

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

Secretary of the 00020331076  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

SECRETARY OF THE SENATE

02 AUG 16 AM 10:28

# LOBBYING REPORT

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

1. Registrant Name <u>POLICY DIRECTIONS INC.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>818 Connecticut Avenue, N.W., Suite 225, Washington, D. C. 20006</u>			
3. Principal Place of Business (if different from line 2) City: <u>Same as above</u> State/Zip (or Country): _____			
4. Contact Name	Telephone	E-mail (optional)	5. Sen
<u>Frankie L. Trull</u>	<u>202-776-0071</u>	<u>fltrull@poldir.com</u>	<u>3174</u>
7. Client Name <input type="checkbox"/> Self			6. Hours
<u>BAXTER HEALTHCARE CORP.</u>			<u>32112</u>

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

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 Lc

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

<p><b>12. Lobbying Firms</b></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 checked="" 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for the period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (to</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA d</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>
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Signature Frankie L. Trull

Printed Name and Title Frankie L. Trull, President



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

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

16. Specific lobbying issues

Medicare Drug Benefit

Medicare reimbursement

17. House(s) of Congress and Federal agencies contacted

Check if None

Centers for Medicare and Medicaid Services

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.....	.....
..... Kathleen (Kay) Holcombe.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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, 20

Printed Name and Title Frankie L. Trull, President



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

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

16. Specific lobbying issues

- Drug pricing legislation
- Drug importation legislation
- Pharmacy compounding

17. House(s) of Congress and Federal agencies contacted

Check if None

- Food and Drug Administration
- 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.....	.....
.....Kathleen (Kay) Holcombe.....	.....
.....	.....
.....	.....
.....	.....
: P :	.....
.....	.....
.....	.....

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,

Printed Name and Title Frankie L. Trull, President

