

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Mellon for Congress

ADDRESS (number and street)

325 Carol Court

(Check if address is changed)

Quincy

CITY ▲

IL

STATE ▲

62305

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

mellonforcongress@gmail.com

Optional Second E-Mail Address

robmellon@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.robmellon.com

2. DATE

01 21 2014

3. FEC IDENTIFICATION NUMBER ▶

C

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

Patti Mellon

Signature of Treasurer

Patti L. Mellon  
Patti L. Mellon

Date

01 21 2014

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 202-894-1100

FEC FORM 1  
(Revised 06/2012)

14031193195

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 Bob Mellon

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State IL District 18

- (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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

114031193197

Write or Type Committee Name

Mellon for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Friends of Robi Mellon

Mailing Address

325 Carol Court

Quincy

CITY

IL

STATE

62305

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

Patti Mellon

Mailing Address

325 Carol Court

Quincy

CITY

IL

STATE

62305

ZIP CODE

Title or Position

Treasurer

Telephone number

217-653-0299

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

Patti Mellon

Mailing Address

325 Carol Court

Quincy

CITY

IL

STATE

62305

ZIP CODE

Title or Position

Treasurer

Telephone number

217-653-0299

14031193198

Full Name of Designated Agent

Phillip Mellon

Mailing Address

1325 Carol Court

Quincy

CITY

IL

STATE

62305

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

217-653-0795

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.

Bank of Quincy

Mailing Address

1132 Broadway Street

Quincy

CITY

IL

STATE

62301

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031193199

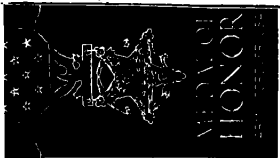
14031193200



325 CAROL COURT  
QUINCY, IL 62305



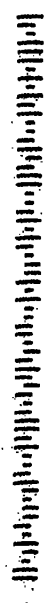
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 3/10/14  
 PREPARER DATE PREPARED

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