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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</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>33432-1</u>
7. Client Name <input type="checkbox"/> Self <u>ILLINOIS HOSPITAL + Healthcare</u>			6. House ID# <u>32204-</u>

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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

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>\$60,000</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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></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 defined</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60: Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 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 _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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 MMM (one per page)

16. Specific lobbying issues

Medicare / Medicaid issues
Privacy

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

Check if None

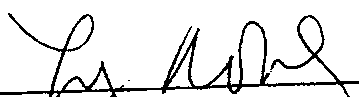
Senate

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>owner</u>

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

Check if None

Signature  Date 2/10/01

Printed Name and Title LIZ ROBBINS, Owner

