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7th December 2001

02 JAN 10 PM 3: 15

Enclosed are the outstanding LD2 forms for the half year ending June 30 2001. Please accept my apologies for their belated arrival. This may have been due to an oversight on our part caused by the anthrax confusion. I hope all is OK.

Best Regards,



Ben Moxham
EA to Liz Robbins



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

02 JAN 10 PM 3:15

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

1. Registrant Name <u>LIZ ROBBINS</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>441 NEW JERSEY AVE, SE</u>			
3. Principal Place of Business (if different from line 2) City: <u>WASHINGTON DC</u> State/Zip (or Country)			
4. Contact Name <u>LIZ ROBBINS</u>	Telephone <u>(202) 544 0093</u>	E-mail (optional) <u>liz@</u>	5. Senate ID # <u>33432 -</u>
7. Client Name <input type="checkbox"/> Self <u>ILLINOIS HOSPITAL & HEALTH CARE SYSTEMS CORP</u>			6. House ID # <u>33207 -</u>

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date Dec 2000

11. No Lobbying Acti

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions of</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Signature

Printed Name and Title LIZ ROBBINS, PRINCIPAL OWNER



Registrant Name LIZ ROBBINS ASSE Client Name ILLINOIS HOSPITAL + HEA
ASSOCI.

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 HEA (one per page)

16. Specific lobbying issues

~~Healthcare~~ Medicare Health Insurance

17. House(s) of Congress and Federal agencies contacted

Check if None

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

Name	Covered Official Position (if applicable)
LIZ ROBBINS	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature [Signature] Date 12/2/07
Printed Name and Title LIZ ROBBINS, PRINCIPAL OWNER

