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LOBBYING REPORT

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

1. Registrant name Organization: Kilpatrick Stockton, LLP	
2. Address <input type="checkbox"/> Check if different than previously reported Address 1: 607 Fourteenth Street, NW - Suite 900 City: Washington State: DC Zip Code: 20005 Country: US	
3. Principal place of business (if different than line 2) City: Washington State: DC Zip Code: 20005 Country: US	
4a. Contact Name Prefix: Mr. Full Name: Christopher A. Ott	b. Telephone number: (202) 508-5800
c. E-mail	
5. Senate ID #: 21563-1	
7. Client Name <input type="checkbox"/> Self Altermune	6. House ID #: 3208001

TYPE OF REPORT 8. Year: **2004** Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>30,000</u></p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title **Christopher A. Ott, Attorney**

Registrant Name Kilpatrick Stockton, LLP Client Name Altermune

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

15. General issue area code MED - Medical/Disease Research/Clinical Labs (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

Obtain government funding to support research in developing a defense to biological warfare agents

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

U.S. House of Representatives
U.S. Senate
DARPA

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Christopher A.	Ott		N/A
John	Walk		N/A

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

Printed Name and Title Christopher A. Ott, Attorney *Add a page for a diff*

Handwritten signature or initials in black ink, consisting of several loops and strokes.

Registrant Name Kilpatrick Stockton, LLP

Client Name Altermune

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

5

1

3

2

4

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

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

1

3

5

2

4

6

Add a page for more

Printed Name and Title: Christopher A. Ott, Attorney

