

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515  
<http://lobbyingdisclosure.house.gov>

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510  
<http://www.senate.gov/lobby>

## LOBBYING REPORT

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

|                                                                                                                                                                                         |                                                 |                                               |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| <b>1. Registrant Name</b> <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual<br><u>Balch &amp; Bingham LLP</u>            |                                                 |                                               |                                         |
| <b>2. Address</b><br>Address1 <u>1710 6th Avenue North</u> Address2 _____<br>City <u>Birmingham</u> State <u>AL</u> Zip Code <u>35203</u> Country <u>USA</u>                            |                                                 |                                               |                                         |
| <b>3. Principal place of business (if different than line 2)</b><br>City _____ State _____ Zip Code _____ Country _____                                                                 |                                                 |                                               |                                         |
| <b>4a. Contact Name</b><br><u>Mr. JAMES H. HANCOCK, JR.</u>                                                                                                                             | <b>b. Telephone Number</b><br><u>2052518100</u> | <b>c. E-mail</b><br><u>jhancock@balch.com</u> | <b>5. Senate ID#</b><br><u>5197-797</u> |
| <b>7. Client Name</b> <input type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality<br><u>Biocryst Pharmaceuticals, Inc.</u> |                                                 |                                               | <b>6. House ID#</b><br><u>311070045</u> |

### TYPE OF REPORT

8. Year 2011 Q1 (1/1 - 3/31) ☐ Q2 (4/1 - 6/30) ☐ Q3 (7/1 - 9/30) ☒ Q4 (10/1 - 12/31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☒ Termination Date 08/30/2011 11. No Lobbying Issue Activity ☐

### INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

| 12. Lobbying                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13. Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:<br><u>Less than \$5,000</u> <input type="checkbox"/><br><u>\$5,000 or more</u> <input checked="" type="checkbox"/> \$ <u>20,000.00</u><br>Provide a good faith estimate, rounded to the nearest \$10,000, 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). | <b>EXPENSE</b> relating to lobbying activities for this reporting period were:<br><u>Less than \$5,000</u> <input type="checkbox"/><br><u>\$5,000 or more</u> <input type="checkbox"/> \$ _____<br><b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options.<br><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only<br><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code<br><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature Digitally Signed By: James H. Hancock, Jr.-Partner

Date 10/17/2011

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

15. General issue area code MED

16. Specific lobbying issues

Programs, regulations and legislation pertaining to: Project Bioshield; Federal pandemic preparedness and response; the Biomedical Advanced Research and Development Authority; the Food & Drug Administration.

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

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Health & Human Services - Dept of (HHS)

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

| First Name | Last Name | Suffix | Covered Official Position (if applicable)         | New                      |
|------------|-----------|--------|---------------------------------------------------|--------------------------|
| Michael    | Davis     | II     | Field Representative - Sen. Jeff Sessions         | <input type="checkbox"/> |
| William    | Stiers    |        | Leg. Dir. - Reps. Wm. Dickinson and Terry Everett | <input type="checkbox"/> |

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

## Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

22. New General description of client's business or activities

## LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

| First Name | Last Name | Suffix | First Name | Last Name | Suffix |
|------------|-----------|--------|------------|-----------|--------|
| 1          |           |        | 3          |           |        |
| 2          |           |        | 4          |           |        |

## ISSUE UPDATE

24. General lobbying issue that no longer pertains

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

| Name | Address        |  |                |     | Principal Place of Business<br>(city and state or country) |  |
|------|----------------|--|----------------|-----|------------------------------------------------------------|--|
|      | Street Address |  | State/Province | Zip | Country                                                    |  |
|      | City           |  |                |     |                                                            |  |
|      | City           |  |                |     |                                                            |  |
|      |                |  |                |     |                                                            |  |
|      |                |  |                |     |                                                            |  |
|      |                |  |                |     |                                                            |  |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities:

| Name | Address        |                |         | Principal place of business<br>(city and state or country) | Amount of<br>contribution for<br>lobbying activities | Ownership<br>percentage<br>in client |
|------|----------------|----------------|---------|------------------------------------------------------------|------------------------------------------------------|--------------------------------------|
|      | Street Address |                |         |                                                            |                                                      |                                      |
|      | City           | State/Province | Country |                                                            |                                                      |                                      |
|      |                |                |         | City<br>State<br>Country                                   |                                                      | %                                    |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

1

3

5

2

4

6