

Corrected  
4/9/0RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

04 MAY -4 AM 9:21

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 <i>SHEILA E. HIXSON</i>	
2. Address <input type="checkbox"/> Check if different than previously reported <i>1008 BROADMORE CIRCLE</i>	
3. Principal Place of Business (if different from line 2) City: <i>SILVER SPRING, Md</i> State/Zip (or Country) <i>20904</i>	
4. Contact Name <i>SHEILA E. HIXSON</i>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <i>SAFT R + D</i>	6. House ID # <i>34192</i>

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Decem9. 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**

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)
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).

13. Organizations
EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
<input type="checkbox"/> Method A. Reporting amounts using LDA definiti
<input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code
<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

*S. E. Hixson*

Printed Name and Title Sheila E. Hixson

LD-2 (REV. 6/98)

P:

Registrant Name Sheila E. Hixson Client Name SAFT R+D

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

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

16. Specific lobbying issues

ITAS  
LITHIUM BATTERY  
SATELLITES

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

Congress  
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)
<u>SHEILA E. HIXSON (SELF)</u>	

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

N/A

Signature Sheila E. Hixson Date 2-17-04

Printed Name and Title Sheila E. Hixson

Form LD-2 (Rev. 6/98)

Page 4

Registrant Name SHEILA E. HIXSON Client Name SAFT R+D

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

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

16. Specific lobbying issues

ITAS  
LITHIUM BATTERY  
SATELLITES

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

Congress:  
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)
Sheila E. HIXSON (self)	

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

N/A

Signature Sheila E. Hixson Date 2-17/04

Printed Name and Title Sheila E. Hixson

Form LD-2 (Rev. 6/98)

Page 6

Registrant Name Sheila E. Hixson Client Name SAFT R & D

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

N/A

21. Client new principal place of business (if different from line 20)

City N/A State/Zip (or Country)

22. New general description of client's business or activities

N/A

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

N/A

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain N/A

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of B (city and state or c)
N/A		

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
N/A			

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signatures Sheila E. Hixson Date 2-17-04

Printed Name and Title SHELLA E. HIXSON, CHAIRMAN  
THE HIXSON GROUP

Form LD-2 (Rev. 4/03)

Page 4