Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY
05 DEC 23

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration December

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Liz Robbins Associates

Address 441 New Jersey Ave SE

City Washington State DC Zip 20003

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202) 544-4093 Contact Liz Robbins E-mail (optional) liz@l

6. General description of registrant's business or activities

Lobbying

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should che

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name Ohio Valley Medical Center

Address 2000 Eoff St.

City Wheeling State WV Zip 26003

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

Hospital

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any per this section has served as a "covered executive branch official" or "covered legislative branch official" within two y acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicab
Liz Robbins	President/CEO
Julie Beaumont	Principal

10004802 25

Registrant Name_____ Client Name_____

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1

HCR _____ _____ _____ _____ _____ _____ _____ _____

12. Specific lobbying issues (current and anticipated)

mental health funding

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the r a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying a

☒ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or cou

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or s activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in th of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for eac matching the criteria above, then sign a registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature_____ Date_____

Printed Name and Title Liz Robbins, President/CEO.

00004802336