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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 bars.

12P84MS

STAND UP FLORIDA

ADDRESS (number and street)

P.O. BOX 10411



(Check if address
is changed)

MIAMI

FLA

33131

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

DOI.MV.S@STANDUPFLORIDA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.STANDUPFLORIDA.COM

COMMITTEE'S FAX NUMBER

(510) 831-1183

2. DATE

05 12 2008

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

JEREMY ANDRE BLEU

Signature of Treasurer

Date

05 12 2008

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
Wd. Reg. 800-424-9529
Local 202-696-1100

FEC FORM 1
(Revised 02/2003)

6. TYPE OF COMMITTEE (Check One)

- (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 _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

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 TREASURER

Mailing Address _____

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____
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 DARREYN ANTOINE BINGO

Mailing Address P.O. BOX 10411

OAKLAND CA 94610

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____
EXECUTIVE DIRECTOR Telephone number 510-919-2777

Full Name of Designated Agent AARON CETH ROSENFIELD

Mailing Address P.O. BOX 10411

OAKLAND CA 94610

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____
EXECUTIVE DIRECTOR Telephone number 510-301-7777

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.

MECHANICS BANK

Mailing Address

2301 SHATTUCK AVENUE

BERKELEY CA 94704

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

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.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<i>ja</i> PREPARER	5-19-04 DATE PREPARED