THE
BRUTUS LAW GROUP
PROFESSIONAL ASSOCIATION

Email: Brutus@Brutuslaw.com
16801 NE 6th Avenue
North Miami Beach, Florida 33162

Tel. (305) 899-0411 Fax (305) 249-8848

Phillip J. Brutus, Esquire

April 06, 2009

Federal Election Commission
999 E St NW
Washington DC 20463-0001

Re: Phillip J. Brutus For Congress

Dear Sir or Madam:

Enclosed, please find the duly executed FEC Form 2, Statement of Candidacy. Kindly register me as a candidate as soon as possible. Within the next 10 days, I will be sending FCE 1 Statement of Organization.

Thank you very much for your attention to this matter. If you have any questions and/or concerns, please advise.

Yours Very Truly,

Phillip J. Brutus, Esquire
PJB/gs

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEC MAIL CENTER
2009 APR 16 P 12:25

1. (a) Name of Candidate (in full) PHILLIP J. BRUTUS

(b) Address (number and street) ☐ Check if address changed
16801 NE 6 AVENUE

2. Candidate's FEC Identification Number

(c) City, State, and ZIP Code
N. MIAMI BEACH, FL. 33162

3. Is This Statement X New (N) OR Amended (A)

4. Party Affiliation DEMOCRAT

5. Office Sought US HOUSE

6. State & District of Candidate FLORIDA, DISTRICT 17

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
PHILLIP BRUTUS FOR CONGRESS

(b) Address (number and street)
16801 N.E. 6 AVENUE

(c) City, State, and ZIP Code
N. MIAMI BEACH, FL. 33162

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate **Date** 04/06/09

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] 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: PHILLIP J. BRUTUS

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State

District

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) [ ] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

[ ] In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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 PHILLIP J. BRUTUS

Mailing Address 16801 NE 6 AVENUE

N. MIAMI BEACH FL 33162

Title or Position CITY STATE ZIP CODE

CUSTODIAN

Telephone number 305-790-1038

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 PHILLIP J. BRUTUS

Mailing Address 16801 NE 6 AVENUE

N. MIAMI BEACH FL 33162

CITY STATE ZIP CODE

Title or Position TREASURER

Telephone number 305-790-1038

29030072338

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

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.

BANK OF AMERICA

Mailing Address 990 NE 125 Street

N. MIAMI FL 33161

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☑ USPS First Class Mail	Postmarked 4/7/09
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 4/16/09

(3/2005)

29030072340