

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
06 AUG 23 AM 11:22

LOBBYING REPORT

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

1. Registrant name Organization <u>SHEILA E. HIXSON "THE HIXSON GROUP"</u>	
2. Address Address <u>1008 BROADMORE CR</u> City <u>SILVER SPRING</u> State <u>MD</u> Zip Code <u>20904</u> Country <u>USA</u>	<input type="checkbox"/> Check if different than previously reported
3. Principal place of business (if different than line 2) City <u>SILVER SPRING</u> State <u>MD</u> Zip Code <u>20904</u> Country <u>USA</u>	
4a. Contact Name Prefix <u>MS</u> Full Name <u>SHEILA HIXSON</u>	b. Telephone number <u>301-384-4739</u>
c. E-mail	
5. Senate ID #	
7. Client Name <u>MANAGE PHARMACY CARE</u>	
6. House ID # <u>34192003</u>	

TYPE OF REPORT 8. Year 2006 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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 checked="" type="checkbox"/> ⇨ \$ <u>15,000</u></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>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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Complet

Printed Name and Title SHEILA E. HIXSON

8000250538

Registrant Name SHEILA E. HIXSON Client Name MANAGED PHARMA

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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Add a page to continue reporting specific issues under this code.

MAIL ORDER PRESCRIPTIONS

17. House(s) of Congress and Federal agencies contacted None House Senate Other

CONGRESS
HOUSE AND SENATE

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue listing lobbyists for this issue

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	New
<u>SHEILA</u>	<u>HIXSON</u>			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

1000250539

Printed Name and Title

SHEILA E. HIXSON

