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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 <b>Liz Robbins Associates</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>441 New Jersey Ave. SE</b> <b>Washington DC 20003 USA</b>			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name <b>Ms. Liz Robbins</b>	b. Telephone number <b>(202) 544-6093</b>	c. E-mail <b>liz@lizrobbins.com</b>	5. Senate ID # <b>33432-924</b>
7. Client Name <input type="checkbox"/> Self <b>NCR</b>			6. House ID # <b>32204059</b>

**TYPE OF REPORT** 8. Year 2006 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><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____</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><b>13. Organizations</b></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"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Senate Password

Signature Elizabeth J Robbins  
Printed Name and Title Liz Robbins, President/CEO

Date 8/14/2006

1000230256



Registrant Name Liz Robbins Associates

Client Name NCR

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** p information as requested. Attach additional page(s) as needed.

15. General issue area code HCR - Health Issues (one per page)

16. Specific lobbying issues

Health Information Technology Issues

17. House(s) of Congress and Federal agencies contacted ☐ None ☒ House ☒ Senate ☐ Other

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

Name	Covered Official Position (if applicable)
Liz Robbins	Principal/CEO

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

Signature \_\_\_\_\_

Date 8/14/2006

Printed Name and Title Liz Robbins, President/CEO

0000230257



Registrant Name Liz Robbins Associates

Client Name NCR

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage client

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature

Date

8/14/2006

Printed Name and Title Liz Robbins, President/CEO

