

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
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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 May 1, 2

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant name DCI Associates, LLCAddress 1133 21st Street NW Suite M100City 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 for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.* Self7. Client name HealthPartners, IncAddress 8100 34th Avenue South PO BOX 1309City Minneapolis State MN Zip 55440

8. Principal place of business (if different from line 7)

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

LOBBYISTS10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any this section has served as a "covered executive branch official" or "covered legislative branch official" within r 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 appl)
<u>Douglas B. Davenport</u>	<u>N/A</u>
<u>Edward Eynon</u>	<u>N/A</u>
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Registrant Name DCI Associates, LLC Client Name HealthPartners

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LI
 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 client during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No → Go to line 14.

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

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

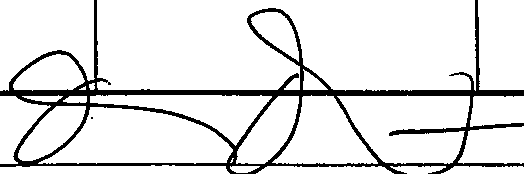
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying activities of the client or any organization identified on line 13; **OR**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

No → Sign and date the registration.

Yes ↓ Complete the rest of this section for each foreign entity matching the criteria above, then sign and date the registration.

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

Signature



Date

6/3/02

Printed Name and Title Douglas B. Davenport, Managing Director

