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LOBBYING REPORT

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

1. Registrant Name <i>SHEILA HIXSON, THE HIXSON GROUP</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</i> State/Zip (or Country) <i>MD 20904</i>			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
<i>SHEILA HIXSON</i>	<i>301-384-4739</i>	<i>S.HIXSON@HOTMAIL.COM</i>	
7. Client Name <input type="checkbox"/> Self <i>MANAGED PHARMACY CARE</i>			6. House ID # <i>341920</i>

TYPE OF REPORT 8. Year 2007 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 Activities

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 type="checkbox"/> ⇒ \$ <u>15,000</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>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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code</p>
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Signature *S.E. Hixson*

Printed Name and Title *SHEILA E. HIXSON*

3000011205

Registrant Name SHEILA E. HIXSON Client Name MANAGED PHARMACY C

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg 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
MAIL ORDER PRESCRIPTIONS

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

HOUSE AND
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</u>	

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

Signature S E. Hixson Date 1/10/08

Printed Name and Title SHEILA E. HIXSON

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