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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# LOBBYING REPORT

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

1. Registrant Name
FIERCE & ISAKOWITZ

2. Address ☐ Check if different than previously reported
1000 NEW HAMPSHIRE AVENUE, NW SUITE 1000

3. Principal Place of Business (if different from line 2)
City: WASHINGTON State/Zip (or Country) DC 20037

4. Contact Name: MARK ISAKOWITZ
Telephone: 202.333.9007
E-mail (optional): misakowitz@erols.com

5. Senate ID #: 44812.163

6. House ID #:

7. Client Name ☐ Self
HEALTH BENEFITS COALITION

**TYPE OF REPORT** 8. Year 2000 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 31) ☐

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

**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 this reporting period were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ _____
Expenses (nearest $20,000)

**14. REPORTING METHOD.** Check box to indicate expense accounting method. See instructions for description of options.

☐ **Method A.** Reporting amounts using LDA definitions only

☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Mark Isakowitz

Printed Name and Title MARK ISAKOWITZ, PARTNER

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Registrant Name 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 (one per page)

16. Specific lobbying issues

Patient Bill of Rights

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

House & Senate

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

| Name | Covered Official Position (if applicable) | New |
|---|---|---|
| Mark Isakowitz | | ☐ |
| Diane Moeny | | ☒ |
| | | ☐ |
| | | ☐ |
| | | ☐ |
| | | ☐ |
| | | ☐ |
| | | ☐ |

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

Signature [signature] Date 20 JULY 2000

Printed Name and Title MARK ISAKOWITZ, PARTNER

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