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## LOBBYING REPORT

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

1. Registrant name			
Organization		Mayforth Group, LLC	
2. Address <input type="checkbox"/> Check if different than previously reported			
408 Broadway			
City	Providence	State	RI
		Zip Code	02909
Country			
3. Principal place of business (if different than line 2)			
City		Providence	State
		RI	Zip Code
		02909	Country
4a. Contact Name			
Prefix	Full Name	b. Telephone number	c. E-mail
Mr.	Richard McAuliffe, J	401-331-1300	rmcauliffe@mayforthgroup.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Rhode Island Association of Facilities and Services for the Aging			6. House ID #
			36092

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30) ☒ OR Year End (July 1-December) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇒ Termination Date \_\_\_\_\_ 11. No Lobbying ☐

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of each method.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(f) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Revenue Code</p>
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Printed Name and Title Richard M. McAuliffe, Jr., Chairman

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1/10/2018 10:10:10

**DRAFT**

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Registrant Name Mayforth Group, LLCClient Name Rhode Island Association of Faci

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each c information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Monitor legislation regarding health care for senior services and nursing homes/assisted living facilities

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

House of Representatives  
Senate

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Richard	McAuliffe	Jr.	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Printed Name and Title Richard M. McAuliffe, Jr., Chairmar

0000032067



*Richard M. McInnis Jr* 8/1/05

**DRAFT**

Go

Registrant Name Mayforth Group, LLCClient Name Rhode Island Association of Faci**Information Update Page - Complete ONLY where registration information has changed.****20. Client new address**

Address

City

State

Zip Code

Country

**21. Client new principal place of business (if different than line 20)**

City

State

Zip Code

Country

**22. New general description of client's business or activities****LOBBYIST UPDATE****23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client**

First Name

Last Name

Suffix

First Name

Last Name

**1****3****2****4****ISSUE UPDATE****24. General lobbying issues that no longer pertain**

Find the code to select below.

**AFFILIATED ORGANIZATIONS****25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	State

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client****1****2****3****FOREIGN ENTITIES****27. Add the following foreign entities**

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
			City	
			State	
			Country	

**28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant or affiliated organization****1****3****5****2****4****6**Printed Name and Title Richard M. McAuliffe, Jr., Chairman

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Richard M. McLaughlin 8/1/05