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LOBBYING REPORT

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

1. Registrant Name The Dutko Group, Inc.	
2. Address <input type="checkbox"/> Check if different than previously reported 412 First Street SE Suite 100 Washington DC 20003	
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____	
4. Contact Name Arthur Silverman	Telephone _____ E-mail (optional) _____
5. Senate ID # 12868-467	
7. Client Name <input type="checkbox"/> Self Pacificare	6. House ID # 32229028

TYPE OF REPORT 8. Year 2009 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$95,000.00</u> Income (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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature  Date 8/14/2009

Printed Name and Title Mark Irion - President Page 1 of 3

Registrant Name: The Dutko Group, Inc.

Client Name: Pacificare

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

- 15. General issue area code HCR (one per page)
- 16. Specific Lobbying issues
Monitor Anti-Managed Care issues, Patient Access to Responsible Care legislation and Patient Right to Know legislation
S 1344, Patient Bill of Rights Plus Act of 1999
HR 2723, Patient Bill of Rights Act of 1999

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

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

Name	Covered Official Position (if applicable)	New
Andres, Gary		No
Spaulding, Kimberly		No

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

Signature _____ Date 8/14/2000

Printed Name and Title Mark Irion - President Page 2 of 3

Registrant Name: The Dutko Group, Inc.

Client Name: Pacificare

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

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

16. Specific Lobbying issues
**Monitoring legislation including Balanced Budget and Medicare Provisions
HR 3426 and S 1788, Medicare, Medicaid and SCHIP Balanced Budget Refinement Act of 1999**

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

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

Name	Covered Official Position (if applicable)	New
Andres, Gary		No
Spaulding, Kimberly		No

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

Signature _____ Date 8/14/2000

Printed Name and Title Mark Irion - President Page 3 of 3