

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

05-5N1

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) 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 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. (OFFICIAL USE ONLY)
Name Address
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. § 4902 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

X Signature *Robert Mellow* Date 4-19-06

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 Authority
Member, State Public School Building Authority
Member, Joint State Govt. Commission Task Force to Study Modernization of Motor
Vehicles Sales Finance Act**

#5B. All Commonwealth of Pennsylvania

#10.	James J. Mellow & Co. Mellow & Merkel Giordano Assoc., Inc. Old Forge Bank	524 Main Street, Peckville, PA 18452 524 Main Street, Peckville, PA 18452 928 Dunmore Street, Throop, PA 18512 216 S. Main Street, Old Forge, PA 18518
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**#12. PA Bar Association
100 South Street
P.O. Box 186
Harrisburg, PA 17108-0186**

Lodging:	\$2,445.00
Airfare:	623.50
Transfers:	58.00

\$3,126.50

#13.	James J. Mellow & Co. Mellow & Merkel Old Forge Bank	Partner Partner Director
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#14.	James J. Mellow & Co. Mellow & Merkel Giordano Assoc., Inc.	Partner (50%) Partner (25%)
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 CONFERENCE