

# 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)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</b> <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement voided 10/27/09 check Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Transaction ID: SB23.9601 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</b> <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement Candidate Name <b>HENRY A. WAXMAN</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Transaction ID: SB23.9598 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

<b>C.</b> Full Name (Last, First, Middle Initial) <b>REPUBLICAN MAJORITY FUND</b> <hr/> Mailing Address PO Box 144 Suite 300 <hr/> City Alexandria State VA Zip Code 22313 <hr/> Purpose of Disbursement PAC-to-PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB23.9581 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)