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LOBBYING REPORT

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

1. Registrant Name Mark Sharpe			
2. Address <input type="checkbox"/> Check if different than previously reported 113 S. Glen Avenue			
3. Principal Place of Business (if different from line 2) Tampa Florida City: State/zip (or Country)			
4. Contact Name Mark Sharpe	Telephone (813) 293-7064	E-mail (optional)	5. Senate ID # 83455-12
7. Client Name <input type="checkbox"/> Self			6. House ID # 36398000

TYPE OF REPORT 8. Year 2003 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

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

Signature

Mark Sharpe

Filing #039fe9b5-446c-452c-a7fa-f6f0faef8e12 - Page 1 of 4

Date

7/30/04

Signature

Printed Name and Title

MARK SHARPE CONSULTANT

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Mark Sharpe Client Name CUSTOM CARE PHARMACY

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

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

16. Specific lobbying issues

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

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

Name	Covered Official Position (if applicable)
Mark Sharpe	

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

Signature *Mark Sharpe* Date 7/30/04

Printed Name and Title MARK SHAPIRO CONSULTANT

Form LD-2 (Rec. 4/03)

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