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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 Check if different than	previously reported			
1224 M Street N.W.,				
3. Principal Place of Business (if different i	from line 2)			
City: Washington, D.C.	State/2	ip (or Country)	20005	
4. Contact Name	Telephone	*************************	E-mail (optional)	5. Senate ID#
Mary Beth Buchholz	(202) 628-7770	••		
7. Client Name				6. House ID#
CFIDS Association of America	a			334
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Thomas	F	Sheridan	Proc	iden	ŧ
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Printed	Name	and	Title

LD-2 (REV. 6/98)

Registrant Name	The Sheridan Group	Client Name	CFIDS Association of America
engaged in lobbying	VITY. Select as many code on behalf of the client duriested. Attach additional pages	ing the reporting period	ect the general issue areas in which the d. Using a separate page for each coo
15. General issue ar	rea code BUD (on	e per page)	
16. Specific lobbyin	ng issues d Human Services, and Educat	ion Appropriations	
	ngress and Federal agencie Representatives	s contacted [Check if None
18. Name of each in	ndividual who acted as a lo	bbyist in this issue are	a
	Name		Covered Official Position (if applicable)
Thomas F. Sheridar	ı	Preside	nt
Mary Beth Buchholz		Senior	egislative Associate
19. Interest of each fo	oreign entity in the specific is	sues listed on line 16 abo	ve Check if None
Signature WW	Shh. I		Date 8/14/12

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Page .

CFIDS Association of America The Sheridan Group Client Name Registrant Name 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 Covered Official Position (if applicable) Name President Thomas F. Sheridan Senior Legislative Associate Mary Beth Buchholz ☑ Check if None 19. Interest of each foreign entity in the specific issues listed on line 16 above

Form LD-2 (Rev.6/98)