

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

Form 1

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) KeySpan Energy Political Action Committee (KEYPAC)	2. DATE FEB 22 3 47 PM '99
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) One MetroTech Center	3. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code Brooklyn, New York 11201	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

(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.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)

(d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
MarketSpan Corporation d/b/a KeySpan Energy	One MetroTech Center Brooklyn, New York 11201	Connected
Brooklyn Union Political Action Committee (BUSPAC) / Brooklyn Union State Political Action Committee (BUSPAC)	One MetroTech Center Brooklyn, New York 11201	Affiliated

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Jeanne Bezko 718-403-2532	One MetroTech Center Brooklyn, New York 11201	Legislative Analyst

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Cecil Brooks	One MetroTech Center Brooklyn, New York, 11201	Treasurer

9. 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.	Mailing Address and ZIP Code
Chase Manhattan Bank	177 Montague Street Brooklyn, New York 11201

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Cecil Brooks	SIGNATURE OF TREASURER <i>Cecil Brooks</i>	DATE 3/8/99
---	---	--------------------

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.