

House of Representatives
Resource Center
Cannon Building
Washington, DC 20515

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

SECRETARY OF THE SENATE
07 FEB 1 2 16 PM '06

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page 2/6

1. Registrant Name Organization Individual

SHEILA E. HIXSON

2. Address Check if different than previously reported

Address1 1008 BROADMORE CR. Address2 _____
City SILVER SPRING State MD Zip Code 20904 Count _____

3. Principal place of business (if different than line 2)

City _____ State _____ Zip Code _____ Count _____

4a. Contact Name b. Telephone Number c. E-mail

SHEILA E. HIXSON 301-384-4739

International Number

5. Sena

7. Client Name Self

MANAGED PHARMACY CARE

6. Hours

341

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) 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

12. Lobbying

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more \$ 15,000

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

EXPENSE relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more \$ _____

14. REPORTING Check box to indicate accounting method. See instructions for description

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6033(c) Internal Revenue Code

Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature S.E. Hixson

Date 1/3

Printed Name and Title SHEILA E. HIXSON, CHAIRMAN

0000022599

SHEILA E. HIXSON

Client Name MANAGED PHARMACY

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 [Select] PHA (one per page)

16. Specific lobbying issues.

MAIL ORDER PRESCRIPTIONS

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

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
<u>SHEILA</u>	<u>HIXSON</u>		

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

Printed Name and Title SHEILA E. HIXSON

0000022500

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