

# 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:
- |                                      |                                      |   |  |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)            | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10)           | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		75950.81
(b) Cash on Hand at Beginning of Reporting Period.....	71623.83	
(c) Total Receipts (from Line 19) .....	1512.86	9195.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73136.69	85146.38
7. Total Disbursements (from Line 31).....	6.43	12016.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	73130.26	73130.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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](http://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).....	1299.96	7680.88
(ii) Unitemized .....	0.00	441.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1299.96	8122.51
(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) .....	1299.96	8122.51
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.).....	212.90	1073.06
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)).....▶	1512.86	9195.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1512.86	9195.57

**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 .....	6.43	16.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6.43	16.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	12000.00
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)) ..	6.43	12016.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6.43	12016.12

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1299.96	8122.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1299.96	8122.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6.43	16.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6.43	16.12

**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 12
	<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  
BRIZZOLARA, THOMAS, L, ,

Mailing Address 320 HIGH STREET

City NORWOOD	State NJ	Zip Code 07648
-----------------	-------------	-------------------

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

Name of Employer (for Individual) ORANGE & ROCKLAND UTILITIES INC	Occupation (for Individual) DIRECTOR PUBLIC AFFAIRS
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Transaction ID : **B000066S000001L11A1**

Amount of Each Receipt this Period  
20.83

Memo Item  
PAYROLL DEDUCTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BRIZZOLARA, THOMAS, L, ,

Mailing Address 320 HIGH STREET

City NORWOOD	State NJ	Zip Code 07648
-----------------	-------------	-------------------

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

Name of Employer (for Individual) ORANGE & ROCKLAND UTILITIES INC	Occupation (for Individual) DIRECTOR PUBLIC AFFAIRS
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2023

Transaction ID : **B000067S000001L11A1**

Amount of Each Receipt this Period  
20.83

Memo Item  
PAYROLL DEDUCTION

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

Mailing Address 388 RIDGE ROAD

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

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

Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC	Occupation (for Individual) VP STRATEGIC PLANNING
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Transaction ID : **B000066S000002L11A1**

Amount of Each Receipt this Period  
83.33

Memo Item  
PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	124.99
<b>TOTAL</b> 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 12
	<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, C, ,

Mailing Address 388 RIDGE ROAD

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

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

Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC	Occupation (for Individual) VP STRATEGIC PLANNING
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2023

Transaction ID : **B000067S000002L11A1**

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  
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 ▼  
3333.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Transaction ID : **B000066S000003L11A1**

Amount of Each Receipt this Period  
208.33

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 ▼  
3333.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2023

Transaction ID : **B000067S000003L11A1**

Amount of Each Receipt this Period  
208.33

Memo Item  
PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.99
<b>TOTAL</b> 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 8 OF 12
	<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. 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 ▼ 1066.72

Date of Receipt 08 / 15 / 2023  
**Transaction ID : B000066S000004L11A1**  
 Amount of Each Receipt this Period 66.67  
 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 ▼ 1066.72

Date of Receipt 08 / 31 / 2023  
**Transaction ID : B000067S000004L11A1**  
 Amount of Each Receipt this Period 66.67  
 Memo Item  
**PAYROLL DEDUCTION**

**C. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) VP & GENERAL AUDITOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 08 / 15 / 2023  
**Transaction ID : B000066S000005L11A1**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.67
<b>TOTAL</b> 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 12
	<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. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) VP & GENERAL AUDITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 08 / 31 / 2023  
**Transaction ID : B000067S000005L11A1**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
**PAYROLL DEDUCTION**

**B. SHAH, MILAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 1ST AVENUE #23  
 City NEW YORK State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) PROJECT MANAGER OCIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.56

Date of Receipt 08 / 15 / 2023  
**Transaction ID : B000066S000006L11A1**  
 Amount of Each Receipt this Period 41.66  
 Memo Item  
**PAYROLL DEDUCTION**

**C. SHAH, MILAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 1ST AVENUE #23  
 City NEW YORK State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) PROJECT MANAGER OCIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.56

Date of Receipt 08 / 31 / 2023  
**Transaction ID : B000067S000006L11A1**  
 Amount of Each Receipt this Period 41.66  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.65
<b>TOTAL</b> 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 10 OF 12
	<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. SHAPIRO, AARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2512 BALDWIN CRES NE  
 City WASHINGTON State DC Zip Code 20018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSOLIDATED EDISON OF NY INC Occupation (for Individual) SECTION MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.76

Date of Receipt 08 / 01 / 2023  
**Transaction ID : B000065S000001L11A1**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
**PAYROLL DEDUCTION**

**B. 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 C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 08 / 15 / 2023  
**Transaction ID : B000066S000007L11A1**  
 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 ▼ 583.31

Date of Receipt 08 / 31 / 2023  
**Transaction ID : B000067S000007L11A1**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	291.66
<b>TOTAL</b> This Period (last page this line number only).....	1299.96

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 11 OF 12	
(check only one)			
<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

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. 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
------------------	-------------	-------------------

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 ▼  
1073.06

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		31		2023

**Transaction ID : B000069S000001L17**

Amount of Each Receipt this Period  
212.90

Memo Item  
AUGUST 2023 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	212.90
<b>TOTAL</b> This Period (last page this line number only).....▶	212.90

**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

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)**

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  
CREDIT CARD FEE

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	3

FEC Identification Number

C [ ]

Transaction ID : B000068S000

Amount of Each Disbursement this Period

[ ] 6.43

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

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

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 6.43

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

[ ] 6.43