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



06 JAN 26 PH 3: 23

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) AH TOHA

Organization Mayforth Group, LLC Address Check if different than previously repo		
E Provincia de la Provincia de	vited	
408 Broadway		
City Providence	g. Di	
	State RI Zip Code 02909	Country
Principal place of business (if different than line 2)		****** 440-5*** 444 777 470-747-747-747-747-747-747-747-747-747-
City Providence	State RI Zip Code 02909	Country
. Contact Name b. Telephone number Prefix Full Name	State/Zip or Country c. E-mail	5. Senate ID#
Mr. Richard McAuliffe, J. 401-331-1300	mezuliffa@mayfathaaa	J. 3chae 1D#
Client Name Self	e@naylorugroup.com	6. House ID#
CompuClaim		3609
	ion Date	11. No Lobbyin
COME OR EXPENSES - Complete Either	Line 12 OR Line 13	
12. Lobbying Firms	13. Org	anizations
COME relating to lobbying activities for this reporting period	EXPENSES relating to lobbying were:	activities for this rep
s than \$10,000 🔀	Less than \$10,000	
,000 or mare	\$10,000 or more	\$
vide a good faith estimate, rounded to the nearest \$20,00 Il lobbying related income from the client (including all	14. REPORTING METHOD. Caccounting method. See instruction	Theck box to indicate one for description of
ments to the registrant by any other entity for lobbying vities on behalf of the client).	Method A. Reporting amo	unts using LDA definition
	Method B. Reporting amo Internal Revenue	unts under section 6033(re Code
	Method C. Reporting amor Revenue Code	unts under section 162(e
		w wolds:
and by the second		
ted Name and Title Richard M. McAuliffe, Jr., Cha	airman //	

0000032078

Page 1



Registrant Name	Mayforth Group, LLC	Client Name CompuClaim			
engaged in lobl	ACTIVITY. Select a bying on behalf of the requested. Attach add	client during the re	ecessary to reflect the general issue areas in which eporting period. Using a separate page for each needed.		
15. General isse	ue area code MMM - I	Medicare/Medicaid	(one per page)		
16. Specific lob	bying issues				
Monitor legi	slation for Medicaid rei	imbursements	•		
17. House(s) of	Congress and Federa	l agencies contacte	ed Check if None		
Senate	presentatives				
18. Name of each	ch individual who act	ed as a lobbyist in	•		
First Name Richard	Last Name McAuliffe	Suffix	Covered Official Position (if applicable)		
······································	MCAUME	Jr.			
\$10 00 T 100 T 10 T 11 T 11 T 10 T 10 T		******			

10.14.4.7					
17. Interest of ea	ach foreign entity in th	he specitic issues l	isted on line 16 above Check if None		

0000032079

Go



Information Fi	-J.4. B			nt Name Compu	<u></u>	
20. Client new addr	poate Page -	· Complete ONLY	where n	egistration inf	ormation has chan	ged.
Address	w 33					
City			State	Zip Co	de a	
21. Client new princ	cipal place of bus	iness (if different than			Col	mtry
City		***************************************	Cr.A.	Zìp Cod	ie Cor	intry
22. New general des	scription of client	's business or activities	•••••••••••••••••••••••••••••••••••••••			
LOBBYIST UPI	DATE		· · · · · · · · · · · · · · · · · · ·			
23. Name of each p	oreviously repor	ted individual who i	s no longe	r expected to ac	t as a lobbyist for the	clier
			[3]		Last Name	
2			4			
700775						
ISSUE UPDATE		_		Find the code to	a select below	
24. General lobbyis	ng issues that no	longer pertain				
AFFILIATED O	RGANIZATI	ONS				
25. Add the following						
Nan			Address		Principal place of	Busi
***************************************					(city and state or	cou
	1	Address C/S/Z			Cîty	
		Address			State Co City	untry
		C/S/Z		I	State	
26. Name of each pr	reviously report	ed organization that	is n o longe	er affiliated with	n the registrant or clier	
		2		3	_	16
FOREIGN ENTI	TIFC		-			
27. Add the following		2 S				
Name	Street Address	Address	Principa	l place of business	Amount of contribution	T C
 	City	State/Province Country	(city and	state or country)	for lobbying activities	p c
			City			
			State	Country		İ
28. Name of each prev	iously reported fo	areign entity that no la	1	-	affiliated with the regis	1
affiliated organizati	on	oreign entity mat no 10	nger owns,	, <u>or</u> controls, <u>or</u> is	affiliated with the regis	tran
1		3		[5	5]	
2		4		Īē		
				<u> </u>	-	
					`	
Printed Name and Title	Richard M	1. McAuliffe, Jr.,	Chairm	nan /		
D-2DS (REV. 4/03)			//	11/1	11	
/	Filing #7b1b4d	cb-d7de-40d1-b887-023	38530127d5			

Page 3