

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

SECRETARY OF THE
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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 FRANKIE L. TRULL		Telephone (202) 776-0071	E-mail (optional)
7. Client Name <input type="checkbox"/> Self PHARMAVITE LLC			5. Senate 6. House

TYPE OF REPORT 8. Year 2004 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 Lol

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 the period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>20,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$10,000)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.
	<input type="checkbox"/> Method A. Reporting amounts using LDA
	<input type="checkbox"/> Method B. Reporting amounts under section 170(e) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 170(e) Internal Revenue Code

Signature

Frankie L. Trull

FRANKIE L. TRULL, PRESIDENT

Printed Name and Title

Printed Name and Title _____

L.D-2 (REV. 6/98)

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 engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each 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	

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, 20

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

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 engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each 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

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, 2004

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

