

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

<http://lobbyingdisclosure.house.gov>

<http://www.senate.gov/lobby>

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 03/18/2009

2. House Identification 33426

Senate Identification 31918

REGISTRANT Organization/Lobbying Firm Self Employed Individual

3. Registrant Organization THE POTOMAC GROUP

Address 818 CONNECTICUT AVENUE NW Address2 SUITE 1001

City WASHINGTON State DC Zip 20006 - Country USA

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____ - _____ Country _____

5. Contact name and telephone number

International Number

Contact Mr. Wayne Smith Telephone (202) 783-3460 E-mail _____

6. General description of registrant's business or activities

Lobbying

CLIENT *A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client name Plaintiff's Steering Committee

Address 1100 Poydras Street, Suite 2800

City New Orleans State LA Zip 70163 - 2800 Country USA

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____ - _____ Country _____

9. General description of client's business or activities

Policy issues related to residents impacted by Hurricane Katrina relief efforts

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within twenty years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

| Name | | | Covered Official Position (if applicable) |
|-------|-------|--------|---|
| First | Last | Suffix | |
| Wayne | Smith | | |
| | | | |
| | | | |
| | | | |
| | | | |

LOBBYING ISSUES

11. General lobbying issue areas (Select all applicable codes).

CSP HCR HOM

12. Specific lobbying issues (current and anticipated)

Lobbying on behalf of plaintiff attorneys to establish healthcare fund for families exposed to formaldehyde

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$5,000 to the lobbying activities of the registrant in a quarterly period and either actively participates in and/or in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Internet Address:

| Name | Address | Principal Place of Business |
|-------------|---------------------------------|-----------------------------|
| Street City | State/Province Zip Code Country | City State Country |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity matching the criteria above, then sign the registration.

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ownership |
|-------------|------------------------|---|--|-----------|
| Street City | State/Province Country | City State Country | | % |
| _____ | _____ | _____ | _____ | _____ % |
| _____ | _____ | _____ | _____ | _____ % |

Signature Digitally Signed By: Wayne Smith

Date 04/16/2009

Printed Name and Title Wayne Smith