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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 Ave NW, Suite 225			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20006			
4. Contact Name FRANKIE L. TRULL	Telephone (202) 776-0071	E-mail (optional) fltrull@poldir.com	5. Senate ID # 317
7. Client Name <input type="checkbox"/> Self PhRMA	PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA		6. House ID # 321

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Activities

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>80,000.00</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 reporting 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 of methods.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013(b)(7)(C) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e)(2)(B) Internal Revenue Code</p>
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Signature

Frankie L. Trull

FRANKIE L. TRULL, PRESIDENT

Printed Name and Title

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name POLICY DIRECTIONS Client Name PhRMA

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the client engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and 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

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

US. House of Representatives
U. S. Senate

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 08/11/03

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

Registrant Name POLICY DIRECTIONS INC. Client Name PhRMA

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

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

16. Specific lobbying issues

Prescription Drug Importation

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

U.S. House of Representatives
U. S. Senate
Department of Health & Human Services
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 08/11/03

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

Registrant Name POLICY DIRECTIONS INC. Client Name PhRMA

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

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

16. Specific lobbying issues

Pediatric drug development and labeling
FDA regulation
FDA user fees

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

U.S. House of Representatives
U. S. Senate
Department of Health & Human Services
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 08/11/03

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

