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

1. Registrant Name Organization Individual

Prefix Mr. First MARSHALL Last BRACHMAN

2. Address Check if different than previously reported

Address1 634 A STREET, NE Address2 _____
City WASHINGTON State DC Zip Code 20002 - _____ Cou _____

3. Principal place of business (if different than line 2)

City _____ State _____ Zip Code _____ - _____ Cou _____

4a. Contact Name Mr. MARSHALL BRACHMAN b. Telephone Number (202) 365-1018 c. E-mail marshall@mabrachman.com 5. Sen 6848
 International Number

7. Client Name Self 6. Hou 3160
DIAMOND MANAGEMENT

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) 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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying	13. Organizations
INCOME relating to lobbying activities for this reporting period was: <u>Less than \$10,000</u> <input checked="" type="checkbox"/> <u>\$10,000 or more</u> <input type="checkbox"/> \$ _____ 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).	EXPENSE relating to lobbying activities for this reporting period were: <u>Less than \$10,000</u> <input type="checkbox"/> <u>\$10,000 or more</u> <input type="checkbox"/> \$ _____ 14. REPORTING Check box to indicate accounting method. See instructions for descriptive <input type="checkbox"/> Method A. Reporting amounts using LDA definitive <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature

Marshall Brachman

Date 1/2

000013185

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Printed Name and Title Marshall A. Brachman, lobbyist

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