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

1. Registrant Name Organization/Lobbying Firm Self Emplo Balch & Bingham LLP	oyed Individual
2. Address Address1 801Pennsylvania Avenue, NW	Address2 Suite 325
City Washington State	DC Zip Code 20004 Country USA
3. Principal place of business (if different than line 2) City State	Zip Code Country
4a. Contact Name b. Telephone Number Mr. JAMES H. HANCOCK, JR. 2052518100	c. E-mail 5. Senate ID# jhancock@balch.com 5197-277
7. Client Name Self Check if client is a state Vaxin Pharmaceuticals, Inc.	te or local government or instrumentality 6. House ID# 311070020
TYPE OF REPORT 8. Year 2008 Q1 (1/1 - 3/31) 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination	Q2 (4/1 - 6/30) Q3 (7/1 - 9/30) Q4 (10/1 - 12/31) Date 11. No Lobbying Issue Activity
INCOME OR EXPENSES - YOU	MUST complete either Line 12 or Line 13
INCOME relating to lobbying activities for this reporting period was: Less than \$5,000 \$5,000 or more \$20,000.00 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).	13. Organizations EXPENSE relating to lobbying activities for this reporting period were: Less than \$5,000 \$5,000 or more \$
Signature Digitally Signed By: James H. Hancock, JrPartner	Revenue Code Date 01/13/2009

Стр. 1 из 3

behalf of the client during the needed.		-	-	s in which the registrant en information as requested. A		
15. General issue area code M	MED					
16. Specific lobbying issues						
Funding for Immunocontract vaccination by recombinant vectored vaccine research the	adenovirus vectors throu	gh Department of Agr	iculture or Homel	and Security Appropriation		ve
17. House(s) of Congress and	d Federal agencies	Check if None				
U.S. SENATE, U.S. HOUSE (DHS), Health & Human Ser		-			•	ept of
18. Name of each individual	who acted as a lobbyist i	n this issue area				
First Name	Last Name	Suffix	Cover	ed Official Position (if app	licable)	New
Michael	Davis	II	Field Representa	ntive - Sen. Jeff Sessions		
William	Stiers		Leg. Dir Reps	ps. Wm. Dickinson and Terry Everett		
Information Undate	Page - Complete	ONLY where re	egistration in	formation has char	iged.	
Information Update 20. Client new address	•		egistration in	formation has char	nged.	
20. Client new address Address	•		egistration in			
20. Client new address Address						
20. Client new address Address City 21. Client new principal place		t than line 20)	State		Country _	
20. Client new address Address City 21. Client new principal place	ee of business (if differen	t than line 20)	State	Zip Code	Country _	
20. Client new address Address City 21. Client new principal plac City	ee of business (if different of client's business or action)	t than line 20)	State	Zip Code	Country _	
20. Client new address Address City 21. Client new principal plac City 22. New General description LOBBYIST UPDAT	ee of business (if different of client's business or action)	t than line 20)	State	Zip Code	Country Country	Suffix
20. Client new address Address City 21. Client new principal plac City 22. New General description LOBBYIST UPDAT 23. Name of each previously	of client's business or active reported individual who	t than line 20) Setivities is no longer expected	State State to act as a lobbyis	Zip Code Zip Code	Country Country	

ISSUE UPDATE

24. General lobbying issue that no longer pertains

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LD-2 Disclosure Form	https://soprweb.senate.gov/index.cfm?event=getFilingDetails&fil

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

	Address				Principal Place of Business	
Name	Street Address City	State/Province	7in	Country		(city and state or country)
	City	State/T TOVINCE	Zip	Country	G:4	
					City	
					State	Country

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

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FOREIGN ENTITIES

27. Add the following foreign entities:

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

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