

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.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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

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

CITY

STATE

ZIP CODE

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

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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 []

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

Michael William Stuart

Mailing Address

1904 Whit Cedar Way

Title or Position ▼

Brandon

FL

33511

CITY ▲

STATE ▲

ZIP CODE ▲

Designated Agent

Telephone number

813

653

1747

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C []