## **STATEMENT OF**

FORM 1	ORGANIZ (See instruc			Office use only
1. NAME OF COMMITTEE (in t	(Check if name is changed)	Example: If typying, typ over the lines	12FE4M5	1 1
KeySpan Corp	oration Political Action Comm	ittee		
ADDRESS (number and s	1 Metrotech Cente	<u>                                     </u>		
(Check if address is changed)	1		NY	11201   -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one  Edward.Carr@us.r			
COMMITTEE'S WEB	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			
<ul><li>3. FEC IDENTIFICA</li><li>4. IS THIS STATEM</li></ul>		C C00343988  X AMENDED (	A)	
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my k  Treasurer Edward Carr	nowledge and belief it is true, con	rrect and complete	
Signature of Treasurer	Electronically Filed by <b>Edward</b>	Carr	_ Date 03	26 / 2009
NOTE: Submission of fal	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-	ommission 9530	FEC FORM 1 (Revised 02/2009)

	F	EC F	orm 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One) ommittee:	
	(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 information below.)	e. (Complete the candidate
	Name Candi			
	Candi Party	date Affiliatio	Office Sought: House Senate	President State  District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee	tee.
	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 organization is a:
			X Corporation Corporation w/o Capital Stock	Labor Organization
			H H	
			Membership Organization Trade Association	Cooperative
	(f)		X In addition, this committee is a Lobbyist/Registrant PAC.	
	(1)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separa committee. (i.e., nonconnected committee)	ate segregated 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.)	
_			In addition, this committee is a Leadership i Ao. (identity sponsor on line o.)	
	Joint F	undra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal care	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate	
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	С
			2. FEC ID number	С
			3. FEC ID number	
			4 FEC ID number	>

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W	/rite or Type Committee Name				
	KeySpan Corporation P	olitical Action Committee			
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Representativ	e, or Leadership PAC Spon	sor
	National Grid USA Politic	cal Action Committee			
1					
	Mailing Address	201 Jones Road	<u> </u>		
		5th Floor, Mail	Stop 504		
		Waltham	<b></b>	1A 02451 _ [	
		CITY▲	STA	TE ▲ ZIP CODE	≣ ▲
	Relationship:				
	Connected Organization	X Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC	Sponsor
	possession of Committee  Full Name  Mr Edw  Mailing Address	entify by name, address, (phone number optional), and position of the person in books and records.  vard Carr  175 East Old Country Road			
		Hicksville		<u> 11801 _ </u>	
	Title or Position ♥ Senior And	CITY A	STA Telephone number	ZIP CODE 	E & 4405
8.		and address (phone number - designated agent (e.g., assist		he committee; and the	
	Full Name of Treasurer  Mr Edv	vard Carr			
	Mailing Address	175 East Old C	ountry Road		
		Hicksville		<u> 11801</u> – _	
	Title or Position ♥	CITY A	STA	ATE▲ ZIP COD	EA
	Senior An	alyst	Telephone number	516 _ 545 _	4405
			- P		

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Full Name of Designated Agent	Ms Eileen Cifone					
Mailing Address	One Metrotech Cent	er				
	Brooklyn	NY	11201			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A			
Lead Re	presentative	Telephone number 718				
safety deposit boxes or mai Name of Bank, Depository,	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.  Chase Manhattan Bank					
Mailing Address	Three Metrotech Center					
	Brooklyn	NY NY	11201			
	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕			
Name of Bank, Depository,	etc.					
Mailing Address						
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕			

Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the common stunds	mittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.	3.4	ſ	ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
KeySpan Corporation	inization, Affiliated Committee, Joint Fundraising Re		
Mailing Address	One Metrotech Center		
	Brooklyn	L NY L	11201 
ationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising R	epresentative Lead	lership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE <b></b> ▲	ZIP CODE A
	Telex	ohone number	
			[ ADDITIONAL ]
Joint Fundraiser Participant			
		FEC ID number	