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LOBBYING REPORT

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

1. Registrant Name James P. Beime			
2. Address <input type="checkbox"/> Check if different than previously reported 6611 Landon Lane, Bethesda, Md 20817			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name James P. Beime	Telephone (301) 320-4020	E-mail (optional) jimbeime@verizon.net	5. Senate ID # 285756-12
7. Client Name <input type="checkbox"/> Self Commonwealth of the Northern Mariana Islands			6. House ID # 3695500

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☒ OR Year End (July 1-Dec)

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

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> Income (nearest \$20,000)</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of op</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code</p>
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Signature _____ Date _____

Registrant Name James P. Beirne Client Name Commonwealth of the Northern Mariana Islands

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

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

16. Specific lobbying issues

Obtain an accounting of and settlement for funds subject to cover over under section 703(b) of the 1976 Covenant to Establish a Commonwealth of the Northern Mariana Islands in Permanent Union with the United States.

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

US Senate, US House of Representatives, Department of the Interior

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

Name	Covered Official Position (if applicable)
James P. Beirne	Chief Counsel, Committee on Energy and Natural Resources, U. S. Senate

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

Signature *James P. Beirne* Date 08/12/2004
 Printed Name and Title James P. Beirne

