

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  
04 SEP -

## LOBBYING REPORT

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

1. Registrant Name <u>FORSYTH, SHEILA LANE</u>			
2. Address <input type="checkbox"/> Check if different than previously reported			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
7. Client Name <input type="checkbox"/> Self			6. House ID

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30) ☒ OR Year End (July 1-12/31) ☐

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 ☐

### 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  
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 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 de

☐ Method B. Reporting amounts under section Internal Revenue Code

☐ Method C. Reporting amounts under section Internal Revenue Code

Signature Sheila Lane Forsyth SHEILA LANE FORSYTH

Printed Name and Title LANE-FORSYTH ASSOCIATES

LD-2 (REV. 6/98)

Registrant Name FORSYTH, SHEILA LANE Client Name AMERICAN PSYCHOLOG

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

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

16. Specific lobbying issues

(A) Bureau of Health Professions Appropriations  
(B) Bureau of Health Professions

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

☐ Check if None

U.S. Senate  
U.S. House of Representatives  
Bureau of Health Professions

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

Name	Covered Official Position (if applicable)
Forsyth, Sheila Lane	N/A

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

☒ Check if None

Signature Sheila Lane Forsyth Date 8/17/04

Printed Name and Title SHEILA LANE FORSYTH, LANE FORSYTH ASS

Form I D 2 (Rev 6/98)

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