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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

American's Don't Want Tea

ADDRESS (number and street)

101 BDX 2134

(Check if address
is changed)

Glen Iris

NY

1128011

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

info@americanstwanttea.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

Americanstwanttea.com

2. DATE

09 28 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

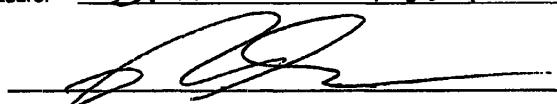
AMENDED (A)

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

Brian Sullivan

Signature of Treasurer



Date

09 28 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.

Office
Use
Only

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

FEC FORM 1
(Revised 02/2009)

10030431269

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

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Candidate Party Affiliation

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Office Sought:

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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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> 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

--	--

10030431278

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 CODERelationship: 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 Brian SullivanMailing Address P.O. Box 2134Glenis Faillis NY 12801-

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number - -

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 Brian SullivanMailing Address P.O. Box 2134Glenis Faillis NY 12801-

CITY

STATE

ZIP CODE

Title or Position

Treasurer Telephone number - -

10030431271

Full Name of
Designated
Agent

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

[REDACTED] - [REDACTED]

CITY

STATE

ZIP CODE

Title or Position

[REDACTED]

Telephone number

[REDACTED] - [REDACTED] - [REDACTED]

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 NA

Mailing Address

Two Portland Square

P.O. Box 9540

Portland

ME 04112-9540

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Bank of America

Mailing Address

183 Quaker Rd

[REDACTED]

Quincy

MA 02180-1

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	USPS First Class Mail	Postmarked
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<input type="checkbox"/>	USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label		<input type="checkbox"/>
<input checked="" type="checkbox"/>	USPS Express Mail	Postmarked <i>9/29/10</i>
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery		<input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
<i>Ju P</i>		<i>9/30/10</i>
PREPARER (3/2005)		DATE PREPARED