STATEMENT OF

FORM 1	ORGANIZATIO (See instructions)	N	Office use only
1. NAME OF COMMITTEE (in t	(Check if name Exar ull) is changed) over	mple: If typying, type the lines 1	2FE4M5
The Shaw Gro	up Inc. Political Action Committee		
ADDRESS			
ADDRESS (number and s	Suite 400		
(Check if address is changed)	Alexandria		VA 22314 _ 3470
	CITY	ST	ATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	ess)	
(Check if address is changed)			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)			
is changed)			
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C COO	0104885	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge an	nd belief it is true, correct and co	mplete
	Freggurer Paola M Rozzi		
Type or Print Name of	reasurer		
Signature of Treasurer	Electronically Filed by Paola M Rozzi	Date	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
NOTE: Submission of fal	se, erroneous, or incomplete information may subject t		•
Office Use Only		For further information conta Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)

	F	FEC F	Form 1 (Revised 02/2009)	Page 2				
5.			DMMITTEE (Check One) Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name Candi							
	Candi Party	idate Affiliatio	on Office House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Party	Committee:						
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Politic	Political Action Committee (PAC):						
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
		(f)	X Corporation Corporation w/o Capital Stock La	bor Organization				
			Membership Organization Trade Association Co	poperative				
			X In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint F	Fundra	ising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
		Com	mittees Participating in Joint Fundraiser					
			1. FEC ID number C					
			2. FEC ID number					
			3. FEC ID number					
			FEC ID number C					

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Write or Typ	e Committee Name				
The Sh	naw Group Inc. Po	litical Action Committee			
6. Name of	Any Connected Org	anization, Affiliated Committee, J	oint Fundraising Represent	tative, or Lo	eadership PAC Sponsor
The Sha	w Group Inc.				
Mailing A	Address	4171 Essen Lane	,		
		Baton Rouge		<u> </u>	70809
		CITY▲	•	STATE A	ZIP CODE
Relations	ship:				
X Cor	nnected Organization	Affiliated Committee	Joint Fundraising Repre	esentative	Leadership PAC Sponsor
possess Full Nam Mailing A	e Paola M	Dooks and records. I Rozzi 1725 Duke Street			
		Suite 400			
		Alexandria		_VA	22314
Title or P	osition V	CITY A	Telephone numb	STATE A	ZIP CODE 4
	and address of any	and address (phone number o designated agent (e.g., assista		of the con	nmittee; and the
Mailing A	Address	1725 Duke Stree	t		
		Suite 400			
		Alexandria		_VA	22314
Title or F	Position ¥	CITY A		STATE	ZIP CODE A
			Telephone numl	20 2	2 _ 261 _ 1900

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Telephone number	
9. Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository	ch the committee deposits funds, ho	lds accounts, rents	
PN	IC Bank N.A.		
Mailing Address	P.O. Box 1912		
·			
	Washington	pc	20074 _ 1912
	CITY 🗖	STATE △	ZIP CODE 🛕
Name of Bank, Depository	y, etc.		
Mailing Address			
	CITY 🗖	STATE. ▲	ZIP CODE 🛕