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 SECRETARY OF

LOBBYING REGISTRATION

Check if this is an Amended Registration (1)	1. Effective Date of Registration		
2. House Identification Number 36092007	Senate Identification Number		
REGISTRANT 3. Registrant name Maforth 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	Richard M. McAuliffe, Jr.	E-mail (optional) rmcauliffe	
 General description of registrant's business or activitie Government Relations Firm 	es 		
CLIENT A Lobbying firm is required to file a separate registration labeled "Self" and proceed to line 10. Self 7. Client name CompuClaim 221 Third Street, Admirals Gate Tower	for each client. Organizations emp	oloying in-house labbyists should check	
City Newport	State RI	Zip 02840	
8. Principal place of business (if different from line 7) City	State/Zip (or Country)		
General description of client's business or activities Mediaid billing management company			
LOBBYISTS 10. Name of each individual who has acted or is expected to in this section has served as a "covered executive branch o acting as a lobbyist for the client, state the executive and/	official" or "covered legislati	ve branch official" within two ye	
Name	Covered Official Position (if applicable)		
Richard M. McAuliffe, Jr.	Not Applicable		

Form LD-1 (Rev. 04/03)

00000493335

LOBBYING ISSUES 11. General lobbying issue area EDU MMM 12. Specific lobbying issues (of EPDST list) AFFILIATED ORGA 13. Is there an entity other the a semiannual period and ✓ No 🌣 Go to line 14	s. Select all applicable current and anticipate and anticipate and anticipate and the client that contain whole or in major	ontributes mer part plans.	ore than \$10,000 to supervises or contro	the lobbying	g activities of the regi
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Nume		c	Complete the rest of riteria above, then p	this section roceed to lin	for each entity matchi nc 14.
Name		Address		1	Principal Place of Bus (city and state or coun
b) directly or inc	ty that: 20% equitable owner firectly, in whole or the client or any organ	in major par nization idea	ntified on line 13; 0	controis, ui r	fied on line 13; OF rects, finances or subs direct interest in the o
of the lobbyit No 😂 Sign and date	ig activity?		Yes & Com	plete the res	t of this section for ea eria above, then sign
Name	Addre	SS	Principal plates busines (city and state o	s	Amount of contribution for lobbying activities
		1 111	1		01/07/200

Form LD-1 (Rev. 04/03)