

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
---	--

SECRETARY OF THE SENATE
04 APR 13 AM 11:57

LOBBYING REPORT

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


1. Registrant Name DCI Group, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1133 21st Street, NW Suite M100			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name Jami Baustert	Telephone (202) 546-4242	E-mail (optional) jbaustert@dcigroup.com	5. Senate ID # 61174
7. Client Name <input type="checkbox"/> Self St. Joeseph's Hospital & Medical Center CHW			6. House ID # 36371

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

<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 checked="" type="checkbox"/> ⇨ \$ <u>60,000.00</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>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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
--	---

Signature _____

Printed Name and Title _____ Doug Davenport, Managing Partner

LD-2 (REV. 6/98)

P

Registrant Name DCI Group, LLC Client Name St. Joseph's Hospital & Medical Center CHW

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

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

16. Specific lobbying issues

FY 04 Federal Appropriations

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

Check if None

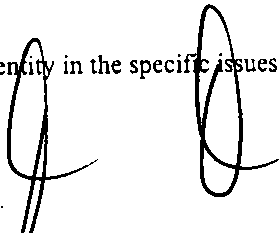
US Senate
US House of Representatives

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

Name	Covered Official Position (if applicable)
Teddy Eynon	N/A
Geoff Ziebart	N/A
Lindsay Lawrence	N/A
Kevin Borland	N/A

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

Check if None

Signature  Date 2/11/04

Printed Name and Title Doug Davenport, Managing Partner

Form LD-2 (Rev 6/98)

Page _

Registrant Name DCI Group, LLC Client Name St. Joeseph's Hospital & Medical Center CHW

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

Steve Whitaker, Craig Richardson

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)

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

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

Signature U Date 2/11/2004

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page