

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
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SECRETARY OF THE SENATE

05 FEB 24 AM 10:

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 <input type="checkbox"/> Check if different than previously reported			
Address 1	600 New Hampshire Ave., NW	Suite	1000
City	Washington	State	DC
		Zip Code	20037
			Country U
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Mark Isakowitz	(202) 333-8667	misakowitz@fierce-isakowitz.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Apria Healthcare			44812-
			6. House ID #
			31507C

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 Act

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 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this report 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 accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Revenue Code</p>
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Form

Printed Name and Title Mark Isakowitz, President

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 client 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 MED - Medical/Disease Research/Clinical Labs (one per page)

16. Specific lobbying issues

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Mark	Isakowitz		
Kirk	Blalock		
Don	Fierce		
Katie	Huffard		
Kirsten	Chadwick		
Diane	Moery		
Samantha	Poole		
Kate	Hull		
Mike	Chappell		

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

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

First Name

Last Name

Suffix

First Name

Last Name

1

Diane

Moery

3

2

4

ISSUE UPDATE

Find the code to select below.

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Busin (city and state or coun
	Address C/S/Z	City State Country
	Address C/S/Z	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	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C F e
			City State Country		

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

1

3

5

2

4

6

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

