

FEC FORM 1

STATEMENT OF ORGANIZATION

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2008 JUN 13 AM 9:19

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

THE MILLENIUM LEADERSHIP PAC

ADDRESS (number and street)

P. O. BOX 100277

(Check if address is changed)

P. O. BOX 100277

FT. LAUDERDALE

FL

33310

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MCIN121@BELLSOUTH.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

305-1653-0474

2. DATE

06 13 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

MR. TOMAS E. MCINTOSH

Signature of Treasurer

Date

06 13 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
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. 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 ALCEE L. HASTINGS

Candidate Party Affiliation: DEM Office Sought: House Senate President State: FL District: 23

- (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

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Write or Type Committee Name

THE MILLENNIUM LEADERSHIP PAC

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

Mailing Address

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

TOMAS EDUARDO MCINTOSH

Mailing Address

P.O. BOX 100277

P.O. BOX 100277

FT. LAUDERDALE

FL

33310

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

305-653-0474

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

28039744762

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.

BANK OF AMERICA

Mailing Address

P.O. BOX 25118

TAMPA FL 33622-5118

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Overnight Delivery Service (Specify): *Fed Exp* Shipping Date
6/12/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Jmp
 PREPARER

6/12/08
 DATE PREPARED

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