

**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.

12FE4M5

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

ADDRESS (number and street)

4 IRVING PLACE, 3RD FLOOR

Check if different
than previously
reported. (ACC)

NEW YORK

NY

10003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00407635

3. IS THIS
REPORTNEW
(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)



Convention (12C)



General (12G)



Special (12S)



Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**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:

M M	/	D D	/	Y Y Y Y Y
04		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
04		30		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>87807.56</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>82119.39</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>1185.62</div></div>	<div><div></div><div>4017.54</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>83305.01</div></div>	<div><div></div><div>91825.10</div></div>
7. Total Disbursements (from Line 31)	<div><div></div><div>1004.71</div></div>	<div><div></div><div>9524.80</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div><div></div><div>82300.30</div></div>	<div><div></div><div>82300.30</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	

☒ 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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2025

To:

M M / D D / Y Y Y Y
04 / 30 / 2025

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).....

758.32

2024.96

(ii) Unitemized

258.32

1291.62

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1016.64

3316.58

(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)

1016.64

3316.58

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.).....

168.98

700.96

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))

1185.62

4017.54

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1185.62

4017.54

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	4.71	24.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4.71	24.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	9500.00
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)) ..	1004.71	9524.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1004.71	9524.80

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)	1016.64	3316.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1016.64	3316.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4.71	24.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	4.71	24.80

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)

<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)

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

A. HO, CHRISTINA, C, ,

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 ▼

666.64

Date of Receipt

04 / 15 / 2025

Transaction ID : B000375S000001L11A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

PAYROLL DEDUCTION

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

B. HO, CHRISTINA, C, ,

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 ▼

666.64

Date of Receipt

04 / 30 / 2025

Transaction ID : B000376S000001L11A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

PAYROLL DEDUCTION

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

C. KETSCHKE, MATTHEW, , ,

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 ▼

533.36

Date of Receipt

04 / 15 / 2025

Transaction ID : B000375S000002L11A1

Amount of Each Receipt this Period

66.67

☐ Memo Item

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

233.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 11
(check only one)
☒ 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)

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

A. KETSCHKE, MATTHEW, , ,

Mailing Address 26 ADAMS AVENUE

City
CRANFORDState
NJZip Code
07016FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2025

Transaction ID : B000376S000002L11A1

Amount of Each Receipt this Period

66.67

☐ Memo Item

PAYROLL DEDUCTION

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

B. MISQUITA, EDLYN, , ,

Mailing Address 42 GANNETT CT

City
WAYNEState
NJZip Code
07470-8466FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CON EDISON COMPANY OF NYOccupation (for Individual)
VP & GENERAL AUDITOR

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
04 / 15 / 2025

Transaction ID : B000375S000003L11A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

PAYROLL DEDUCTION

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

C. MISQUITA, EDLYN, , ,

Mailing Address 42 GANNETT CT

City
WAYNEState
NJZip Code
07470-8466FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CON EDISON COMPANY OF NYOccupation (for Individual)
VP & GENERAL AUDITOR

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
04 / 30 / 2025

Transaction ID : B000376S000003L11A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

233.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 11
(check only one)
☒ 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)

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

A. SHAPIRO, AARON, , ,

Mailing Address 2512 BALDWIN CRES NE

City
WASHINGTONState
DCZip Code
20018-3850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CON EDISON COMPANY OF NYOccupation (for Individual)
SECTION MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2025

Transaction ID : B000374S000001L11A1

Amount of Each Receipt this Period

125.00

☐ Memo Item

PAYROLL DEDUCTION

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

B. STRONG, KIMBERLY, R, ,

Mailing Address 4 IRVING PLACE

City
NEW YORKState
NYZip Code
10003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONSOLIDATED EDISON OF NY INCOccupation (for Individual)
VP CHIEF ETHICS & COMPLIANCE C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2025

Transaction ID : B000375S000004L11A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

PAYROLL DEDUCTION

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

C. STRONG, KIMBERLY, R, ,

Mailing Address 4 IRVING PLACE

City
NEW YORKState
NYZip Code
10003FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2025

Transaction ID : B000376S000004L11A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

PAYROLL DEDUCTION

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

291.66

758.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 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)

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

A. JPMORGAN CHASE BANK NA

Mailing Address PO BOX 182501

City
COLUMBUSState
OHZip Code
43218FEC 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 ▼

700.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2025

Transaction ID : B000383S000001L17

Amount of Each Receipt this Period

168.98

☐ Memo Item

APRIL 2025 INTEREST INCOME

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

B.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

168.98

168.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<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
COLUMBUSState
OHZip Code
43218

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : B000382S000

Amount of Each Disbursement this Period

4.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JPMORGAN CHASE BANK NA

Mailing Address PO BOX 182501

City
COLUMBUSState
OHZip Code
43218

Purpose of Disbursement

CHECK PRINTING CHARGE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : B000384S000

Amount of Each Disbursement this Period

0.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4.71

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

4.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. NICOLE FOR NEW YORK

Mailing Address PO BOX 60487

City
STATEN ISLANDState
NYZip Code
10306Purpose of Disbursement
2026 PRIMARY ELECTION

011

Candidate Name

MALLIOTAKIS, NICOLE, , ,

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9		2	0	2	5		

FEC Identification Number

C C00694778**Transaction ID : B000389S000**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	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

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

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

1000.00