

FEC FORM 1

STATEMENT OF ORGANIZATION

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2005 NOV -9 A 9:19

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

PHYLLIS BUSANEKY FOR CONGRESS

ADDRESS (number and street)

3161 SCHEFFLEKA ROAD

(Check if address is changed)

TAMPA

FL

33618

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JBUSANS2@TAMPARAY.RR.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

NOV 10 2005

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.

Type or Print Name of Treasurer

SHELDON BUSANEKY

Signature of Treasurer

Sheldon Busanecky

Date

NOV 11 2005

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)

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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 PHYLLIS BUSANSKY

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

FL

District

09

- (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

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Write or Type Committee Name

PHYLLIS BUSANSKY FOR CONGRESS

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 SHELDON BUSANSKY

Mailing Address 3611 SCHEFFELERA ROAD

TAMPA FL 33618

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 813-935-2312

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 SHELDON BUSANSKY

Mailing Address 3611 SCHEFFELERA ROAD

TAMPA FL 33618

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 813-935-2312

Full Name of Designated Agent DENISE K. COGURN

Mailing Address 3804 W NORTH B STREET

TAMPA FL 33609

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 813-877-2869

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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

10301 W DALE MARRY HIGHWAY

TAMPA FL

TAMPA FL 33568

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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SP1
 PREPARER
 (3/2005)

11/9/05
 DATE PREPARED

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