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

LOBBYING REPORT 34

I. Registrant name		· · · · · · · · · · · · · · · · · · ·	
Organization Mayforth Group, LLC	:	ver and manager	
2. Address Check if different than previously report	led		
Address1 408 Broadway			
***************************************	State RI	Zip Code 02909	Country U
3. Principal place of business (if different than line 2)	***************************************		***************************************
Cny	State RI State/Zip or 0	Zip Code 02909	Country U
4a. Contact Name b. Telephone number Prefix Full Name		c. E-mail	5. Senate ID#
Mr. Richard McAuliffe, Jr. 401-331-1300	rmcaulife@	mayforthgroup.com	1
<u> </u>	***************************************		6. House ID#
Rhode Island Association of Facilities an Services for	or the Agir	ģ .	3609200
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	n Date		
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Registrant Name	Mayforth Group, LLC	<u> </u>	Cli	ent Name Rhode Island Association of Facilities Services for the Aging
engageu in 100	ACTIVITY. Select bying on behalf of the requested. Attach ac	e client during the	necessary reporting	to reflect the general issue areas in which the
15. General iss	ue area code	Medicare/Medicai	d	(one per page)
16. Specific lol	obying issues		Anri pace	m continue spoolific issues description to the Screen is
Monitor legi	slation regarding heal	th care for senior s		nd nursing homes/assisted living facilities
	· •			Turbung normes/assisted living facilities
17. House(s) of	Congress and Federa	al agencies contac	ted [Check if None
House of Rep Senate				
18. Name of eac	ch individual who act	ed as a lobbyist in	this issu	e area - And is coope to nontituo auditing specific to -
First Name	Name Last Name	Suffix		Covered Official Position (if applicable)
Richard	McAuliffe	Jr.		
				7
***************************************			ľ	
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			listed on	line 16 above 🔀 Check if None
			listed on	line 16 above \(\times \) Check if None
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20 cm	ate Page - Complete	ONLY	vhere	registration info	rmation has chan	ged.
20. Client new address Address						
				,		
City	-1-1	State		Zip Coc	le Co	untry
	al place of business (if differ	rent than lir	ne 20)			
City			State	Zip Code	e Co	untry
22. New general descri	ption of client's business or	activities		•		
LOBBYIST UPDA	TF					
	viously reported individu	ıal who is ı	no long	; ger expected to act	as a lobbyist for the	clie
1	Last Name	Suffix	3	First Name	Last Name	
<u> </u>						
<u>~.</u> J			4	!		
ISSUE UPDATE				F2. J40. 0 1		-
24. General lobbying	issues that no longer pert	tain ;		Find the code to	select below.	
AFFILIATED OR	CANIZATIONS			<u>1</u>		_
	affiliated organization(s)			1		
Name				Principal place of	f Busi	
				3	(city and state o	
	Address	: } .			City	
	C/S/Z Address		•			ountry
	C/S/Z				City State	
26. Name of each prev	iously reported organizat	tion that is	no lon	ger affiliated with	the registrant or clie	nt
	2	*		3		110
FOREIGN ENTITI	nec .	<u> </u>				
27. Add the following						
Name	Street Address			ipal place of business	Amount of contribution	
		nce Country	(city	and state or country)	for lobbying activities	I
		_	City	· ·		
			State	Country		
28. Name of each previous	I usly reported foreign entity	that no lon			affiliated with the	
affiliated organization	l		ə*• v;;;	, <u>or</u> condols, <u>or</u> 15	armatea with the legi	strat
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