

SECRETARY OF
04 AUG 18 AMClerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510**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
FRANKIE L. TRULL	(202) 776-0071		
7. Client Name <input type="checkbox"/> Self CELLERANT THERAPEUTICS			6. House

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lot

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for the period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.
	<input type="checkbox"/> Method A. Reporting amounts using LDA
	<input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code

Signature

Frankie L. Trull

Printed Name and Title

FRANKIE L. TRULL, PRESIDENT

Registrant Name POLICY DIRECTIONS INC. Client Name CELLERANT THERAPEUTICS

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

Federal funding for Biodefense technology

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

U. S. HOUSE OF REPRESENTATIVES
U. S. SENATE
DOD
HHS
DHS

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

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
STEVE MICHAEL	

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

Signature *Frankie L. Trull* Date August 9
Printed Name and Title FRANKIE L. TRULL, PRESIDENT

Registrant Name POLICY DIRECTIONS INC. Client Name CELLERANT THERAPEUTICS

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

Federal funding for Biodefense technology

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

U. S. HOUSE OF REPRESENTATIVES
U. S. SENATE
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18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
STEVE MICHAEL	

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

Signature Frankie L. Trull Date August 9,

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

