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LOBBYING REPORT

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

1. Registrant Name
LIZ ROBBINS

2. Address Check if different than previously reported
441 New Jersey Avenue SE WASHINGTON DC 20003

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

4. Contact Name Telephone E-mail (optional)
LIZ ROBBINS 202.544.6093 liz@lizrobbins.com

5. Senate ID # 33432

6. House ID # 32204

7. Client Name Self
Parkinson's Disease Foundation

8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-Dec 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 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>10,000</u> <small>Income (nearest \$20,000)</small></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"/> → \$ _____ <small>Expenses (nearest \$10,000)</small></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 (Internal Revenue Code)</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 501(c)(3) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 501(c)(6) Internal Revenue Code</p>
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Signature *Liz Robbins*

Printed Name and Title LIZ ROBBINS, Owner



Registrant Name LIZ ROBBINS ASSOCIATES Client Name PARKINSONS DISEASE FOUNDATION

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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

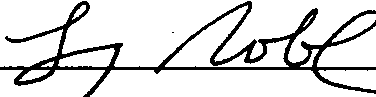
HEALTH CARE POLICY
Medicare/Medicaid issues

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	owner

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

Signature  Date 6/29/01
Printed Name and Title LIZ ROBBINS PRINCIPAL/OWNER

