

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

Teens for Teens

ADDRESS (number and street) 4507 Sheridan Avenue

(Check if address is changed)

Miami Beach

CITY

FL

STATE

33140

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

benjamin@teensforteens.info

Optional Second E-Mail Address

ben.burstein@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.teensforteens.info

2. DATE

04 / 10 / 2015

3. FEC IDENTIFICATION NUMBER

C C00575654

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 Mr. Benjamin Parker Burstein

Signature of Treasurer

Mr. Benjamin Parker Burstein

[Electronically Filed]

Date

04 / 16 / 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.

Table with 5 columns and 1 row for 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 _____

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

Write or Type Committee Name

Teens for Teens

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. Benjamin Parker Burstein

Mailing Address 4507 Sheridan Avenue

Miami Beach FL 33140

Title or Position CITY STATE ZIP CODE

President Telephone number 305 401 6150

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 Mr. Benjamin Parker Burstein

Mailing Address 4507 Sheridan Avenue

Miami Beach FL 33140

Title or Position CITY STATE ZIP CODE

President Telephone number 305 401 6150

Full Name of Designated Agent: Melisse Gerson Burstein
Mailing Address: 4507 Sheridan Avenue
Miami Beach, FL 33140
CITY STATE ZIP CODE
Title or Position: Financial Officer
Telephone number: 305 - 609 - 6355

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.

BB&T
Mailing Address: 901 Arthur Godfrey Road
Miami Beach, FL 33140
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Paypal
Mailing Address: 2211 North First Street
San Jose, CA 95131
CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

Teens for Teens is an organization with the goal of increasing political literacy and representation among students and non-voters domestically.

Form/Schedule:
Transaction ID:

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

Mark Landon Burstein _____

Mailing Address

4507 Sheridan Avenue _____

Miami Beach _____ FL 33140 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Vice President _____

Telephone number 305 - 720 - 6275

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C []

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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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

Danielle Rose Burstein _____

Mailing Address

4507 Sheridan Avenue _____

Miami Beach _____ FL 33140 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Executive Assistance _____

Telephone number 305 - 906 - 0542

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C [_____]