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 REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	Effective Date of Registration 7/1/2002 Senate Identification Number		
2. House Identification Number			
REGISTRANT 3. Registrant name The Mayforth Group, LLC.			
Address 408 Broadway			
City Providence	State RI Zip 02909		
4. Principal place of business (if different from line 3) City	State/Zip (or Country)		
5. Telephone number and contact name (401) 331-1300 Contact	Rick McAuliffe, Jr. E-mail (optional) rmcaul		
6. General description of registrant's business or activitie Government Relations Firm			
Iabeled "Self" and proceed to line 10. Self 7. Client name United Food and Commercial Worker Address 278 Silver Spring Street	ration for ach client. Organizations employing in-house lobbyists should care in the control of		
City Providence	State RI Zip 02904-2593		
8. Principal place of business (if different from line 7) City	State/Zip (or Country)		
9. General description of client's business or activities Union			
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 a Name	o act as a lobbyist for the client identified on line 7. If any perh official or "covered legislative branch official" within two nd/or legislative position(s) in which the person served.		
Richard M. McAuliffe, Jr.	Covered Official Position (if applicat		
	Not Applicable		

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Registrant Name	The Mayforth Group, L	LC. Client N	Jame United Foo	od and Commercial	Workers Union, I
LOBBYING I 11. General lobbying LBR	SSUES g issue areas. Select all	l applicable codes lis	ted in instructions and	on the reverse si	de of Form LD
	g issues (current and an Legislation for 328 wi	• ′	nd Massachusetts Co	ngressional De	legation
AFFILIATED 13. Is there an entity a semiannual pe	ORGANIZATION other than the client riod and in whole or	t that contributes n	nore than \$10,000 to s, supervises or cont	the lobbying a rols the registra	ctivities of the
☑ No ⇔ Go	to line 14.	☐ Yes	Complete the rest the criteria above		
Nai	me 		dress		pal Place of Bus nd state or cou
EODELON DA					
FOREIGN EN	-				
b) directly activiti c) is an af	t least 20% equitable or indirectly, in who ies of the client or an filiate of the client or obbying activity?	ole or in major par y organization ide	t, plans, supervises, on tified on line 13; 0 1	controls, direct r	s, finances or
W No⇔ Sign a	and date the registrati	ion.	Yes Complete matching registratio	the criteria abo	
Name	Ad	dress	Principal place of business (city and state or coun	f An	nount of ibution for ng activities
Signature //	hand M	The Man	hfl- /	Date 7/9	1/02
Printed Name and T	Citle Richard M. Mo	<i>´</i> cAuliffe, Jr., Chairn	nan	,	

Form LD-1 (Rev. 06/98)