SECRET.

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

DIAU

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

Check if this is an Amended Registration	1. Effective Date of Registration July 15, 201		
2. House Identification Number	Senate Identification Number		
REGISTRANT 3. Registrant name DCI Associates, LLC			
Address 1133 21st Street NW Suite M100	***************************************		
City	State DC Zip 20036		
4. Principal place of business (if different from line 3) City			
5. Telephone number and contact name	Doug Davenport E-mail (optional)		
Address 25 Louisana Ave NW	f Teamsters		
City Washington	State DC Zip 20001		
8. Principal place of business (if different from line 7) City	State /7 in (an Country)		
9. General description of client's business or activities Labor Union			
LOBBYISTS 10. Name of each individual who has acted or is expected to a this section has served as a "covered executive branch o acting as a lobbyist for the client, state the executive and Name	official" or "covered legislative branch official" within two		
Tony Feather	n/a 52de8653 - Page 1 of 4		

Registrant Name DCI Associates, LLC Client Name Teamsters				
LOBBYING ISSUES 11. General lobbying issue areas.	Select all applicable code	s listed in instructions and	on the reverse side of Form LD	
LBR ,				
12. Specific lobbying issues (curre Labor Issues	nt and anticipated)			
AFFILIATED ORGANI	ZATIONS			
13. Is there an entity other than t a semiannual period and in v	he client that contribute whole or in major part p	es more than \$10,000 to plans, supervises or conti	the lobbying activities of the rols the registrant's lobbying	
No ⇒ Go to line 14.		Yes Complete the rest of this section for each enti- the criteria above, then proceed to line 14.		
Name		Address	Principal Place of Bu (city and state or co	
b) directly or indirect activities of the cli	equitable ownership in ly, in whole or in major ent or any organization client or any organizativity?	part, plans, supervises, identified on line 13; 0; tion identified on line 13 Yes Complete	and has a direct interest in t the rest of this section for ea	
Name	Address	registratio Principal place o		
	•••••••••••••••••••••••••••••••••••••••	business (city and state or cou	contribution for	
Signature		<u></u>	Date_\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Printed Name and Title	Davenport 0-17cc-439e-a929-cdda5	2de8653 - Page 3 of 4	3) - CONV	