



POLICY
DIRECTIONS
INC.

*Government Relations
for the 21st Century*

SECRETARY D,
03 FEB 20

February 3, 2003

Clerk of the House of Representatives
Legislative Resource Center
U.S. House of Representatives
Washington, D. C. 20515-66121

Re: National Depressive & Manic Depressive Association
32112053

Dear Sir:

This is to notify that **National Depressive & Manic Depressive Association** has changed its name to **Depression & Bipolar Support Alliance (DBSA)**. Per instruction from your office it was indicated that the name change should be reflected in a covering letter directed to your office. I am also enclosing the semi-annual Lobbying Report.

By copy of this letter, I am also notifying the Secretary of the Senate of the name change.

Sincerely,

Frankie L. Trull
President

FLT/asm

Enclosure

cc: Secretary of the Senate ✓
Office of Public Records
232 Hart Building
Washington, D. C. 20510
Senate Identification No. 31747-710

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
---	--

SECRETARY OF THE S
03 FEB 20 PM 12:

LOBBYING REPORT

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

1. Registrant Name POLICY DIRECTIONS INC.			
2. Address <input type="checkbox"/> Check if different than previously reported 818 CONNECTICUT AVENUE, NW, SUITE 225			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20006			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
FRANKIE L. TRULL	(202) 776-0071	frtrull@poldir.com	31
7. Client Name <input type="checkbox"/> Self DEPRESSION & BIPOLAR SUPPORT ALLIANCE (formerly National Depressive & Manic Depressive Association)			6. House ID #
			32
TYPE OF REPORT 8. Year <u>2002</u> Midyear (January 1-June 30) <input type="checkbox"/> OR Year End (July 1-D			
9. Check if this filing amends a previously filed version of this report <input type="checkbox"/>			
10. Check if this is a Termination Report <input checked="" type="checkbox"/> ⇨ Termination Date <u>12/31/02</u>			11. No Lobby

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>40,000.00</u> Income (nearest \$20,000)</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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170(e)(2)(B) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170(e)(2)(C) Internal Revenue Code</p>
--	--

Signature

Frankie L. Trull

Printed Name and Title

FRANKIE L. TRULL, President

Registrant Name POLICY DIRECTIONS INC. Client Name DEPRESSION & BIPOLAR SUPPORT A

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

15. General issue area code MED (one per page)

16. Specific lobbying issues

Medical Privacy
H.R. 4066/S.543 Mental Health Parity

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

U.S. House of Representatives
U. S. Senate
SAMSHA

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

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
STEPHEN MICHAEL	
DOREEN A. BELL	

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

Signature *Frankie L. Trull* Date 02/03/03

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

Registrant Name POLICY DIRECTIONS INC. Client Name DEPRESSION & BIPOLAR SUPPORT A

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

15. General issue area code BUD (one per page)

16. Specific lobbying issues

NIH Funding (NIMH)

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

U.S. House of Representatives
U. S. Senate
SAMSHA

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

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
STEPHEN MICHAEL	
DOREEN A. BELL	

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

Signature *Frankie L. Trull* Date 02/03/03

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

