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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><u>LIZ ROBBINS ASSOCIATES</u>   |                                  |  |                                |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>441 NEW JERSEY AVENUE SE</u>          |                                  |  |                                |
| 3. Principal Place of Business (if different from line 2)<br>City: <u>WASHINGTON</u> State/Zip (or Country) <u>DC 20003</u> |                                  |  |                                |
| 4. Contact Name<br><u>LIZ ROBBINS</u>   | Telephone<br><u>202 544 6093</u> | E-mail (optional)<br><u>liz@lizrobbins.com</u> | 5. Senate ID #                 |
| 7. Client Name <input type="checkbox"/> Self<br><u>PARKINSONS DISEASE FOUNDATION</u>  |                                  |  | 6. House ID #<br><u>32204C</u> |

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30)  OR Year End (July 1-December 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 Lobbying

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

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

Signature \_\_\_\_\_

Printed Name and Title LIZ ROBBINS PRINCIPAL/OWNER



Registrant Name Liz Robbins Associates Client Name Parkinsons Disease Founda

**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, 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 Issues  
Pt. Privacy  
~~Other~~ Medicare/Medicaid Issues

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

Check if None

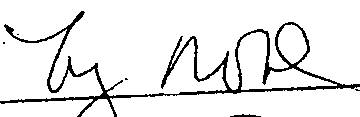
House

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

| Name        | Covered Official Position (if applicable) |
|-------------|---|
| LIZ ROBBINS |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |

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

