

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

# LOBBYING REPORT

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

1. Registrant name			
Organization	Mayforth Group, LLC		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	408 Broadway		
City	Providence	State RI	Zip Code 02909 Country U
3. Principal place of business (if different than line 2)			
City	Providence	State RI	Zip Code 02909 Country U
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Richard McAuliffe, Jr.	401-331-1300	rmcaulife@mayforthgroup.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
CompuClaim			6. House ID #
			360920

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30) ☐ OR Year End (July 1-December 31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇨ Termination Date \_\_\_\_\_ 11. No Lobbying Act ☐

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	
Less than \$10,000 <input checked="" type="checkbox"/>	
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____	
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).	
<b>EXPENSES</b> relating to lobbying activities for this reporting period were:	
Less than \$10,000 <input type="checkbox"/>	
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____	
<b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.	
<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions of Internal Revenue Code	
<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code	
<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code	

Form C

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



**Client Name** CompuClaim

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the client was engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** to provide the information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

## 16. Specific lobbying issues

### Monitor legislation for Medicaid reimbursements

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

House of Representatives  
Senate

**18. Name of each individual who acted as a lobbyist in this issue area**

[illegible]

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

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



Registrant Name Mayforth Group, LLCClient Name CompuClaim**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

**LOBBYIST UPDATE**23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

**1****3****2****4****ISSUE UPDATE**24. General lobbying issues that **no longer** pertain

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client**1****2****3****FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address City	Address State/Province, Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc clien
			City		
			State		
			Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, or affiliated organization**1****3****5****2****4****6**Printed Name and Title Richard M. McAuliffe, Jr., Chairman

*Richard M. McAnulty*