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| 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: <input type="checkbox"/> Check if different than previously reported 600 New Hampshire Avenue, NW, Suite 1000 | | | |
| 3. Principal Place of Business (if different from line 2) Washington City: D.C. 20037 State/zip (or Country) | | | |
| 4. Contact Name Mark Isakowitz | Telephone (202) 333-8667 | E-mail (optional) | 5. Senate ID # 44812-532 |
| 7. Client Name <input type="checkbox"/> Self Coalition for a Competitive Pharmaceutical Market | | | 6. House ID # 31507036 |

TYPE OF REPORT 8. Year 2003 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

INCOME OR EXPENSES Complete Either Line 12 OR Line 13

| 12. Lobbying Firms | 13. Organizations |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reporting period were: |
| Less than \$10,000 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000.00</u> Income (nearest \$20,000) | \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (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). | 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of |
| | <input type="checkbox"/> Method A. Reporting amounts using LDA definition |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code |

Signature Mark Isakowitz Date 08/11/03

Printed Name and Title Mark Isakowitz, President

Registrant Name Fierce & Isakowitz Client Name Coalition for a Competitive Pharmaceutical Mar

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 PHA (one per page)

16. Specific lobbying issues

Hatch-Waxman Reform

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

U.S. House of Representatives
U.S. Senate

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

| Name | Covered Official Position (if applicable) |
|---------------------------------------------------------|-------------------------------------------|
| Mark Isakowitz, Don Fierce, Kirk Blalock, Katie Braden, | |
| Diane Moery, Samantha Poole, | |
| Kate Hull | |
| Mike Chappell | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Mark Isakowitz* Date 08/11/03
Filing #ddfb1578-fe2b-4bcc-ac1d-a2fe37092bf4 - Page 3 of 4

Signature _____

Mark Isakowitz, President

Printed Name and Title _____