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SECRETARY OF THE SENATE 01 FEB 13 PM 12: 32

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration January 1, 2001
2. House Identification Number	Senate Identification Number
REGISTRANT 3. Registrant name POLICY DIRECTIONS INC.	
Address 818 Connecticut Avenue	2, NW, Suite 225
City Hashington	State RC Zip 20006
Principal place of business (if different from line 3)     City	State/Zip (or Country)
5. Telephone number and contact name (202) 776~0071 Contact Fran	kie L. Trull E-mail (optional) FLTrull@poldir.com
General description of registrant's business or activities     Government Relations	
labeled "Self" and proceed to line 10.	or each client. Organizations employing in-house lobbyists should check the box
City Washington	State wa Zin acces
Principal place of business (if different from line 7)     City	State/Zip (or Country)
9. General description of client's business or activities Food manufacturing and sales	The second secon
LOBBYISTS  10. Name of each individual who has acted or is expected to act a this section has served as a "covered executive branch officacting as a lobbyist for the client, state the executive and/or	as a lobbyist for the client identified on line 7. If any person listed in cial" or "covered legislative branch official" within two years of first legislative position(s) in which the person served.
Name	Covered Official Position (if applicable)
Frankie L. Trull	
Kathleen (Kay) Rolcombe Steven L. Kopperud	
Form LD-1 (Rev. 06/98)	Page 1

Registrant Name Polic	y Directions	Client Name Philip Morris	Management Corp	***************************************
		ble codes listed in instructions and on th	e reverse side of Form I	_D-1, page 1.
AGR FOO				
<ol> <li>Specific lobbying issue</li> <li>Pood and agric</li> </ol>	•	d) ns; food safety; food labeli	ing uniformity.	
you also again	TO THE POST OF THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or a community of	
FFILIATED ORG				
		intributes more than \$10,000 to the loor part plans, supervises or controls the		
☑ No⇔ Gotelli	ne 14.	Yes 1 Complete the rest of thi	s section for each ent	ity matchiae
		the criteria above, ther		ity transcriping
Name		Address	Principal Place of Business (city and state or country)	
			(city and state of ordinary)	
OREIGN ENTITI	mir no-		W 1	***************************************
. Is there any foreign en	tity that:			
		ship in the client or any organization major part, plans, supervises, contro		
activities of	the client or any organi	ization identified on line 13; or		
c) is an affiliate of the lobbyi	of the client or any orgon activity?	ganization identified on line 13 and h	as a direct interest in	the outcome
,				
[] N		<b>(</b>		
No⇔ Sign and da	te the registration.	Yes I Complete the remarks in the cri- matching the cri- registration.	st of this section for e teria above, then sign	
No⇔ Sign and da	te the registration.  Address	matching the cri registration.  Principal place of	teria above, then sign	and date the Ownership
· · · · · · · · · · · · · · · · · · ·	<u>.</u>	matching the cri registration.	teria above, then sign	and date the
· · · · · · · · · · · · · · · · · · ·	<u>.</u>	matching the cri registration. Principal place of business	Amount of	Ownership percentage
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· · · · · · · · · · · · · · · · · · ·	<u>.</u>	matching the cri registration. Principal place of business	Amount of	Ownership percentage
· · · · · · · · · · · · · · · · · · ·	Address	matching the cri registration.  Principal place of business (city and state or country)	Amount of	Ownership percentage
Name	Address  Address	matching the cri registration.  Principal place of business (city and state or country)  Date	teria above, then sign  Amount of  contribution for lobbying activities	Ownership percentage