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 SENAT 04 JUL 28 PM 12: 01

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LOBBYING REPORT

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

1. Registrant Name				
Mayforth group, LLC				
2. Address	(*************************************			
408 Broadway				
3. Principal Place of Business (if different from line 2)		***************************************		
	RI 02909 State/zip (or Country)			
4. Contact Name Telephone	E-mail (optional)	5. Senate ID #		
Richard M. McAuliffe, Jr. (401) 331-1300	rmcauliffe@mayforthgroup.com			
7. Client Name		6. House ID # 36092011		
TYPE OF REPORT 8. Year 2004 Midyean 9. Check if this filing amends a previously filed version of this		End (July 1-De		
10. Check if this is a Termination Report ☐ □ □ Termination	n Date	11. No Lobbyi		
INCOME OR EXPENSES - Complete Either	er Line 12 OR Line 13			
12. Lobbying Firms	13. Organizations			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this repoperiod 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	14. REPORTING METHOD. Check box to indicate exaccounting method. See instructions for description of o			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	☐ Method A. Reporting amounts using LDA definiti ☐ Method B. Reporting amounts under section 6033 Internal Revenue Code			
	Method C. Reporting amounts und Internal Revenue Code	ler section 162(
Signature	Date 7/19/04			

Printed Name and Title -

LD-2 (REV. 4/03)

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Registrant Name Mayforth group, LLC	Client Name	CompuClaim
LOBBYING ACTIVITY. Select as many codes engaged in lobbying on behalf of the client during to information as requested. Attach additional page(s) as	he reporting	
15. General issue area code (one per	page)	
16. Specific lobbying issues		
Monitor legislation for Medicaid reimbursements		
17. House(s) of Congress and Federal agencies contact	cted	☐ Check if None
House of Representatives Senate		
18. Name of each individual who acted as a lobbyist i	n this issue a	ìrea
Name		Covered Official Position (if applicable)
Richard M. McAuliffe, Jr.		
		•
1		
19. Interest of each foreign entity in the specific issues li	isted on line l	16 above ✓ Check if None
Signature Julian M. M. Market		Date 7/19/04

Richard M. McAuliffe. Jr.. Chairman Filing #9d25e24a-96e4-4969-9357-bb46078b4913 - Page 3 of 6

Printed Name and Title	 <u></u>	 	
Form LD-2 (Rec. 4/03)			Page

00000693008

Registrant Name	Mayforth group, LLC	Client Name	CompuClaim
Information Up	date Page - Complete ON	LY where registration in	formation has changed.
20. Client new address			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	place of business (if different from)	** ** *	
	P 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		,
City 22. New general descrip	tion of client's business or activites	State/Zip (or Country	<u>/</u>
23 Name of each pr		who is no longer expected	to act as a lobbyist for the cli
25. Name of each pr	cviously reported marvidual	wite in ite ionger expected	to dot as a loop lot lot the the
ISSUE UPDATE			
	g issues previously reported the	hat no longer pertain	
Ť	•		
	RGANIZATIONS		
25. Add the following	ng affiliated organization(s)	•	
Name		Address	Principal Place of
A 1866		V V V V V V V V V V	(city and state or
***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
26. Name of each pr	eviously reported organizatio	n that is no longer affiliat	ed with the registrant or client
-		_	
FOREIGN ENTI	TIES		
27. Add the following			
Name	Address	Dei-pi-pl-plage of	husiness Amount of contributio
Ivalific	Addices	Principal place of (city and state or	E 1.1.1 administra
***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10 N C - 1 2			and a ffiliated with the registers
8. Name of each previous affiliated organization	• •	t no longer owns, <u>or</u> controls	s, or is affiliated with the registran
	and M. Malle		
	- / 4/ 0//.		

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Printed Name and Title Norman IVI. IVICALINIE, U., CHARLES

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