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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 Associates			
2. Address <input type="checkbox"/> Check if different than previously reported 441 New Jersey Avenue, SE			
3. Principal Place of Business (if different from line 2) Washington DC 20003 City: State/zip (or Country)			
4. Contact Name Liz Robbins	Telephone (202) 544-6093	E-mail (optional) liz@lizrobbins.com	5. Senate ID # 33432-710
7. Client Name <input type="checkbox"/> Self Maine Medical Center			6. House ID # 32204049

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-D

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000.00</u> <small>Income (nearest \$20,000)</small>	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 60 Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 16 Internal Revenue Code

Signature *Liz Robbins* Date 2/17/2004

Printed Name and Title Liz Robbins, Principle/Owner

LD-2 (REV. 4/03)

PAGE :

Registrant Name Liz Robbins Associates Client Name Maine Medical Center

**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 MMM (one per page)

16. Specific lobbying issues

Funding for hospital prenatal programs

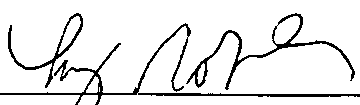
17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives, Senate

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

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

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

Signature  Date 2/17/2004



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Registrant Name Liz Robbins Associates Client Name Maine Medical Center

**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 BUD (one per page)

16. Specific lobbying issues

Funding for hospital prenatal programs

17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives, Senate

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

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

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

Signature  Date \_\_\_\_\_

Printed Name and Title <sup>✓</sup> Liz Robbins, Principal/Owner

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Form LD-2 (Rev. 4/03)

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