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SECRETARY OF THE SENATE
03 AUG 21 PM 1:26

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 Street, NW			
3. Principal Place of Business (if different from line 2) Washington DC 20005 City: State/zip (or Country)			
4. Contact Name Mary Beth Buchholz	Telephone (202) 628-7770	E-mail (optional) mbbuchholz@sheridangroupdc.cc	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Office of Liaison Counsel, MDL 926			6. House ID # 33447012

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December)

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>\$120,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ 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 expense accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____ Date _____

Printed Name and Title _____ Thomas F. Sheridan, President _____

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Registrant Name The Sheridan Group Client Name Office of Liaison Counsel, MDL 926

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

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

16. Specific lobbying issues

Consumer oversight at the Food and Drug Administration

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. Senate
U.S. House of Representatives
Food and Drug Administration
National Institutes of Health

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

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

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *TSheridan* Date 08/13/2003

Printed Name and Title Thomas F. Shendall, President

Form LD-2 (Rec. 4/03)

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