

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CONSOLIDATED EDISON INC EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

ADDRESS (number and street)

4 IRVING PLACE

(Check if address is changed)

ROOM 506

NEW YORK

NY

10003

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

RASMUSSENE@CONED.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2124751809

2. DATE

MM / DD / YYYY
06 / 15 / 2006

3. FEC IDENTIFICATION NUMBER

C C00407635

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 J. RASMUSSEN

Signature of Treasurer

Electronically Filed by EDWARD J. RASMUSSEN

Date

MM / DD / YYYY
06 / 16 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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 Affiliated Committee

CONSOLIDATED EDISON, INC.

Mailing Address **4 IRVING PLACE**
ROOM 1875-S
NEW YORK **NY** **10003**
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **CONNECTED** _____

Type of Connected Organization:

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

Write or Type Committee Name

CONSOLIDATED EDISON INC EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

- 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 J. RASMUSSEN**

Mailing Address **4 IRVING PLACE**

ROOM 506

NEW YORK NY 10003

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **212 460 4202**

- 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 J. RASMUSSEN**

Mailing Address **4 IRVING PLACE**

ROOM 506

NEW YORK NY 10003

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **212 460 4202**

Full Name of Designated Agent **ROBERT MUCCILO**

Mailing Address **4 IRVING PLACE**

ROOM 506

NEW YORK NY 10003

Title or Position ▼ **ASSISTANT TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **212 460 2704**

9. **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.

THE BANK OF NEW YORK

Mailing Address

101 BARCLAY STREET

NEW YORK

NY

10286

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name **GRACE SCARPITTA**

Mailing Address **4 IRVING PLACE**

ROOM 512

NEW YORK **NY** **10003**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

ASSISTANT TREASURER Telephone number **212** - **460** - **6693**