

Clerk of the House of Representatives
Legislative Resource Center
8-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY
05 FEB 1

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 checked="" type="checkbox"/> Check if different than previously reported New Suite No.	
818 CONNECTICUT AVENUE, NW, SUITE 950			
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. Sen
FRANKIE L. TRULL	(202) 776-0071	fltrull@poldir.com	
7. Client Name <input type="checkbox"/> Self			6. Hou
BAXTER HEALTHCARE CORP.			

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

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 L

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>20,000.00</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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</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</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170(e) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170(e) Internal Revenue Code</p>
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Signature Frankie L. Trull

Printed Name and Title

FRANKIE L. TRULL, President

Registrant Name POLICY DIRECTIONS INC. Client Name BAXTER HEALTHCARE CORP

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 MMM (one per page)

16. Specific lobbying issues

Medicare Drug Benefit
Medicare reimbursement

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

U. S. House of Representatives
U.S. Senate
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
KATHLEEN (KAY) HOLCOMBE	

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

Signature Frankie L. Trull Date February 13

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

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Registrant Name POLICY DIRECTIONS INC. Client Name BAXTER HEALTHCARE CORP

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 HCR (one per page)

16. Specific lobbying issues

Drug pricing legislation
Drug importation legislation

Vaccines
Bioterrorism

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

U. S. House of Representatives
U.S. Senate
FDA

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

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
KATHLEEN (KAY) HOLCOMBE	

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

Signature *Frankie L. Trull* Date February 1
Printed Name and Title FRANKIE L. TRULL, PRESIDENT

