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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 checked="" type="checkbox"/> Check if different than previously reported 1224 M Street N.W.,			
3. Principal Place of Business (if different from line 2) City: Washington, D.C. State/Zip (or Country) 20005			
4. Contact Name Mary Beth Buchholz	Telephone (202) 628-7770	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self CFIDS Association of America			6. House ID # 334

TYPE OF REPORT 8. Year 2002 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 Activities ☐

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 ☒ ⇒ \$ 40,000.00
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.

☐ Method A. Reporting amounts using LDA definition

☐ Method B. Reporting amounts under section 60 Internal Revenue Code

☐ Method C. Reporting amounts under section 16 Internal Revenue Code

Signature



Printed Name and Title

Thomas F. Sheridan, President

LD-2 (REV. 6/98)

Registrant Name The Sheridan Group Client Name CFIDS Association of America

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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Labor, Health and Human Services, and Education Appropriations

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

☐ Check if None

U.S. House of Representatives
U.S. Senate

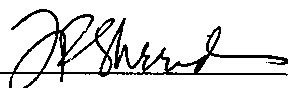
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Thomas F. Sheridan	President
Mary Beth Buchholz	Senior Legislative Associate

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

☒ Check if None

Signature



Date

8/14/02

Printed Name and Title Thomas F. Sheridan, President

Form LD-2 (Rev. 6/98)

Page

Registrant Name The Sheridan Group Client Name CFIDS Association of America

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

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

16. Specific lobbying issues

National Institutes of Health Reauthorization

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

☐ Check if None

U.S. House of Representatives
U.S. Senate
National Institutes of Health
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Thomas F. Sheridan	President
Mary Beth Buchholz	Senior Legislative Associate

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

☒ Check if None

Signature

Thomas F. Sheridan

Date

8/14/02

Printed Name and Title Thomas F. Sheridan, President

Form LD-2 (Rev. 6/98)

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