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| 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 THE SENATE
03 AUG 18 AM 10: 4**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 ID # |
| FRANKIE L. TRULL | (202) 776-0071 | | 31747 |
| 7. Client Name <input type="checkbox"/> Self PHARMAVITE LLC | | | 6. House ID # |
| | | | 32112 |

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 **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

| | |
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| <p align="center">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> 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 align="center">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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p> |
|--|---|

Signature

Frankie L. Trull

Printed Name and Title

FRANKIE L. TRULL, PRESIDENT

LD-2 (REV. 6/98)

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Registrant Name POLICY DIRECTIONS INC. Client Name PHARMAVITE LLC

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

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

16. Specific lobbying issues

Dietary supplement regulation
Dietary supplement legislation

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

U. S. HOUSE OF REPRESENTATIVES
U. S. SENATE
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 | |
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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 _____

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Registrant Name POLICY DIRECTIONS INC. Client Name PHARMAVITE LLC

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

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

16. Specific lobbying issues

Dietary supplement regulation
Dietary supplement legislation

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

U. S. HOUSE OF REPRESENTATIVES
U. S. SENATE
FDA

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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 _____

Form LD-2 (Rec. 4/03)

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