## **STATEMENT OF**

FORM 1	ORGANIZ (See instruc			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	1 1
KeySpan Ener	gy Federal Political Action Cor	nmittee		
ADDRESS (number and s	street)			
(Check if address is changed)	Brooklyn		NY L	11201
		CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one			
(Check if address X is changed)	Edward.Carr@us.r	ngrid.com		
<b>3 3</b> ,				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00343988		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (	A)	
I certify that I have examin	ned this Statement and to the best of my k	nowledge and belief it is true, cor	rect and complete	
Type or Print Name of <sup>-</sup>	Treasurer Edward Carr			
Signature of Treasurer	Electronically Filed by <b>Edward</b>	Carr	_ Date 03	/ 25 / Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information r	nay subject the person signing th	·	-
Office Use Only		For further inform Federal Election Co Toll Free 800-424-1	ommission 9530	FEC FORM 1 (Revised 02/2009)

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5.			DMMITTEE (Check One) 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 t information below.)	he candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	ion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
			X Corporation Corporation w/o Capital Stock La	bor Organization
			Membership Organization Trade Association Co	poperative
			X 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 committee. (i.e., nonconnected committee)	d fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number C	
			2. FEC ID number	
			3. FEC ID number	
			FEC ID number C	

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Write or Type Committee Name	<del>)</del>		
KeySpan Energy Fede	eral Political Action Committee		
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leade	ership PAC Sponsor
National Grid USA Poli	itical Action Committee		
Mailing Address	201 Jones Road		
	5th Floor, Mail Stop 504		
	Waltham   Waltham	MA L	02451
	CITY	STATE <b>▲</b>	ZIP CODE ▲
Relationship:			
Connected Organization	on X Affiliated Committee Joint Fu	undraising Representative	Leadership PAC Sponsor
7. Custodian of Records: possession of Committee	Identify by name, address, (phone number	optional), and position of th	e person in
Full Name Mr E	dward Carr		
Mailing Address	175 East Old Country Road		
	Hicksville	NY	11801
Title or Position ▼  Treasure	CITY A	STATE A Telephone number516	ZIP CODE 14 - 545 - 4405
	ne and address (phone number optional) of ny designated agent (e.g., assistant treasurer		ttee; and the
Full Name of Treasurer Mr E	dward Carr		
Mailing Address	175 East Old Country Road	<u> </u>	
	Hicksville	NY	11801
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasur	er	Telephone number 516	_ 545 _ 4405

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	Full Name of Designated Agent	Ms Eileen Cifone		
	Mailing Address	One Metrotech Center		
		Brooklyn	NY	11201 –
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
	718403	32537	Felephone number	
9.	Banks or Other Depos safety deposit boxes or r Name of Bank, Deposito	maintains funds.	he committee deposits funds, ho	olds accounts, rents
	Mailing Address	Three Metrotech Center		
		Brooklyn	NY NY	11201
		CITY 🗖	STATE 4	ZIP CODE 🛕
	Name of Bank, Deposito	ory, etc.		
	Mailing Address			
		CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕

safety deposit boxes or mainta	dins iunas.		
Name of Bank, Depository, et	с.		[ ADDITIONAL ]
Mailing Address			
	1		
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Or National Grid USA	ganization, Affiliated Committee, Joint Fundraising Re	presentative, or Leade	[ ADDITIONAl rship PAC Sponsor
Mailing Address	201 Jones Road		
	Waltham	MA L	02451 
	CITY▲	STATE A	ZIP CODE
tionship:			
•	Affiliated Committee Joint Fundraising Re	epresentative Lea	dership PAC Sponsor
Connected Organization	Affiliated Committee Joint Fundraising Re	epresentative Lea	dership PAC Sponsor
Connected Organization	Affiliated Committee Joint Fundraising Re	epresentative Lea	
Connected Organization  Designated Agent	Affiliated Committee Joint Fundraising Re	epresentative Lea	
Connected Organization  Designated Agent  Full Name	Affiliated Committee Joint Fundraising Re	epresentative Lea	
Mailing Address	CITY A		[ ADDITIONAL ]