

**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.

12FE4M5

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

ADDRESS (number and street)

4 IRVING PLACE

☐ (Check if address is changed)

3rd Floor NE

NEW YORK

CITY ▲

NY

STATE ▲

10003

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

millerjo@coned.com

Optional Second E-Mail Address

santosn@coned.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.ceipac.com

2. DATE

M M	/	D D	/	Y Y Y Y
12	/	28	/	2020

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 MILLER, JOSEPH, , ,

Signature of Treasurer MILLER, JOSEPH, , ,

[Electronically Filed]

Date

M M	/	D D	/	Y Y Y Y
12	/	28	/	2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☒ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	

Write or Type Committee Name

CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****CONSOLIDATED EDISON INC. EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)**

Mailing Address

4 IRVING PLACE

3rd Floor NE

NEW YORK

NY

10003

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**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

MILLER, JOSEPH, , ,

Mailing Address

4 IRVING PLACE

NEW YORK

NY

10003

Title or Position

CITY

STATE

ZIP CODE

Corporate Controller

Telephone number

212

460

2884

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

MILLER, JOSEPH, , ,

Mailing Address

4 IRVING PLACE

NEW YORK

NY

10003

Title or Position

CITY

STATE

ZIP CODE

Corporate Controller

Telephone number

212

460

2884

Full Name of
Designated
Agent

Isgandarova, Tahmina, , ,

Mailing Address

4 Irving Place

New York

CITY

NY

STATE

10003

ZIP CODE

Title or Position

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

CITY

NY

STATE

10286

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE