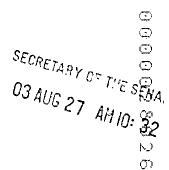
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

			<u> </u>
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)		
City: Washington		ip (or Country) DC 20036	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID#
Jami Baustert	(202) 546-4242	jbaustert@dcigroup.com	
7. Client Name Self		***************************************	6. House iD#
Regions Hospital/Health Partners, Inc	c		
INCOME OR EXPENSES -	Complete Either	######################################	4
12. Lobbying Firms		13. Organiza	tions
INCOME relating to lobbying activities for period was:	or this reporting	EXPENSES relating to lobbying active period were:	vities for this report
Less than \$10,000	ļ	Less than \$10,000 🚨	
\$10,000 or more □ ⇒ \$		\$10,000 or more	enses (nearest \$20,000)
Provide a good faith estimate, rounded to the	(nearest \$20,000) he nearest \$20,000,	14. REPORTING METHOD. Chec accounting method. See instructions f	
of all lobbying related income from the	client (including all	Method A. Reporting amounts us	sing LDA definitio
payments to the registrant by any other activities on behalf of the client).	entity for lobbying	Method B. Reporting amounts u Internal Revenue Co	
	0	Method C. Reporting amounts u Internal Revenue Co	

Filing #d9c720bb-8112-4c4b-9a2d-173b79455689 - Page 1 of 4

Signature		
Printed Name and Title	Doug Davenport, Managing Partner	
LD-2 (REV. 6/98)		PA

gistrant Name	DCI Group, LLC	Client Name	Regions Hospital/Health Partners, Inc
gaged in lobbying	VITY. Select as many co on behalf of the client du ested. Attach additional p	ring the reporting peri-	flect the general issue areas in which the od. Using a separate page for each cod
. General issue ar	rea code MMM (o	ne per page)	
Specific lobbying			
Medicare/Medica			
7. House(s) of Co	ngress and Federal agenci	es contacted	☐ Check if None
HHS			
3. Name of each i	individual who acted as a	lobbyist in this issue a	rea
3. Name of each i	individual who acted as a	lobbyist in this issue a	rea Covered Official Position (if applicable)
Douglas B. Davenp	Name ort	lobbyist in this issue an	Covered Official Position (if applicable)
Douglas B. Davenp Teddy Eynon	Name ort	N/A	Covered Official Position (if applicable)
Douglas B. Davenp Teddy Eynon Brian Kennedy	Name ort	N/A	Covered Official Position (if applicable)
Douglas B. Davenp Teddy Eynon Brian Kennedy	Name ort	N/A N/A N/A	Covered Official Position (if applicable)
Douglas B. Davenp Teddy Eynon Brian Kennedy	Name ort	N/A N/A	Covered Official Position (if applicable)
Douglas B. Davenp Teddy Eynon Brian Kennedy	Name ort	N/A N/A N/A	Covered Official Position (if applicable)
Douglas B. Davenp Teddy Eynon Brian Kennedy	Name ort	N/A N/A N/A	Covered Official Position (if applicable)
Douglas B. Davenp Teddy Eynon	Name ort	N/A N/A	Covered Official Position (if applicable)
Douglas B. Davenp	Name ort	N/A N/A	Covered Official Position (if applicable)

Form LD-2 (Rev.6/98)

Page ____