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FEC MAIL CENTER

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  
Tea Party Conservative Political Action Committee

ADDRESS (number and street) 45 Main Street suite 307  
(Check if address is changed) Brooklyn NY 11201  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  
(Check if address is changed) mike@custsvce.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
(Check if address is changed) http://www.teapartyepac.org

2. DATE 11/08/2010

3. FEC IDENTIFICATION NUMBER C00489435

4. IS THIS STATEMENT NEW (N) OR A 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 Adi Ruvolo

Signature of Treasurer [Signature] Date 11/08/2010

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.

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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 \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ 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

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Write or Type Committee Name

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

NONE

Mailing Address

N/A

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

Michael Lodispoto

Mailing Address

45 Main Street Suite 309

Brooklyn N.Y. NY 11201-

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number 718-250-0100

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

AOI RUVOLO

Mailing Address

1298 Waverly Street

Hewlett NY 11557-1229

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number 718-772-1440

10030493114

Full Name of Designated Agent

Michael Lodispoto

Mailing Address

45 Main Street Suite 309

Brooklyn NY 11201-

CITY

STATE

ZIP CODE

Title or Position

Telephone number 718-250-0109

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.

TD BANK

Mailing Address

216-10 NORTHERN BLVD

BAYSIDE NY 11361-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030493115

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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PREPARER

11/22/10

DATE PREPARED

10030493116