FEC FORM 1	STATEME ORGANIZ			PAGE 17.5
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	es Inc. Political A	over the lines.	Inc (AG	PAC)
			, 110. (710	
	P.O. Box 4569			
ADDRESS (number and stre	et)			
(Check if address is changed)	Atlanta		GA 30	302-4569
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL AD (Check if addre is changed)	DRESS (Please provide only one of msawhill@aglresources.cc			
COMMITTEE'S WEB PAGE	ADDRESS (URL)			
(Check if addrest is changed)	s			
2. DATE 12	13 / Y Y Y Y 2011			
3. FEC IDENTIFICATIO	N NUMBER	C00145037		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examin	ed this Statement and to the bes	st of my knowledge and belief i	t is true, correct an	d complete.
Type or Print Name of Trea	surer Matt Sawhill			
^M Signature of Treasurer	att Sawhill	[Electronically Filed]	Date 12	13 Y Y Y Y Y 2011
NOTE: Submission of false,	erroneous, or incomplete information ANY CHANGE IN INFORMAT	n may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE Candidate 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 c information below.) Name of Candidate Candidate Office Party Affiliation Office State Distric (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democrati	
Candidate 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 of Candidate Office Party Affiliation Office Name of Candidate Office Name of Candidate Office Party Affiliation Office Name of Candidate Units committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee: (National, State	je 2
(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 of Candidate Office Party Affiliation Office Name of Candidate Office Sought: House Senate President District District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee: (National, State	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the conformation below.) Name of Candidate Office Party Affiliation Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Image: Committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee: (National, State	
information below.) Name of Candidate Candidate Party Affiliation Candidate	
Candidate Candidate Party Affiliation Candidate Office Sought: House Senate President Distric (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic	andidate
Party Affiliation Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic	
Name of Candidate Party Committee: (National, State (Democrati	
Candidate Party Committee: (National, State (Democrati	
(National, State (Democrati	
	c, , etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a
Corporation Corporation w/o Capital Stock Labor Or	ganization
Membership Organization Trade Association Cooperat	ive
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 from committee. (i.e., nonconnected committee)	and 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	oolitical
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	olitical
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	
4 FEC ID number C	

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AGL Resources Inc. Political Action Committee, Inc. (AGL PAC)

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

AGL Resources Inc.			
Mailing Address	Ten Peachtree Place, NE		
	Atlanta	GA	30309
	CITY	STATE	ZIP CODE
Relationship: X Connected	d Organization	Joint Fundraising Representative	e Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number	- optional) and position of the perso	on in possession of committee

Matt Sawh	ill
Full Name	
Mailing Address	10 Peachtree Place, NE
	Atlanta GA 30309
Title or Position	CITY STATE ZIP CODE
Dir. Gov. Relations	Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Matt Sav	vhill
Mailing Address	10 Peachtree Place, NE
	Atlanta
	CITY STATE ZIP CODE
Title or Position Dir. Gov. Relations	1 1 1 1 1 1 3202 1 1 1 1 1 1 1 1

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Full Name of Designated Agent			 																							1					
Mailing Address																															
																								1			_		1		
						СП	ΓY											STA	ΤE						ZIF	o C	OD	Е			
Title or Position																															
													Tele	eph	ione	e ni	umt	ber				<u> </u>] –				_				

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-F	argo		
Mailing Address	P.O. Box 563966		
	Charlotte		256-3966
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revise	ed 06/2011)		Page 5
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	intains funds.		olds accounts, rents
Mailing Address	1		
Maining Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
-	Drganization, Affiliated Committee, Joint Fundraisi ICAL ACTION COMMITTEE	ing Representative, or Lead	[ADDITIONA ership PAC Sponsor
Mailing Address			
			60563 1 1 1 1 1 - L 1 1
ationship:			L I I I I I I I I 60563 L I I I I I I I I ZIP CODE ▲
ationship: Connected Organization			
-			
			IIIII – III ZIP CODE dership PAC Sponsor
Connected Organization Designated Agent			IIIII – III ZIP CODE dership PAC Sponsor
Connected Organization Designated Agent Full Name			IIIII – III ZIP CODE A dership PAC Sponsor
Connected Organization Designated Agent Full Name Mailing Address	CITY		L L L L L L L L L L L L L L L L L L L