

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NiSource Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, Donald, Eugene, ,

Mailing Address 3780 Purdey Ct.

City
New Albany

State
OH

Zip Code
43054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NiSource Corporate Services Co

Occupation (for Individual)

EVP & Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

09 / 30 / 2019

Transaction ID : PR802555630438

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Larsen, Susan, Doyle, ,

Mailing Address 1006 W 46th Street

City
Richmond

State
VA

Zip Code
23225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Gas of Virginia Inc

Occupation (for Individual)
Dir Gov & Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1303.15

Date of Receipt

09 / 30 / 2019

Transaction ID : PR814930130438

Amount of Each Receipt this Period

147.25

☐ Memo Item

P/R Deduction (\$147.25 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thomas, Sherrice, LaVette, ,

Mailing Address 4478 Golden Grove Drive

City
Groveport

State
OH

Zip Code
43125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NiSource Corporate Services Co

Occupation (for Individual)
Dir Change Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2019

Transaction ID : PR818172330438

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

613.91