

05-SW1  
**STATEMENT OF FINANCIAL INTERESTS**  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
**M E L L O W R O B E R T J.**

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone  
**516 Hickory Street Peckville PA 18452 570 212-0414**  
COUNTY OF RESIDENCE **Lackawanna**

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D Public Employee (Current) **XX** Check here if this is an amended form  
B Nominee C Public Official (Former) D Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are  seeking  hold held  
A **S T A T E S E N A T O R**  
seeking  hold held  
B **S E E A T T A C H E D**

05 POLITICAL SUBDIVISION/AGENCY in which you are were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)  
A **S T A T E S E N A T O R 2 2 N D D I S T R I C T**  
B **S E E A T T A C H E D**

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information below represents financial interests for the PRIOR year.  
**State Senator** **2 0 0 5**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2) If NONE, check this box.   
Name Address OFFICIAL USE ONLY  
**Senate of Pennsylvania Main Capitol, Harrisburg, PA 17120**  
**See attached**

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value  
**S E E A T T A C H E D**

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity Position Held  
**See attached**

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held  
**See attached**

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Interest Held Relationship Date Transferred  
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to best of said persons knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4901 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature *Robert Mellor* Date 3.07.06

THIS FORM IS CONSIDERED DEFICIENT IF ALL BLOCKS ABOVE ARE NOT COMPLETED.

Attachment for Financial Interest Statement of Robert J. Mellow for  
Calendar Year 2005

#4B. Member, Pa. Higher Education Facilities Auth.  
Member, State Public School Bldg. Auth.  
Member, Joint State Govt. Commission Task Force to Study Modernization of  
Motor Vehicle Sales Finance Act.

#5B. Same as 4B

#10. James J. Mellow & Co. 524 Main St. Peckville, PA. 18452  
Mellow & Merkel 524 Main St. Peckville, PA. 18452  
Giordano Assoc., Inc. 928 Dunmore St. Throop, Pa. 18512  
Old Forge Bank 216 So. Main St. Old Forge, PA. 18518

#12. Pa. Bar Assn.  
100 South St.  
P.O. Box 186  
Harrisburg, PA. 17108-0186

Lodging:	\$ 2,445.00
Airfare:	623.50
Transfers:	<u>58.00</u>
Total:	\$ 3,126.50

#13. James J. Mellow & Co.	Partner
Mellow & Merkel	Partner
Old Forge Bank	Director

#14. James J. Mellow & Co.	Partner (50%)
Mellow & Merkel	Partner (25%)