

UNITED STATES HOUSE OF REPRESENTATIVES 2025 FINANCIAL DISCLOSURE REPORT	FORM B For New Members, Candidates, and New Employees
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JUN 26 2026 Page 1 of 8

LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: Victor G Mellor Daytime Telephone.

FILER STATUS	☒ New Member of or Candidate for U.S. House of Representatives State: RI District: 2 Candidates - Date of Election: November 3, 2026	☐ Check if Amendment
	☐ New Officer or Employee Employing Office: _____ Staff Filer Type (if Applicable): Shared ☐ Principal Assistant ☐	Period Covered: January 1, 2025 to June 9, 2026.

A \$200 penalty shall be assessed against any individual who files more than 30-days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes ☐ No ☒	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes ☒ No ☐
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes ☒ No ☐	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes ☐ No ☒
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes ☒ No ☐	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes ☒ No ☐

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes ☐ No ☒
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes ☐ No ☒

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Victor G Mellor

Page 2 of 8

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Victor G Mellor

Page 3 of 8

[illegible]

Use additional sheets if more space is required.

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INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2025 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$33,285. The 2026 limit is \$33,855. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Victor G Mellor

Page 5 of 8

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or your dependent children. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent children.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	<i>Example</i>	First Bank of Wilmington, DE	5/25				X							
JT	CITIBANK	6/26	CREDIT CARD		X									

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Owner/Mgr	AMERICAN PRECAST, LLC
Owner/Mgr	M & M OF SWFL, LLC
Owner/President	MELLOR & SONS, INC
Owner/Mgr	MELLOR HOLDINGS LLC
Owner/Mgr	THE HOLLOW PRODUCTIONS LLC Type text here

SCHEDULE D – LIABILITIES

Name: Victor G Mellor

Page 6 of 8

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Position	Name of Organization
Director	THE HOLLOW 2A CORP
Director	MELLOR HOLLOW CORPORATION
Mgr, Co-Owner	GULFSHORE COPPER VENTURES LLC
Mgr, Co-Owner	ROAR MARKETING LLC
Owner/Mgr	WE THE PEOPLE HEALTH AND WELLNESS CENTER LLC

SCHEDULE D – LIABILITIES

Name: Victor G Mellor

Page 7 of 8

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Position	Name of Organization
Director	WILLOW POND INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC

SCHEDULE F – AGREEMENTS

Name: Victor G Mellor	Page <u>8</u> of <u>8</u>
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	N/A	

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential because of a privileged relationship recognized by law. **Do not repeat the information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, State	Accounting Services
N/A	