		Office of P 232 Hart B	f the Senate ublic Records uilding n, DC 20510	s SE	CRETARY OF 3 AUG 27	^{т тче} sena; АМ 10: 32	ΓE	00000280
	YING REC Disclosure Act of 19							N 7 6
Check if this	is an Amended Registr	ation		1. Effectiv	ve Date of Re	egistration_	7/1/2003	3
2. House Ide	entification Number			Senate Ide	ntification N	lumber		
REGIST 3. Registran	RANT at name DCI Group, I	LC						
Address	1133 21st Street, N	N, Suite M [·]	100					
City	Washington	······			State DC	Zip	20036	••••
4. Principal City	place of business (if di	fferent from	i line 3)	-	State/Zip (or	Country)		
-	ne number and contact a 46-4242	name	Contact	Jami Bauste	rt	E-mail (o	ptional)	jbaustert@
	description of registraning and Public Policy M			•				
	C A Lobbying firm is requir labeled "Self" and proceed and Pharmaceutical l	ed to line 10.	🗋 Self		Organizations e	mploying in-ha	ouse lobbyis	sta should check
Address	1100 15th Stree	t, NW; #900)					
City	Washington				State DC	Zip	20005	
8. Principa City	l place of business (if d	ifferent from	n line 7)		State/Zip (o	or Country)	,	
9. General	description of client's	ousiness or a	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 persc this section has served as a "covered executive branch official" or "covered legislative branch official" within two ye acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Covered Official Position (if applicable
n/a
n/a
n/a

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Form LD-1 (Rev. 06/98)

00000280277

Registrant Name	DCI Group, LLC	Client Name	Pharmaceutical Research & Manufacturers @A	رب
LOBBYING I 11. General lobbying	SSUES g issue areas. Select all appl	licable codes listed in ins	Structions and on the reverse side of Form LD-1,	• I
HCR	<u></u>			-
12. Specific lobbyin	g issues (current and anticip	pated)		
Drug re-import			~	

AFFILIATED ORGANIZATIONS

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

✓ No ⇒ Go to line 14.	☐ Yes ↓ Complete the rest of this section for each entity n the criteria above, then proceed to line 14.			
Name	Address	Principal Place of Busin (city and state or count		

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; **Or** b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or s¹
 - 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 the of the lobbying activity?
 - \blacksquare No \Rightarrow Sign and date the registration.
- Yes I Complete the rest of this section for eac matching the criteria above, then sign a registration.



Form LD-1 (Rev. 06/98)

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