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02 AUG 26 AM 9:06

## 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 Washington, DC 20003			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Liz Robbins	Telephone (202) 544-6093	E-mail (optional) liz@lizrobbins	5. Senate ID # 334
7. Client Name <input type="checkbox"/> Self Weight Watchers			6. House ID # 3220

**TYPE OF REPORT** 8. Year 2002 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

**12. Lobbying Firms**

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐

\$10,000 or more ☒ ⇨ \$ 75,000.00  
Income (nearest \$20,000)

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).

**13. Organizations**

**EXPENSES** relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇨ \$ \_\_\_\_\_  
Expenses (nearest \$20,000)

**14. REPORTING METHOD.** Check box to indicate accounting method. See instructions for description of

☐ Method A. Reporting amounts using LDA definition

☐ Method B. Reporting amounts under section 603 Internal Revenue Code

☐ Method C. Reporting amounts under section 162 Internal Revenue Code

Signature Liz Robbins

Printed Name and Title Liz Robbins, Principal/Owner



Registrant Name Liz Robbins Associates Client Name Weight Watchers

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

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

16. Specific lobbying issues

Medicare, Medicaid

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)
Liz Robbins	Principal/Owner
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

☐ Check if None

Signature

*Liz Robbins*

Date

8-14-02

Printed Name and Title

Liz Robbins, Principal/Owner

