

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Shaw Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Russell Brown	Transaction ID: SB28A.13082 Date of Disbursement 01 / 15 / 2010
	Mailing Address 416 Doucet Road 3C	Amount of Each Disbursement this Period 710.10
	City Lafayette State LA Zip Code 70503	
	Purpose of Disbursement Refund of excessive contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jeffrey S Jenkins	Transaction ID: SB28A.13083 Date of Disbursement 01 / 15 / 2010
	Mailing Address 7646 Richards	Amount of Each Disbursement this Period 537.01
	City Baton Rouge State LA Zip Code 70808	
	Purpose of Disbursement Refund of excessive contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kenneth E Rowley	Transaction ID: SB28A.13084 Date of Disbursement 01 / 15 / 2010
	Mailing Address 9502 Shadow Gate Lane	Amount of Each Disbursement this Period 4961.29
	City Houston State TX Zip Code 77040	
	Purpose of Disbursement Refund of excessive contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6208.40
TOTAL This Period (last page this line number only)	6208.40