Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

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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 Check if different than previously reported		
1133 21st Street, NW Suite M100		
3. Principal Place of Business (if different from line 2)	n (or Country) DC 20036	
	P (01 Cosm.)	5. Senate ID#
4. Contact Name Telephone	E-mail (optional)	J. Schale ID#
Jami Baustert (202) 546-4242	jbaustert@dcigroup.com	6. House ID#
7. Client Name Self Regions Hospital		G. House 15 II
9. Check if this filing amends a previously filed version of this r 10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either	Date1	11. No Lobbying
12. Lobbying Firms		
	13. Organiza	ntions
INCOME relating to lobbying activities for this reporting period was:	13. Organiza EXPENSES relating to lobbying active period were:	
period was:	EXPENSES relating to lobbying activ	
	EXPENSES relating to lobbying active period were: Less than \$10,000	vities for this repo
period was: Less than \$10,000 \$10,000 or more \$\simega \qquad \	EXPENSES relating to lobbying active period were: Less than \$10,000	vities for this repo enses (nearest \$20,00 ck box to indicate
period was: Less than \$10,000 \$10,000 or more \$\sigma \sigma \frac{40,000.00}{\text{lncome (nearest \$20,000)}}\$ Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	EXPENSES relating to lobbying active period were: Less than \$10,000	vities for this repo enses (nearest \$20,00 ck box to indicate for description of
period was: Less than \$10,000 \$10,000 or more \$\infty\$ \$\\$\\$40,000.00 \\ \text{Income (nearest \$20,000)} Provide a good faith estimate, rounded to the nearest \$20,000,	EXPENSES relating to lobbying active period were: Less than \$10,000	enses (nearest \$20,000 ck box to indicate for description of sing LDA definitunder section 603.
period was: Less than \$10,000 \$10,000 or more \$\simega \simega \frac{\$40,000.00}{\text{lncome (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	EXPENSES relating to lobbying active period were: Less than \$10,000	enses (nearest \$20,00 ck box to indicate for description of sing LDA definition ander section 603. de

LD-2 (REV. 6/98)

P

Registrant Name	DCI Group, LLC	Client Name	Regions Hospital
engaged in lobbying or	(TY. Select as many cod n behalf of the client duried. Attach additional pages.	ng the reporting period	et the general issue areas in which the re . Using a separate page for each code,
15. General issue area	code MMM (one	e per page)	
16. Specific lobbying	issues	<u> </u>	
Medicare/Medicaid			
17. House(s) of Cong	ress and Federal agencie	s contacted	Check if None
US Senate US House of Rep HHS			
16. Ivaille of each me	Name		Covered Official Position (if applicable)
Douglas B. Davenport		N/A	
Teddy Eynon	-	N/A	
Brian Kennedy		N/A	
19. Interest of each for	reign entity in the specific i	ssues listed on line 16 abo	ve 🖸 Check if None
Signature	nig nK		Date 2/14/200.
Fili	ing #34cd9c5d-652a-470b-	ae02-4d5134b86d91 - Pa	ge 3 of 6

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Page _

Registrant Name	DCI Group, LLC	Client Name	Region	ns Hospital	
-	ate Page - Complete Of	NLY where registration i	nformation has cha	inged.	
20. Client new address				· **	
21. Client new principal p	lace of business (if different from	line 20)			•••
City		State/Zip (or Country)			•1
	ion of client's business or activitie	S			
LOBBYIST UPDA 23. Name of each pr Tony Feather	ATE eviously reported individual	l who is no longer expecte	d to act as a lobbyis	t for the client	
AFFILIATED OR	g issues previously reported GANIZATIONS ng affiliated organization(s)	that no longer pertain			
Na	ame	Address		Principal Place of B (city and state or co	
26. Name of each p	oreviously reported organiza	tion that is no longer affil	iated with the registr	rant or client	
FOREIGN ENTIT 27. Add the following					
Name	Addre 		nal place of business and state or country)	Amount of contribution for lobbying activities	1

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

Sionature \ \

.3.

Filing #34cd9c5d-652a-470b-ae02-4d5134b86d91 - Page 5 of 6

Date 2/14/2001

Printed Name and Title	Timotha	N Hade	Managins	Partner	
Form LD-2 (Rev. 6/98)			/ /		Page_