

Clerk of the House of Representatives Legislative Resource Center E-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20540
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SECRETARY OF THE SENATE

02 AUG 14 PM 12:58

**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration July 1, 2014

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

**REGISTRANT**

3. Registrant name DCI Group, LLC  
 Address 1133 21st Street NW Suite M-100  
 City Washington State DC Zip 20036

4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name  
202) 546-4242 Contact Danielle Parker E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities  
Lobbying & Public Policy Management

**CLIENT** *A Lobbying firm is required to file a separate registration, each client organization employing house lobbyists should be labeled "Self" and proceed to line 10.*  Self

7. Client name HealthPartners, INC  
 Address 8100 34th Avenue PO BOX 1309  
 City Minneapolis State MN Zip 55440-1309

8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Douglas Davenport</u>	<u>N/A</u>
<u>Teddy Eynon</u>	<u>N/A</u>
<u>Brian Kennedy</u>	<u>N/A</u>



Registrant Name DCI Group, LLC

Client Name HealthPartners INC

**LOBBYING ISSUES**

General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-

MMM

12. Specific lobbying issues (current and anticipated)

Medicare/Medicaid

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No => Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cot

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

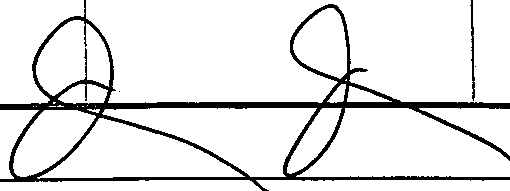
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; C
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; OR
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in t of the lobbying activity?

No => Sign and date the registration.

Yes ↓ Complete the rest of this section for es matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature



Date

8 / 13 / 6

Printed Name and Title Douglas B Davenport, Managing Director

