

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
04 FEB -2 PM '12

LOBBYING REPORT

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

1. Registrant Name Mark S. 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) msharpe@custompharmacy.com	5. Senate ID # 83455-12
7. Client Name <input type="checkbox"/> Self Custom Care Pharmacy			6. House ID # 36398000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

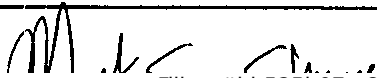
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p style="text-align: center;">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>20,000.00</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 style="text-align: center;">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 expense accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature  Date **January 19, 2004**

Printed Name and Title Mark S. Sharpe Consultant

LD-2 (REV. 4/03)

PAGE 1 of .

000004518

Registrant Name Mark S. 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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Homeland Security related activity. Hired to provide background information regarding the federal structure for the new Department of Homeland Security. Tasked primarily for determining how the federal government makes it determination as to what drugs enter the National Pharmaceutical stockpile & how.

Focus for this period was determining if the federal government was planning to put Prussian Blue into the stockpile. Spent majority of time trying to determine what agency (DHS or HHS) made the decision. How they made their decisions, and if possible, who we should try to meet with to discuss the governments interests in placing Prussian Blue in the stockpile. All contacts made were informational.

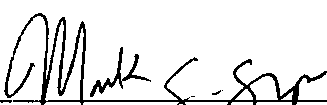
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
United State Senate
Department of Health & Human Services
Department of Homeland Security

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  Date 1/19/04

Printed Name and Title Mark S. Sharpe Consultant

Form LD-2 (Rev. 4/03)

Page 2

00000450519

Registrant Name Mark S. Sharpe Client Name Custom Care 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 and provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Made several calls to the House of Representatives to determine whether the Bond/Roberts amendment was to be included in the House version of the medicare bill.
I spoke with staff members only and learned very little.

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

House of Representatives

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

Name	Covered Official Position (if applicable)
MARK S. SHARPE	

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

Signature Mark S. Sharpe Date 1/19/04

Printed Name and Title Mark S. Sharpe Consultant

Form LD-2 (Rec. 4/03)

Page 2

Registrant Name Mark S. Sharpe Client Name Custom Care Pharmacy

00000450520

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
<i>(Handwritten: /)</i>		

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Other (P/c)
<i>(Handwritten: /)</i>				

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature *Mark S. Sharpe*

Date 1/19/04

Printed Name and Title Mark S. Sharpe Consultant

Form LD-2 (Rev. 4/03)

Page 3