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LOBBYING REPORT

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

1. Registrant Name Arnold H. Leibowitz			
2. Address <input type="checkbox"/> Check if different than previously reported 1875 Eye Street, NW 12th Floor; Washington, D.C., 20006			
3. Principal Place of Business (if different from line 2) City: Same State/Zip (or Country)			
4. Contact Name Arnold Leibowitz	Telephone (202) 824-8183	E-mail (optional) aleibowitz@aol.com	5. Senate ID # 22586-12
7. Client Name <input type="checkbox"/> Self Hebrew Immigrant Aid Society			6. House ID # 32270000

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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> → \$ <u>127,000</u> <small>Income (nearest \$20,000)</small></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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> → \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature _____
 Printed Name and Title Arnold H. Leibowitz, Counselor at Law

Registrant Name Arnold H. Leibowitz Client Name Hebrew Immigrant Aid Society

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 BUD (one per page)

16. Specific lobbying issues
Labor/HHS appropriations
State/Justice/Commerce appropriations
(as they pertain to Soviet refugee movement to the U.S.)

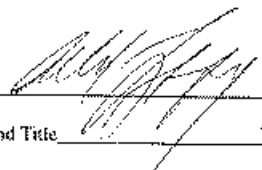
17. House(s) of Congress and Federal agencies contacted Check if None

- House
- Senate
- Department of Justice
- Department of State
- Department of Health and Human Services

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

Name	Covered Official Position (if applicable)	New
Arnold H. Leibowitz	Attorney	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date _____
Printed Name and Title Arnold H. Leibowitz, Counselor at Law

Registrant Name Arnold H. Leibowitz Client Name Hebrew Immigrant Aid Society

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 IMM (one per page)

16. Specific lobbying issues
- Soviet refugee movement to the U.S.
 - Summary exclusion
 - Asylum
 - Refugee admissions
 - Refugee consultations

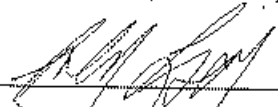
17. House(s) of Congress and Federal agencies contacted Check if None

- House
- Senate
- Department of State
- Department of Justice
- Immigration & Naturalization Service
- Department of health and Human Services
- National Security Council

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

Name	Covered Official Position (if applicable)	New
Arnold H. Leibowitz	Attorney	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date _____

Printed Name and Title Arnold H. Leibowitz, Counselor at Law