艺 诗

Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

2. House Identification Number

Address 408 Broadway

REGISTRANT

City

Office of Public Records 232 Hart Building Washington, DC 20510

CRETARY OF THE SI 02 DEC -5 PM

Zip 02909

1. Effective Date of Registration_11/21/2002

Senate Identification Number

State RI

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration \square

3. Registrant name The Mayforth Group

Providence

	m line 3) State/Zip (or Country)				
Contact	Richard M. McAuliffe, Jr.	E-mail (optional) rmcauliffe			
ss or activities					
. Gelf		mploying in-house lobbyists should che			
	State RI	Zip 02842			
rincipal place of business (if different from line 7)					
r activities					
ecutive branc	h official" or "covered legislat	tive branch official" within two y			
Name		Covered Official Position (if application)			
	Not Applicab	le			
	separate registra. Self and Defense In om line 7) r activities	separate registration for ach client. Organizations et al. Self and Defense Industry Alliance State RI om line 7) State/Zip (of activities r is expected to act as a lobbyist for the client secutive branch official" or "covered legislative position(s) in			

Form LD-1 (Rev. 06/98)

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Registrant Name	The Mayforth Group	Client Name	Southeasterr	New England D	elense moustry A	
LOBBYING I:	SSUES 3 issue areas. Select all ap	plicable codes listed in	instructions and on	the reverse sic	ie of Form LD-	
DEF			<u> </u>	·	<u>-</u>	
12. Specific lobbying	g issues (current and antic	ipated)				
Support SENE	DIA in securing Federal	funding				
AFFILIATED	ORGANIZATIO	NS				
	y other than the client the riod and in whole or in					
☑ No ⇒ G	o to line 14.		Yes Complete the rest of this section for each entity the criteria above, then proceed to line 14.			
Na	me	Address		~	pal Place of Bus nd state or cou	
	 -		بالمسادر		<u></u>	
FOREIGN EN						
14. Is there any fore	eign entity that:					
b) direct activi	at least 20% equitable of the client or any	le or in major part, pl organization identifi	ans, supervises, colled on line 13; or	ontrols, direc	ts, finances or	
	affiliate of the client or lobbying activity?	any organization ider	itified on line 13 a	and has a dire	ct interest in t	
No ⇒ Sign and date the registration.		on.	Yes Complete the rest of this section for ea matching the criteria above, then sign registration.			
Name	Add	lress (ci	Principal place of business ity and state or coun	cont	mount of ribution for ing activities	
	7	MI / ///	<i>A</i>			
Signature /	chaid [1. 1	"Ichhaff.	4 r	Date	11/21/2002	
Printed Name and	l Title Richard M. Mo	Auliffe, Jr Chairma	n			