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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 Schwartz			
2. Address <input type="checkbox"/> Check if different than previously reported			
1225 Eye Street, N.W. Suite 350			
3. Principal Place of Business (if different from line 2)			
City: Washington, D.C.		20005 State/Zip (or Country)	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
Mark Schwartz	(202) 824-6675	m Schwartz@markschwartzlaw.com	288395-
7. Client Name <input type="checkbox"/> Self			6. House ID
City of Greenacres, FL			370910

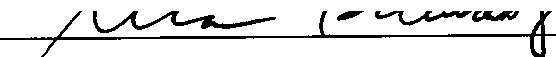
TYPE OF REPORT 8. Year 2004 Midyear (January 1 - June 30) OR Year End (July 1 - Dec 31)

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

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$ 1 0,000 <input checked="" type="checkbox"/></p> <p>\$ 1 0,000 or more <input type="checkbox"/> * \$ _____ 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$ 1 0,000 <input type="checkbox"/></p> <p>\$ 1 0,000 or more <input type="checkbox"/> * \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section _____ Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section _____ Internal Revenue Code</p>
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Signature  Date: February

Printed Name and Title Mark Schwartz

LD-2 (REV. 6/99)

Agent Name Mark Schwartz

Client Name City of Greenacres, FL

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 cc information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Zip Code issues relating to the client's municipal boundaries.

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. Postal Service
House of Representatives

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

Name	Covered Official Position (if applicable)
Mark Schwartz	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature *Mark Schwartz*

Date February 9, 2005

Printed Name and Title: Mark Schwartz, Attorney at Law

Form LD-2 (Rev.6/98)

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