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LOBBYING REPORT

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

1. Registrant Name <u>LIZ ROBINSON</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 ROBINSON</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</u>			6. House ID # <u>33204</u>

TYPE OF REPORT 8. Year 2001 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 Dec 2000

11. No Lobbying

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 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 accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition of amount under section 603 Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Printed Name and Title

LIZ ROBINSON, PRINCIPAL OWNER



Registrant Name LIZ ROBBINS ASSE Client Name ILLINOIS HOSPITAL + H
ASST

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, 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

see 16 above

Check if None

Signature [Handwritten Signature] Date 12/2/07

Printed Name and Title LIZ ROBBINS, PRINCIPAL OWNER

