

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Citizens To Elect Daniel P Zutler For President

ADDRESS (number and street) 7300 Sea Grape Ave

(Check if address is changed)

Port Richey CITY ▲ FL STATE ▲ 34668 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

candidate@danielpzutlerforpresident.com

Optional Second E-Mail Address dzutler@zutlerrossi2016.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.danielpzutlerforpresident.com

2. DATE 05 / 18 / 2015

3. FEC IDENTIFICATION NUMBER C C00576967

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 Mrs Beverly Ann Rexford

Signature of Treasurer Mrs Beverly Ann Rexford [Electronically Filed] Date 05 / 22 / 2015

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.

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Daniel Paul Zutler

Candidate Party Affiliation IND Office Sought: 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
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Citizens To Elect Daniel P Zutler For President

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

NONE

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 Mr Brain Matthew Rubright

Mailing Address 14590 Seaford Circle

Apt# 101

Tampa

FL

33613

Title or Position

CITY

STATE

ZIP CODE

Custodian Of Records

Telephone number 813 - 764 - 1465

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 Mrs Beverly Ann Rexford

Mailing Address 3040 Dumas Ave

Springhill

FL

34609

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 352 - 686 - 7483

Full Name of Designated Agent: Lisa Marie Dean

Mailing Address: 8340 12th Street North, Apt# D, Saint Petersburg, FL 33702

Title or Position: Designated Agent Telephone number: 727-831-9819

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.

Wells Fargo Bank NA

Mailing Address: 10934 US HWY 19 N, Port Richey, FL 34668

Name of Bank, Depository, etc.

Mailing Address: [Empty]

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

[ADDITIONAL]

Designated Agent

Full Name

Maryann Mignoli _____

Mailing Address

254 Combs Ave _____

Staten Island _____ NY 10306 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Designated Agent _____

Telephone number 917 - 829 - 0986

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C _____

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Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

[ADDITIONAL]

Designated Agent

Full Name

Michael William Stuart _____

Mailing Address

1904 Whit Cedar Way _____

Brandon _____ FL 33511 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Designated Agent _____

Telephone number 813 - 653 - 1747

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C _____