

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

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

1. Registrant Name <u>LIZ ROBBINS ASSOCIATES</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>441 NEW JERSEY AVENUE, SE WASHINGTON, DC 20003</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>LIZ ROBBINS</u>	Telephone <u>202/544-6093</u>	E-mail (optional) <u>liz@lizrobbins.com</u>	5. Senate ID <u>3343</u>
7. Client Name <input type="checkbox"/> Self <u>PARKINSON'S DISEASE FOUNDATION</u>	6. House ID <u>3220</u>		

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-I

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

10. Check if this is a Termination Report ⇒ Termination Date NOV. 2001 11. No Lobby

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"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>45,000</u> 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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>

Signature [Signature] 2

Printed Name and Title LIZ ROBBINS, PRINCIPAL/OWNER



Registrant Name LIZ ROBBINS ASSOCIATES Client Name PARKINSON'S DISEASE FOUNDA

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

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

16. Specific lobbying issues

HEALTH LEGISLATION & FUNDING (NO SPECIFIC BILLS)

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

Check if None

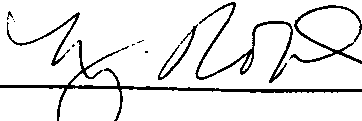
HOUSE, SENATE

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

Name	Covered Official Position (if applicable)
<u>LIZ ROBBINS</u>	<u>PRINCIPAL OWNER</u>

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

Check if None

Signature  Date 2/13/02
Printed Name and Title LIZ ROBBINS, PRINCIPAL | OWNER

