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**LOBBYING REPORT**

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

|  |                             |   |                           |
|--|-----------------------------|---|---------------------------|
| 1. Registrant Name<br>Liz Robbins Associates   |                             |   |                           |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>441 New Jersey Avenue, SE |                             |   |                           |
| 3. Principal Place of Business (if different from line 2)<br>Washington<br>City:                             |                             | DC 20003<br>State/zip (or Country)      |                           |
| 4. Contact Name<br>Liz Robbins   | Telephone<br>(202) 544-6093 | E-mail (optional)<br>liz@lizrobbins.com | 5. Senate ID #<br>3343224 |
| 7. Client Name <input type="checkbox"/> Self<br>Maine Medical Center   |                             |   | 6. House ID #<br>32204049 |

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

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><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____<br/>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><b>13. Organizations</b></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"/> ⇔ \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitior</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(t Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p> |

*Handwritten signature*



00000480630

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 the 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 *Liz Robbins* Date 8/13/03

Printed Name and Title LIZ ROBBINS, Principal/Owner

Form 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 the 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                           |
|             |   |
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|             |   |

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

Signature  Date 8/13/03

Printed Name and Title Liz Robbins, Principal/Owner

Form I.D-2 (Rev. 4/03)

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