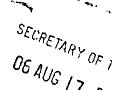
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## **LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Require

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| Beveridge & Diamond P.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |  |
| 2. Address Check if different than previously reported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •••••••••••••••••••••••••••••••••••••••                                                                                                                        |  |
| 1350 I St., NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Suite 700                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |  |
| Washington [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DC 2000                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | USA                                                                                                                                                            |  |
| 3. Principal place of business (if different than line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Zip or Country                                                                                                                                 | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |  |
| 4a. Contact Name b. Telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | c. E-mail                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Senate ID#                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | gen@bdlaw.com                                                                                                                                  | ••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6143-113                                                                                                                                                       |  |
| 7. Client Name Self  American Chemistry Council                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. House ID#                                                                                                                                                   |  |
| Afficial Chemistry Council                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31395019                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***                                                                                                                                                            |  |
| INCOME OR EXPENSES - Complete Either Line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 OR Line 13                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |  |
| INCOME OR EXPENSES - Complete Either Line 1  12. Lobbying Firms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 OR Line 13                                                                                                                                   | 13. Organ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | izations                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |  |
| 12. Lobbying Firms  NCOME relating to lobbying activities for this reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EXPENSES relating were:                                                                                                                        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nizations<br>ctivities for this reporting p                                                                                                                    |  |
| 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EXPENSES relating were:                                                                                                                        | to lobbying ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ctivities for this reporting p                                                                                                                                 |  |
| 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000    \$10,000 or more    \$\sum_{\text{\$\sum}}\$ \$ 20,000  Provide a good faith estimate, rounded to the nearest \$20,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EXPENSES relating were:  Less than \$10,000 [ \$10,000 or more [                                                                               | to lobbying ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | etivities for this reporting p                                                                                                                                 |  |
| 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000    S10,000 or more    \$\Begin{array}{c} \Begin{array}{c} arr        | EXPENSES relating were:  Less than \$10,000 [ \$10,000 or more [  14. REPORTING M accounting method.                                           | to lobbying action to lobbying   | eck box to indicate expenses for description of options                                                                                                        |  |
| 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 □  \$10,000 or more ⊠ ⇔ \$ 20,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EXPENSES relating were:  Less than \$10,000   \$10,000 or more  14. REPORTING M accounting method.                                             | to lobbying action to lobbying action to lobbying action to lobbying amount to lobbying action to lobbying a | eck box to indicate expense is for description of options ats using LDA definitions only its under section 6033(b)(8) of                                       |  |
| 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000   S10,000 or more   \$\Bigsir \bigsir \big | EXPENSES relating were:  Less than \$10,000 [ \$10,000 or more [  14. REPORTING M accounting method. 5  Method A. F. Method B. F. Method C. F. | to lobbying ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | eck box to indicate expense is for description of options ats using LDA definitions only its under section 6033(b)(8) of Code                                  |  |
| 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000   S10,000 or more   \$\Bigsir \bigsir \big | EXPENSES relating were:  Less than \$10,000 [ \$10,000 or more [  14. REPORTING M accounting method. 5  Method A. F. Method B. F. Method C. F. | to lobbying action in the control in | eck box to indicate expense is for description of options atts using LDA definitions only its under section 6033(b)(8) of Code its under section 162(e) of the |  |
| 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000   S10,000 or more   \$\Bigsir \bigsir \big | EXPENSES relating were:  Less than \$10,000 [ \$10,000 or more [  14. REPORTING M accounting method. 5  Method A. F. Method B. F. Method C. F. | to lobbying action in the control in | eck box to indicate expense is for description of options ats using LDA definitions only its under section 6033(b)(8) of                                       |  |

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LD-2DS (Rev. 4.07)

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Page 3 of

| Registrant Name <u>Beve</u> 1           | ridge & Diamond P.C.                    | Client Name Am                                          | erican Chemistry Counc                                  |
|-----------------------------------------|-----------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| Information Upda 20. Client new address | te Page - Complete ONLY                 | where registration info                                 | rmation has changed.                                    |
| Address                                 |                                         |                                                         |                                                         |
| City                                    |                                         | State Zip Code                                          | e Country                                               |
| 21. Client new principal                | place of business (if different than    |                                                         |                                                         |
| City                                    |                                         | State Zip Code                                          | Country                                                 |
| 22. New general descrip                 | tion of client's business or activities | S                                                       |                                                         |
| LOBBYIST UPDAT                          | TE .                                    |                                                         |                                                         |
| 23. Name of each prev                   | iously reported individual who i        | is <b>no longer</b> expected to act                     |                                                         |
| 1                                       | Suria                                   | 7 irst Name                                             | Last Name Suffix                                        |
|                                         |                                         | 4                                                       |                                                         |
|                                         |                                         |                                                         |                                                         |
| ISSUE UPDATE                            |                                         | Find the code to                                        | select below.                                           |
| 24. General lobbying is                 | ssues that <b>no longer</b> pertain     |                                                         | ,                                                       |
|                                         |                                         |                                                         |                                                         |
| AFFILIATED ORG                          | CANIZATIONS                             |                                                         |                                                         |
| 25. Add the following a                 | affiliated organization(s)              |                                                         |                                                         |
| Name                                    |                                         | Address                                                 | Principal place of Business (city and state or country) |
|                                         | Address                                 |                                                         | City                                                    |
|                                         | C/S/Z                                   |                                                         | State Country                                           |
|                                         | Address                                 |                                                         | City                                                    |
| 26 Name C 1                             | C/S/Z                                   |                                                         | State                                                   |
| 26. Name of each previ                  | iously reported organization that       | _                                                       | •                                                       |
| <u> </u>                                | [2]                                     | 3                                                       |                                                         |
| FOREIGN ENTITE 27. Add the following f  |                                         |                                                         |                                                         |
| Name                                    | Address<br>Street Address               | Principal place of business (city and state or country) | Amount of contribution for lobbying activities Ownersh  |
|                                         | City State/Province Country             | City                                                    | client                                                  |
| •                                       |                                         |                                                         |                                                         |
| 20 N                                    |                                         | State Country                                           |                                                         |
| affiliated organization                 | usly reported foreign entity that no    | <b>longer</b> owns, <u>or</u> controls, <u>or</u> is    | s affiliated with the registrant, clie                  |
| 1                                       | 5                                       |                                                         |                                                         |
| 2                                       | 4                                       | [                                                       | 6                                                       |
|                                         | ()                                      | _                                                       | —<br>Add a page for more upda                           |
|                                         | // // / 7 /                             | h                                                       | . 1 .                                                   |
| Printed Name and Title                  |                                         | 10, 10,                                                 | nec for                                                 |
|                                         | Filing #5d0c226e-1017-4011-b47f-        | 75fe2828758b - Page 7 of 8                              |                                                         |

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