

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF

05 JUN 14

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 05/01/200

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Organization Mercury Public Affairs

Address 1775 Eye Street NW Suite 700

City Washington State DC Zip 20006 US

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____

5. Telephone number and contact name Prefix Full Name

(202)551-1450 Contact Mr. John Hishta E-mail JHishta@Mercuryllc.com

6. General description of registrant's business or activities

Public Affairs

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the labeled "Self" and proceed to line 10.* Self

7. Client name Bioport

Address 300 Professional Drive

City Gaithersburg State MD Zip 20879 Country U

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____ Country _____

9. General description of client's business or activities

Medical/Vaccine related

LOBBYISTS

Go to page 3 to add more

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person section has served as a "covered executive branch official" or "covered legislative branch official" within two years of f a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
John	Hishta		

Registrant Name Mercury Public Affairs

Client Name Bioport

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbyin

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

GOV

MED

12. Specific lobbying issues (current and anticipated)

issues related to the Bioshield Program and the congressional oversight of it

AFFILIATED ORGANIZATIONS

Go to page 3 to add more orga

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒

Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Busine: (city and state or countr

FOREIGN ENTITIES

Go to page 3 to add more forei

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome c lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒

Complete the rest of this section for each enti matching the criteria above, then sign and dat registration.

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

JHM

Form Co

Printed Name and Title John Hishta, Managing Director

Registrant Name Mercury Public Affairs Client Name Bioport

ADDITIONAL LOBBYISTS

Return to page 2 to finish

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

Name	Address	Principal place of Business (city and state or country)

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	perc
	Street Address	State/Province	Country			

Add as additional supplementary information

Printed Name and Title John Hishta, Managing Director

