

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

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

FOR LINE NUMBER: PAGE 143 OF 179

(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. Marko, Martina, Lynn, ,**

Mailing Address 168 Boardwalk

City  
Hebron

State  
IN

Zip Code  
46341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NiSource Corporate Services Co

Occupation (for Individual)

Mgr Customer Care Advisors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.24

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR913869530903**

Amount of Each Receipt this Period

68.56

☐ Memo Item

P/R Deduction (\$34.28 Bi-Weekly)

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

**B. Rozsa, Michael, A, ,**

Mailing Address 13350 Scout Road

City

Frazeesburg

State

OH

Zip Code

43822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NiSource Corporate Services Co

Occupation (for Individual)

CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.03

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR913869630903**

Amount of Each Receipt this Period

416.67

☐ Memo Item

P/R Deduction (\$416.67 Monthly)

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

**C. Donev, Carla, M, ,**

Mailing Address 13 New Albany Farms Road

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)

VP & Chief Info Security Offcr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1654.05

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR914215930903**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

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

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

660.23