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



LOBBYING REPORT

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

<u> </u>			
1. Registrant Name			
POLICY DIRECTIONS INC.			
2. Address 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. S		
FRANKIE L. TRULL (202) 776-007			
7. Client Name Self	6. Н		
BAXTER HEALTHCARE CORP.			
TYPE OF REPORT 8. Year 2004 Midyear _	report 🗖		
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 period were:		
Less than \$10,000 · 🔲	Less than \$10,000 \$10,000 or more \$\Bigsize \\$ \text{Expenses (m}\$ 14. REPORTING METHOD. Check box 1 accounting method. See instructions for desc		
CO. 000 00			
\$10,000 or more Income (nearest \$20,000) 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).			
	☐ Method A. Reporting amounts using LI		
	Method B. Reporting amounts under se Internal Revenue Code		
	Method C. Reporting amounts under se Internal Revenue Code		
Signature Figuri Mull			
Printed Name and Title FRANKIE L.	TRULL, President		

(,D-2 (REV, 6/98)

Registrant Name	POLICY DIRECTIONS INC.	Client Name	BAXTER HEALTHCARE COI		
LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in whe engaged in lobbying on behalf of the client during the reporting period. Using a separate page for ear information as requested. Attach additional page(s) as needed.					
15. General issue	area code MMM (one p	er page)			
16. Specific lobby					
Medicare Drug Medicare reimb					
17. House(s) of C	ongress and Federal agencies c	ontacted	Check if None		
U.S. Senate	of Representatives edicare and Medicaid Services				
18. Name of each	individual who acted as a lobb	yist in this issue are	22		
	Name		Covered Official Position (if applicabl		
FRANKIE L. TRUL	L		***************************************		
KATHLEEN (KAY)	HOLCOMBE	***************************************	***************************************		

30 007 4 E 4 720 77 74 44 44 45 75 75 75 75 75 75 75 75 75 75 75 75 75			***************************************		
	foreign entity in the specific issue	s listed on line 16 abo	ove 🗹 Check if None		
Signature	cauling & hull		Date August 9, 20		
Printed Name and T	itle FRANKIE L. TRULL, PRES	IDENT			

Registrant Name	POLICY DIRECTIONS INC.	Client Name	BAXTER HEALTHCARE COI	
LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in wh engaged in lobbying on behalf of the client during the reporting period. Using a separate page for ea information as requested. Attach additional page(s) as needed.				
15. General issue:	area code HCR (one	per page)		
16. Specific lobby	ing issues			
Drug pricing leg Drug importation	islation			
Vaccines Bioterrorism				
17. House(s) of Co	ongress and Federal agencies o	ontacted	Check if None	
U. S. House o U.S. Senate FDA	f Representatives			
18. Name of each	individual who acted as a lobb	yist in this issue area		
	Name		Covered Official Position (if applicab	
FRANKIE L. TRULI	Ļ			
KATHLEEN (KAY)	HOLCOMBE			
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19. Interest of each	foreign entity in the specific issue	es listed on line 16 above	Check if None	
Signature	roulin & Trus		Date August 9,	
Printed Name and T	itle FRANKIE L. TRULL, PRES	IDENT		