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 THE SENATE

05 FEB -1 PM 2: 12 LOBBYING REPORT

All Filers Are Required to Complete This Page

1. Registrant name		
Organization Mayforth Group, LLC		
2. Address Check if different than previously reported		
408 Broadway		
City Providence State F	Zip Code 02909	Country U
3. Principal place of business (if different than line 2)		
City State	Zip Code	Country
City State/Z 4a. Contact Name b. Telephone number Prefix Full Name	tip or Country e. E-mail	5. Senate ID#
	auliffe@mayforthgroup.com	
7. Client Name Self Rhode Island Association of Facilities and Services for th	e Aging	6. House ID # 360920
INCOME OR EXPENSES - Complete Either Line 1 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period	13. Orga	nizations
was:	EXPENSES relating to lobbying activities for this reporti were:	
Less than \$10.000 🔀	Less than \$10,000	
\$10,000 or more	\$10,000 or more 🔲 🖒	\$
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).	14. REPORTING METHOD. C accounting method. See instruction	
	Method A. Reporting amounts using LDA definitions Method B. Reporting amounts under section 6033(b) Internal Revenue Code	
		unts under section 162(e) o
	Revenue Code	and their section reacts

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

registralit maille	Mayforth Group, LLC	· · · · · · · · · · · · · · · · · · ·	Client Name Rhode Island Association of Facili
		client during the repo	essary to reflect the general issue areas in which the orting period. Using a separate page for each co eded.
15. General issu	ue area code	Medicare/Medicaid	(one per page)
16. Specific lob	bying issues		
17. House(s) of	Congress and Federa	Il agencies contacted	Check if None
Louis and a			
Senate 18. Name of each	ch individual who acto Name Last Name	ed as a lobbyist in thi	s issue area Covered Official Position (if applicable)
18. Name of eac	Name		
18. Name of eac	Name Last Name	Suffix	
18. Name of eac	Name Last Name	Suffix	
18. Name of eac	Name Last Name	Suffix	
18. Name of eac	Name Last Name	Suffix	
18. Name of eac	Name Last Name	Suffix	
18. Name of eac	Name Last Name	Suffix	
18. Name of eac	Name Last Name	Suffix	

Tholine H. Mchulfled 1/20/05

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