & ISAKOWITZ

Client Name:
HEALTH BENEFITS COALITION

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

15. General issue area code **HCR**

16. Specific lobbying issues (current and anticipated)

Patient Bill of Rights

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

SENATE | **HOUSE OF REPRESENTATIVES**

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

Name	Covered Official Position (if applicable)
ISAKOWITZ, MARK W.	N/A
MOERY, DIANE	N/A LA-Sen. Nickles

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

Printed Name:
MARK ISAKOWITZ

Date: 2/6/01
Title:
PARTNER

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