

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM

2008 APR -2 P 1:44

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12PB4M5

KEYSPAN ENERGY FEDERAL PAC

ATTN: ED CARR, GOV'T RELATIONS

ADDRESS (number and street)

175 EAST OLD COUNTRY RD

(Check if address is changed)

HICKSVILLE NY 11801

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

2. DATE

03 20 2001

3. FEC IDENTIFICATION NUMBER

C00343988

4. 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.

Type or Print Name of Treasurer

Edward A.T. Carr

Signature of Treasurer

Edward A.T. Carr

Date

03 20 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (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 party committee.

6. Name of Any Connected Organization or Allied Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

KeySpan Energy Federal PAC

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 EDWARD A. T. CARR

Mailing Address GOV'T RELATIONS - KEYSpan ENERGY
175 E. OLD COUNTRY RD
HICKSVILLE NY 11801

Title or Position GOV'T RELATIONS REP. CITY STATE ZIP CODE

Telephone number 516-545-4405

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 of Treasurer EDWARD A. T. CARR

Mailing Address KEYSpan GOV'T RELATIONS
175 E. OLD COUNTRY RD.
HICKSVILLE NY 11801

Title or Position GOV'T RELATIONS REP. CITY STATE ZIP CODE

Telephone number 516-545-4405

Full Name of Designated Agent EILEEN CIFONE

Mailing Address KEYSpan GOV'T RELATIONS
1 METROTECH CENTER
BROOKLYN NY 11201

Title or Position GOV'T RELATIONS REP. CITY STATE ZIP CODE

Telephone number

8. **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 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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