

SECRETARY OF THE SENATE  
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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

## 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 Ave NW, Suite 225			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20006			
4. Contact Name FRANKIE L. TRULL	Telephone (202) 776-0071	E-mail (optional) fltrull@poldir.com	5. Send
7. Client Name <input type="checkbox"/> Self PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA PhRMA			6. House

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☒ OR Year End (July 1-June 30) ☐

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 L

### 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>\$80,000.00</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 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><b>14. REPORTING METHOD.</b> Check box to accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LD/</p> <p><input type="checkbox"/> Method B. Reporting amounts under sec Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under sec Internal Revenue Code</p>
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Signature

*Frankie L. Trull*

Printed Name and Title

FRANKIE L. TRULL, PRESIDENT



Registrant Name \_\_\_\_\_ POLICY DIRECTIONS \_\_\_\_\_ Client Name \_\_\_\_\_ PhRMA \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each general 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

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

☐ Check if None

US. 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 9,

Printed Name and Title FRANKIE L. TRULL, PRESIDENT



Registrant Name POLICY DIRECTIONS INC. Client Name PhRMA

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 CSP (one per page)

16. Specific lobbying issues

Prescription Drug Importation

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

U.S. House of Representatives  
U. S. Senate  
Department of Health & Human Services  
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	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature Frankie L. Trull Date August 9

Printed Name and Title FRANKIE L. TRULL, PRESIDENT



Registrant Name POLICY DIRECTIONS INC. Client Name PhRMA

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

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

16. Specific lobbying issues

Pediatric drug development and labeling  
FDA regulation  
FDA user fees

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

☐ Check if None

U.S. House of Representatives  
U. S. Senate  
Department of Health & Human Services  
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	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature Frankie L. Trull Date August

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

