

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2006 JUL 19 A 8:44

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Donnelly for Congress

ADDRESS (number and street)

PO Box 515

(Check if address is changed)

Buffalo

NY

14223

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BMEELBER@VoteDonnelly.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.VoteDonnelly.com

COMMITTEE'S FAX NUMBER

716 - 855 - 1052

2. DATE

07 / 14 / 2006

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.

Brian Melber

Type or Print Name of Treasurer

Signature of Treasurer

Date

07 / 14 / 2006

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 02/2003)

26039142200

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 John E. Donnelly

Candidate Party Affiliation REP OFFICE Sought: House Senate President State N.Y. District 2 B

- (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 _____

 _____ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26039142201

Write or Type Committee Name

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 Brian M. Meliber

Mailing Address 112 Doncaster Road

Kennore NY 14217

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 716 - 445 - 6314

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 Brian M. Meliber

Mailing Address 112 Doncaster Road

Kennore NY 14217

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 716 - 445 - 6314

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26039142202

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.

M & T Bank

Mailing Address

One M&T Plaza

Buffalo N Y 14203-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039142203

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<i>MW</i>	<i>7/9</i>
PREPARER	DATE PREPARED

26039142204