

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer MILLER, JOSEPH, , ,

Signature of Treasurer MILLER, JOSEPH, , , Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

Report Covering the Period: From: 02 / 01 / 2024 To: 02 / 29 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		80805.75
(b) Cash on Hand at Beginning of Reporting Period.....	82337.77	
(c) Total Receipts (from Line 19)	1395.71	2927.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	83733.48	83733.48
7. Total Disbursements (from Line 31).....	7.11	7.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	83726.37	83726.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1049.98	1466.64
(ii) Unitemized	124.98	1008.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1174.96	2474.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1174.96	2474.92
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	220.75	452.81
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1395.71	2927.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1395.71	2927.73

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7.11	7.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7.11	7.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7.11	7.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7.11	7.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1174.96	2474.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1174.96	2474.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7.11	7.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7.11	7.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HO, CHRISTINA, , ,

Mailing Address 388 RIDGE RD

City HARTSDALE	State NY	Zip Code 10530-2223
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CON EDISON COMPANY OF NY	Occupation (for Individual) VICE PRESIDENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2024

Transaction ID : **B000164S000002L11A1**

Amount of Each Receipt this Period
83.33

Memo Item
PAYROLL DEDUCTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HO, CHRISTINA, , ,

Mailing Address 388 RIDGE RD

City HARTSDALE	State NY	Zip Code 10530-2223
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CON EDISON COMPANY OF NY	Occupation (for Individual) VICE PRESIDENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2024

Transaction ID : **B000165S000002L11A1**

Amount of Each Receipt this Period
83.33

Memo Item
PAYROLL DEDUCTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOGLUND, ROBERT, N, ,

Mailing Address 151 CENTRAL PARK WEST
2W

City NEW YORK	State NY	Zip Code 10023
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC	Occupation (for Individual) SENIOR VP & CFO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
833.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2024

Transaction ID : **B000164S000003L11A1**

Amount of Each Receipt this Period
208.33

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

A. HOGLUND, ROBERT, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 CENTRAL PARK WEST
2W

City NEW YORK State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) SENIOR VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 29 / 2024
Transaction ID : B000165S000003L11A1

Amount of Each Receipt this Period 208.33

Memo Item
PAYROLL DEDUCTION

B. KETSCHKE, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 ADAMS AVENUE

City CRANFORD State NJ Zip Code 07016

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.68

Date of Receipt 02 / 15 / 2024
Transaction ID : B000164S000004L11A1

Amount of Each Receipt this Period 66.67

Memo Item
PAYROLL DEDUCTION

C. KETSCHKE, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 ADAMS AVENUE

City CRANFORD State NJ Zip Code 07016

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) PRESIDENT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 266.68

Date of Receipt 02 / 29 / 2024
Transaction ID : B000165S000004L11A1

Amount of Each Receipt this Period 66.67

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	341.67
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 8 OF 11
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

A. MISQUITA, EDLYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 42 GANNETT CT
City WAYNE State NJ Zip Code 07470-8466
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) CON EDISON COMPANY OF NY Occupation (for Individual) VP & GENERAL AUDITOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 333.32

Date of Receipt 02 / 15 / 2024
Transaction ID : B000164S000005L11A1
Amount of Each Receipt this Period 83.33
Memo Item
PAYROLL DEDUCTION

B. MISQUITA, EDLYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 42 GANNETT CT
City WAYNE State NJ Zip Code 07470-8466
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) CON EDISON COMPANY OF NY Occupation (for Individual) VP & GENERAL AUDITOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 333.32

Date of Receipt 02 / 29 / 2024
Transaction ID : B000165S000005L11A1
Amount of Each Receipt this Period 83.33
Memo Item
PAYROLL DEDUCTION

C. STRONG, KIMBERLY, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4 IRVING PLACE
City NEW YORK State NY Zip Code 10003
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) VP CHIEF ETHICS & COMPLIANCE OF
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 333.32

Date of Receipt 02 / 15 / 2024
Transaction ID : B000164S000007L11A1
Amount of Each Receipt this Period 83.33
Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) 249.99
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STRONG, KIMBERLY, R, ,

Mailing Address 4 IRVING PLACE

City NEW YORK State NY Zip Code 10003

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) VP CHIEF ETHICS & COMPLIANCE O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024

Transaction ID : B000165S000007L11A1

Amount of Each Receipt this Period
83.33

Memo Item
PAYROLL DEDUCTION

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	83.33
TOTAL This Period (last page this line number only).....▶	1049.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

A. JPMORGAN CHASE BANK NA

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

Mailing Address PO BOX 182501

City COLUMBUS	State OH	Zip Code 43218
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
452.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	29	/	2024

Transaction ID : B000161S000001L17

Amount of Each Receipt this Period
220.75

Memo Item
FEBRUARY 2024 INTEREST INCOME

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.75
TOTAL This Period (last page this line number only).....▶	220.75

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

Full Name (Last, First, Middle Initial)

A. JPMORGAN CHASE BANK NA

Mailing Address PO BOX 182501

City
COLUMBUS

State
OH

Zip Code
43218

Purpose of Disbursement
FEBRUARY CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B000173S000

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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