LIMITED TARIFF BENEFIT DISCLOSURE STATEMENT

Provide a signed hard copy to the Clerk of the Senate Committee on Finance located at 219 Dirksen SOB and a PDF version sent via email to mtb2009@finance-dem.senate.gov not later than five business days after the date of introduction of the bill. *Please be aware that this form will be made available to the public, media, and any other interested parties.*

Part I.	This form is being submitted for S, which I introduced in the Senate on	
Part II.		
Part III.	Provide the information below in subparts A, B, and C if the bill referenced above is a Limited Tariff Benefit.	
A. Anticipa	ated Beneficiaries:	
<u>Eastman</u>	Chemical Company	
B. Purpose	e of the Limited Tariff Benefit:	
To susper	nd temporarily the duty on P	entalyn C.
C. Financia	al Benefit Certification	
	I hereby certify that neither I nor my i cribed limited tariff benefit.	mmediate family has a financial interest in the above
(Member Si	gnature)	Date
Bob Cor	ker	
(Print Meml	ber name)	