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## LOBBYING REPORT

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

1. Registrant Name The Sheridan Group			
2. Address <input type="checkbox"/> Check if different than previously reported 1224 M St., NW			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20005			
4. Contact Name Mary Beth Buchholz	Telephone (202) 628-7770	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self International Myeloma Foundation			6. House ID #

**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

<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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000.00</u> 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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1605 Internal Revenue Code</p>
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Signature

Printed Name and Title

Thomas F. Sheridan, President

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LD-2 (REV. 6/98)

Registrant Name The Sheridan Group Client Name International Myeloma Foundation

**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, provide the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Labor HHS Appropriations

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

☐ Check if None

US Senate

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

Name	Covered Official Position (if applicable)
Thomas Sheridan	
Mary Beth Buchholz	
Jennie Dunn	

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

☐ Check if None

Signature



Date

Thomas F. Sheridan, President

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev.6/98)

Page .