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 SE

LOBBYING REPORT |

Lobbying Disclosure Act of 1995 (Section 5) - All F 1. Registrant name			
Organization Mayforth Group, LLC		; }	
2. Address Check if different than previously reported	,		
Address1 408 Broadway		() 1 1 1	
***************************************	e RI	Zip Code 02909	Country (
3. Principal place of business (if different than line 2)		<u> </u>	
City	e RI nte/Zip or C	Zip Code 02909	Country
4a. Contact Name b. Telephone number Prefix Full Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c. E-mail	5. Senate ID#
Mr. Richard McAuliffe, Jr. 401-331-1300 ri	ncaulife@	mayforthgroup.com	J. Genate 1D #
Self		y roung to op.com	6. House ID#
Newport County Chamber of Commerce			36092
	ate)	11. No Lobbying A
NCOME OR EXPENSES - Complete Either Line		Line 13	1
	: 12 OR	13. Orga	nizations
NCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms NCOME relating to lobbying activities for this reporting period as:	: 12 OR	13. Orga	nizations
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Registrant Name Mayforth Group, LLC	Client Name Newport County Chamber of Comme
LOBBYING ACTIVITY. Select as many codes as a engaged in lobbying on behalf of the client during the information as requested. Attach additional page(s) as	reporting period. Using a separate page for each
15. General issue area code DEF - Defense	(one per page)
16. Specific lobbying issues	
Support Newport County with BRAC process	And those the county one emergency have to the property of the property of
17. House(s) of Congress and Federal agencies contact	
House of Representatives Senate	tedCheck if None
Senate	
18. Name of each individual who acted as a lobbyist in	this issue area
	to the first of the control of the c
Name First Name Last Name Suffix Richard McAuliffe Jr.	Covered Official Position (if applicable)
First Name Last Name Suffix	Covered Official Position (if applicable)
First Name Last Name Suffix	Covered Official Position (if applicable)
First Name Last Name Suffix	Covered Official Position (if applicable)
First Name Last Name Suffix	Covered Official Position (if applicable)
First Name Last Name Suffix	Covered Official Position (if applicable)
First Name Last Name Suffix	Covered Official Position (if applicable)
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	e Page - Complete ONI	or whele	registration in	ormation has cha	nged
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City			i		
21. Client new principal nla	ace of business (if different tha	State	Zip Co	de Co	ountry
	ace of ousiness (it different tha	in line 20)	•		
City		State	Zip Coo	ie Cr	untry
22. New general description	n of client's business or activiti	ies	***************************************		·······
			į.		
LOBBYIST UPDATE					
23. Name of each previou	ısly reported individual who	uic na Iam	· ·		
First Name	Last Name Suffix	, 12 NA 10U	ger expected to ac	t as a lobbyist for the	clier
1) 3	3	1	Cast Martic	
2			1		
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ISSUE UPDATE					
24. General lobbying issue	es that no longer negation		Find the code to	select below.	
	and touger pertant				
AFFILIATED ORGAN	H7 ATTONIC		:		
25 Add the following off:	IZATIONS		٠		_
25. Add the following affili	ated organization(s)		; 3		
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26 Name of each : 1			•	State	
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l	[2]		[3]	of Chel	14
	<u>[4]</u>		[2]		
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FOREIGN ENTITIES				ı .	
27. Add the following foreig	n entities				
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7. Add the following foreig	n entities		pal place of business nd state or country)	Amount of contribution for lobbying activities	per
77. Add the following foreig	n entities Address	(city a	pal place of business and state or country)		per
77. Add the following foreig	n entities Address	City a	nd state or country)		Ow per clie
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