

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

02 AUG 16

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, N.W., Suite 225, Washington, D. C. 20006				
3. Principal Place of Business (if different from line 2)				
City: Same as above		State/Zip (or Country)		
4. Contact Name	Telephone	E-mail (optional)	5. Senate	
Frankie L. Trull	202-776-0071	fltrull@poldir.com	3174	
7. Client Name <input type="checkbox"/> Self			6. House	
THE AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY			32112	

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1

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 Lob

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 type="checkbox"/> ⇨ \$ <u>20,000.00</u></p> <p style="text-align: center;">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"/> ⇨ \$ _____</p> <p style="text-align: right;">Expenses (near)</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 de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>

Signature Frankie L. Trull

Printed Name and Title Frankie L. Trull, President

Registrant Name POLICY DIRECTIONS INC. Client Name THE AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY

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

Stem cell research

Human subjects recipients protections

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

U.S. 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	
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 AUGUST 12, 2002

Printed Name and Title Frankie L. Trull, President

