

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)

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

Full Name (Last, First, Middle Initial)

**A. SCOTT RIGELL FOR CONGRESS**

Mailing Address 915 FIRST COLONIAL ROAD  
SUITE 100

City VIRGINIA BEACH State VA Zip Code 23454

Purpose of Disbursement

Candidate Name

**EDWARD SCOTT MR. RIGELL**

Office Sought:  House  
 Senate  
 President  
State: VA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

**Transaction ID : SB23.17707**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. SENGER FOR CONGRESS**

Mailing Address PO BOX 4883

City NAPERVILLE State IL Zip Code 60567

Purpose of Disbursement

Candidate Name

**DARLENE SENGER**

Office Sought:  House  
 Senate  
 President  
State: IL District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

**Transaction ID : SB23.17693**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address PO Box 661  
PO BOX 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

Candidate Name

**JOHN M SHIMKUS**

Office Sought:  House  
 Senate  
 President  
State: IL District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	4

**Transaction ID : SB23.17696**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0	0	0	0	0

**TOTAL** This Period (last page this line number only)..... ▶

6	9	5	0	0	0	0	0	0	0