Image# 29933409691

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

☐ (Check if name is changed)

Example: If typying, type over the lines

`12FE4M5`

BIPARTISAN POLITICAL ACTION COMMITTEE/THE BANK OF NEW YORK MELLON CORP-ORATION BIPAC/BNYMC

ADDRESS (number and street)

☐ (Check if address is changed)

ONE MELLON BANK CENTER

PITTSBURGH   **PA**   **15258** – **0001**

CITY▲   STATE▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

X (Check if address is changed)

michele.hafer@bnymellon.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE   M M **0 4** / D D **0 3** / Y Y Y Y **2 0 0 9**

3. **FEC IDENTIFICATION NUMBER**   **C** **C00017558**

4. IS THIS STATEMENT   ☐ NEW (N)   **OR**   X 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   **Gary E Abbs**

Signature of Treasurer   Electronically Filed by   **Gary E Abbs**   Date   M M **0 4** / D D **0 3** / Y Y Y Y **2 0 0 9**

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

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(Revised 02/2009)

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5. TYPE OF COMMITTEE (Check One)

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 C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

Write or Type Committee Name

BIPARTISAN POLITICAL ACTION COMMITTEE/THE BANK OF NEW YORK MELLON CORPORATION BIPAC/BNYMC

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

The Bank of New York Mellon Corporation

Mailing Address   **1 Wall Street**

New York   **NY**   **10286** –

           CITY ▲   STATE ▲   ZIP CODE ▲

Relationship:

[X] 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   **Gary E Abbs**

Mailing Address   **One Mellon Bank Center**

Room 772

Pittsburgh   **PA**   **15258** _ **0001**

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Treasurer   Telephone number   **412** – **234** – **6082**

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   **Gary E Abbs**

Mailing Address   **One Mellon Bank Center**

Room 772

Pittsburgh   **PA**   **15258** _ **0001**

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Treasurer   Telephone number   **412** _ **234** _ **6082**

Full Name of
Designated
Agent   **Michele Hafer**

Mailing Address   **One Mellon Bank Center**

                         Room 657

                         Pittsburgh   **PA**   **15258** − **0001**

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

            Assistant Treasurer   Telephone number   **412** − **234** − **5766**

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.

Mellon Bank N.A.

Mailing Address   **One Mellon Bank Center**

                         Pittsburgh   **PA**   **15258** − **0001**

                                 CITY ▲   **STATE ▲**   **ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

                                 CITY ▲   **STATE ▲**   **ZIP CODE ▲**