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 TH

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration July 15, 20			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name DCI Associates, LLC Address 1133 21st Street NW Suite M10	`			
City Washington 4. Principal place of business (if different from line 3)	State DC Zip 20036			
5. Telephone number and contact name	Doug Davenport E-mail (optional)			
labeled "Self" and proceed to line 10. Self 7. Client name General Motors	on for each client. Organizations employing in-house lobbyists should che			
Address 100 Renaissance Center	State MT 7:- 10005			
	State MI Zip 48265			
8. Principal place of business (if different from line 7) City	State/Zip (or Country)			
General description of client's business or activities Auto Manufacturing	**************************************			
LOBBYISTS 10. Name of each individual who has acted or is expected to this section has served as a "covered executive branch acting as a lobbyist for the client, state the executive are	act as a lobbyist for the client identified on line 7. If any per official" or "covered legislative branch official" within two sad/or legislative position(s) in which the person served.			
Name	Covered Official Position (if applicat			
Tony Feather	N/A			

LOBBYING ISSUE 11. General lobbying issue as	S	Client Name Gene			
AUT			ctions and on the re	everse side of Point El	
12. Specific lobbying issues Transportation Issue	•	ated)			
AFFILIATED ORG. 13. Is there an entity other a semiannual period an	than the client tha	•			
് No ⇒ Go to line	2 14.	Yes Complete the rest of this section for each ent the criteria above, then proceed to line 14.			
Name		Address		Principal Place of B (city and state or c	
b) directly or in- activities of t	tity that: 20% equitable over directly, in whole the client or any of the client or any or a	vnership in the client or a or in major part, plans, so rganization identified on ny organization identified	upervises, contro line 13; or	ls, directs, finances	
No ⇒ Sign and date the registration.		. ¹ ☐ Yes I	Yes Complete the rest of this section for matching the criteria above, then sig registration.		
Name	Addre	t	cipal place of business state or country)	Amount of contribution for lobbying activities	
		<u> </u>	_		
Signature			Date	8/36/01	
Printed Name and Title Filing #c1d) Doug Davenpo: b22e4-d094-409d-8	rt, Mana. Bce4-eb250e736049 - Page	qina D	lirector	