Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF THE SENATE

99 AUG 12 AM 11:59

LOBBYING REPORT H.D.

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

1. Registrant Name
MICHAEL E ISKOWITZ

2. Address ☐ Check if different than previously reported
1215 15th St NW #22 DC 20009

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

4. Contact Name: same | Telephone: (202)265-1603 | E-mail (optional):

5. Senate ID #

6. House ID #

7. Client Name ☐ Self
KIDS PROJECT

TYPE OF REPORT 8. Year 1999 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 ☐ ⇨ $_____
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 Michael E Iskowitz

Printed Name and Title MICHAEL E. ISKOWITZ, policy consultant

LD-2 (REV. 6/98)

PAGE 1 of 2

Registrant Name MICHAEL SKOWITZ Client Name KLNS PROJECT

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 FAM (one per page)

16. Specific lobbying issues
Child mental health
youth violence
juvenile justice
supplemental

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

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

Name	Covered Official Position (if applicable)	New
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

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

Signature Michael E Skowitz Date 8/12/99

Printed Name and Title MICHAEL E SKOWITZ, policy consulting

Form LD-2 (Rev.6/98) Page 2 of 2