

OPERATIONS CENTER

2004 OCT 27 AM 10:30

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12PE445

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

ADDRESS (number and street)

4 IRVING PLACE

ROOM 1875-S

(Check if address is changed)

NEW YORK, NY

10010-0211

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

RASMUSSENE@CONED.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

(212) (475) (1809)

2. DATE

10 26 2004

3. FEC IDENTIFICATION NUMBER

0

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

Edward J. Rasmussen

Date

10 26 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact Federal Election Commission, Toll Free 800-424-9600, 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.

Main Address: 14 IRVING PLACE
ROOM 1875-S
NEW YORK, NY 10013
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship connected

Type of Connected Organization:

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

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's 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 COMPANY OF NEW YORK, INC.
EMPLOYEES' POLITICAL ACTION COMMITTEE (CEPFAC)

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

Relationship Affiliated

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

Write or Type Committee Name

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 CITY STATE ZIP CODE

TREASURER 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 N Y 10003

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 212-460-4202

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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 N Y 10286

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 FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>DHL</i>	Shipping Date <i>10-26-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>for</i> PREPARER	<i>10-27-04</i> DATE PREPARED