

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

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

ADDRESS (number and street)

ONE MELLON BANK CENTER

(Check if address is changed)

PITTSBURGH

PA

15258

0001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

abbs.ge@mellon.com; hafer.ml@mellon.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

4122360510

2. DATE

M M / D D / Y Y Y Y
07 / 01 / 2007

3. FEC IDENTIFICATION NUMBER

C C00017558

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

Gary E Abbs

Signature of Treasurer

Electronically Filed by Gary E Abbs

Date

M M / D D / Y Y Y Y
07 / 06 / 2007

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

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

None _____

Mailing Address **1 Wall Street**
 10 Floor
 New York **NY** **10286** -
 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

BIPARTISAN POLITICAL ACTION COMMITTEE/THE BANK OF NEW YORK MELLON CORPORATION BI-PAC/BNYM

- 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 ▼ Treasurer CITY ▲ Pittsburgh STATE ▲ PA ZIP CODE ▲ 15258 - 0001

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 ▼ Treasurer CITY ▲ Pittsburgh STATE ▲ PA ZIP CODE ▲ 15258 - 0001

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 ▼ Assistant Treasurer CITY ▲ Pittsburgh STATE ▲ PA ZIP CODE ▲ 15258 - 0001

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 ▲