FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. NiSource Inc. PAC 290 W Nationwide Boulevard ADDRESS (number and street) (Check if address is changed) Columbus 43215 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS SSimmons@Nisource.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00051979 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Simmons, Summa, , , Type or Print Name of Treasurer Simmons, Summa, , , [Electronically Filed] 05 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE	raye z			
Can	ndidate	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.)				
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate					
Par	ty Con	nmittee:	(Daniel and the			
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party				
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		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 fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name		
NiSource Inc. P	AC.	
	ganization, Affiliated Committee, Joint Fundraising Representative, or	r Leadershin PAC Sponsor
-	ganization, Anniated Committee, Some Fundatising Representative, or	Leadership I Ao Sponsor
NiSource Inc.		
Mailing Address	290 W Nationwide Boulevard	
	Columbus OH	43215
	CITY STATE	ZIP CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Representativ	Leadership PAC Sponso
 Custodian of Records: Identi books and records. Orth, Patricl 	fy by name, address (phone number optional) and position of the pers x_{i} , , ,	son in possession of committee
Full Name	604 Deposit onia Avenue NIW	
Mailing Address	601 Pennsylvania Avenue NW	
	Suite 900	
	Washington DC	20004
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	2 434 - 8205
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; an sistant treasurer).	nd the name and address of
Full Name Simmons, S of Treasurer	umma, , ,	
Mailing Address	290 W Nationwide Boulevard	
	Columbus	43215
'	CITY STATE	ZIP CODE
Title or Position Treasurer	614 Telephone number	4 460 - 6898

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Full Name of Designated Hul Agent	len, Randy G., , ,						
Mailing Address	801 East 86th Avenue						
	Merrillville CITY	STATE	46410 ZIP CODE				
Title or Position Assistant Treasurer		ephone number 219	647 5688				
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. JPMorgan Chase Bank, N.A.							
Mailing Address	PO Box 659754						
	San Antonio		78265-9754				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
Mailing Address							

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This amendment is being filed in order to designate a new treasurer, custodian of records, and committee email address.

Form/Schedule: Transaction ID: