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 E	Employed Individual			
2. Address Address1 801Pennsylvania Avenue, NW	Address2 Suite 325			
City Washington State	<u>DC</u> Zip Code <u>20004</u>	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 jhancock@balch.com	5. Senate ID# 5197-277		
7. Client Name Self Check if client is a state Vaxin Pharmaceuticals, Inc.	tte or local government or instrumentality	6. House ID# 311070020		
10. Check if this is a Termination Report Termination Date 11. No Lobbying Issue Activity INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13				
12. Lobbying INCOME relating to lobbying activities for this reporting period was:	13. Organizations EXPENSE relating to lobbying activities for period were:			
Less than \$5,000	Less than \$5,000			
\$\frac{\$5,000 \text{ or more}}{\text{ of }} \sqrt{\frac{20,000.00}{\text{ ounded 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).	\$			
Signature Digitally Signed By: James H. Hancock, Ir -Partner	Ds	ote 01/13/2009		

Signature Digitally

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

Date

)1/13/2009

15. General issue area code MED 16. Specific lobbying issues Funding for Immunocontraceptive vaccines through Department of Interior, Agriculture or Transportation Appropriations bills; in ovo vaccination by recombinant adenovirus vectors through Department of Agriculture or Homeland Security Appropriations bills; non-invasive vectored vaccine research through Department of Defense Authorization or Defense Appropriations bills. Check if None 17. House(s) of Congress and Federal agencies U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Agriculture - Dept of (USDA), Defense - Dept of (DOD), Homeland Security - Dept of (DHS), Health & Human Services - Dept of (HHS), Interior - Dept of (DOI), Navy - Dept of, Transportation -Dept of (DOT) 18. Name of each individual who acted as a lobbyist in this issue area Last Name Covered Official Position (if applicable) Field Representative - Sen. Jeff Sessions Michael Davis II Leg. Dir. - Reps. Wm. Dickinson and Terry Everett William Stiers 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 **ISSUE UPDATE** 24. General lobbying issue that no longer pertains

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.

AFFILIATED ORGANIZATIONS

Internet Address:					
Name	Street Address			Principal Place of Business (city and state or country)	
			City State Count	try	
26. Name of each previously re	eported organization that is no long	er affiliated with the registra	ant or client		
1	2	3			
FOREIGN ENTITIES	S				
27. Add the following foreign 6	entities:				
Name	Address Street Address City State/Province Country	Principal place of busing (city and state or country)		Ownership percentage in client	
		City State Country		%	
28. Name of each previously reaffiliated organization	eported foreign entity that no longe	r owns, or controls, or is affi	iliated with the registrant,	client or	
1 2	3	<u>5</u>			

25. Add the following affiliated organization(s)