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## LOBBYING REPORT

05 SEP 19 AM 11:00

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

1. Registrant Name <u>Fierce and Isakowitz</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>600 New Hampshire Ave NW #1000, Washington, DC 2</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Mark Isakowitz</u>		Telephone <u>202/333-8667</u>	E-mail (optional) <u>misakowitz@erds.com</u>
5. Sena			
7. Client Name <input type="checkbox"/> Self <u>Health Insurance Association of America</u>		6. House <u>315</u>	

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) ☒ OR Year End (July

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 Lo

### 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 ☐ ⇨ \$ 60,000  
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 the period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇨ \$ \_\_\_\_\_  
Expenses (nearest

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

☐ Method A. Reporting amounts using LDA (

☐ Method B. Reporting amounts under section Internal Revenue Code

☐ Method C. Reporting amounts under section Internal Revenue Code

Signature \_\_\_\_\_

Printed Name and Title

Mark Isakowitz Partner



/

Client Name Fierce and Isakowitz Client Name HIAA

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

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

16. Specific lobbying issues

Patients Bill of Rights  
Financial Freedom Act  
HR 10  
Medicare

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

House and Senate

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

Name	Covered Official Position (if applicable)
Don Fierce	
Mark Isakowitz	
Katie Braden	LA-Sen. Frist

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

Signature \_\_\_\_\_ Date 8/16/99

Printed Name and Title Mark Isakowitz, Partner

