Image# 201707149066	643296				PAGE 1 / 6
FEC FORM 1		STATEME ORGANIZ	_	Off	ice Use Only
1. NAME OF		(Check if name	Example:If typing, type	12FE4M5	
COMMITTEE (in	full)	is changed)	over the lines.	12FE4M5	
Southern Co	ompan	y Gas Political			
1					
		10 Peachtree Place, NE			
ADDRESS (number and					
<ul> <li>(Check if ad is changed)</li> </ul>					
		Atlanta │ │ │ │ │ │ │ │ │ │ │ CITY ▲		GA 3030 STATE ▲	$\frac{19}{21} - \boxed{1}$
COMMITTEE'S E-MAI	L ADDRESS	8			
(Check if ad is changed)		mscott@aglresources.	.com		
is changed)		Optional Second E-Mail Ac msawhill@aglresoul	ldress rces.com		
COMMITTEE'S WEB	ddress	RESS (URL)			
2. DATE 07	/ D D 14	/ Y Y Y Y 2017			
3. FEC IDENTIFIC	ation NUN	IBER ► C C	00145037		
4. IS THIS STATEM	ENT	NEW (N) OR	× AMENDED (A)		
I certify that I have ex	amined this	Statement and to the best	t of my knowledge and belief	it is true, correct and	complete.
-			-		
Type or Print Name o	f Treasurer	Earle, Caroline, , ,			
Signature of Treasurer	. Earle, C	aroline, , ,	[Electronically Filed]	Date 07	D D / Y Y Y Y 14 2017
NOTE: Submission of fa			may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

07/14/2017 15 : 02

•		-
FEC FC	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF (	COMMITTEE	
Candidat	e 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. (Complet information below.)	e the candidate
Name of Candidate		
Candidate Party Affiliat	tion Office Sought: House Senate President	State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	mmittee:	
(d)		mocratic, publican, etc.) Pa
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization i
		abor Organizatior
		-
		ooperative
	<b>x</b> In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two c 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 o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Southern Company Gas Political Action Committee, Inc

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Southern Company G	as		
Mailing Address	10 Peachtree Place, NE		
	Atlanta	GA	30309
	CITY	STATE	ZIP CODE
Relationship: <b>x</b> Connected	d Organization	Joint Fundraising Representation	ve Leadership PAC Sponso
Custodian of Records: Ide books and records.	ntify by name, address (phone number	optional) and position of the per	son in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	the treasurer of the committee; a	and the name and address of
Full Name   Earle, Carle     of Treasurer	oline, , ,		
Mailing Address	10 Peachtree Place, NE		
	Atlanta	GA STATE	20309 – – – – – – – – – – – – – – – – – – –
Title or Position Sr. Legislative Lias		Telephone number	4 - 584 - 4841

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																											
Mailing Address		L																									
		L																									
		L																		L							
							СП	ΓY									ST/	<b>ΑΤΕ</b>				ZII	PC	COD	ÞΕ		
Title or Position																											
						ĺ						Tele	eph	ione	e ni	uml	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells I	Fargo Bank		
Mailing Address	999 Peachtree Street NE		
	Suite 100		
	Atlanta	GA 3030	99
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Southern Company Gas - Treasurer change

Form/Schedule: Transaction ID:

FFC	Form	1S	(Revised	02/2017)	
	1 01111	10	(1101300	02/2017)	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1.	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Southern Company Employees PAC

		//0																	1
Mailing Address	241 Ralph McGill	Boulevard NE																	
	BIN 10115																		
	Atlanta							G	A			303	08						
Relationship:		CITY A					\$	STAT						ZIP	COI	DE			
Connected	Organization	Affiliated Commit	tee	Joint	Fund	draisi	ng l	Repr	eser	tativ	'e	E	Le	ader	ship	PA	c s	pons	or

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																										
Mailing Address	L																									
	L							1																		
	L																									
TITLE OR POSITION	▼					C	Π								S	TAT	E				ZIP	C	DD	Ξ 🔺	•	
											Te	lep	hor	ne I	Nur	nbe	er			L				·		

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																								
Mailing Address	L																							
	L																							
	L															L								
					C	۲I	( 🔺					S	TAT	Έ				ZIP	C C	DD	E 🔺			