

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

ADDRESS (number and street) 1400 NW 107th AVENUE
4TH FLOOR
 Check if different than previously reported. (ACC)
MIAMI FL 33172

2. **FEC IDENTIFICATION NUMBER** C00411561
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STANLEY TATE

Signature of Treasurer Electronically Filed by STANLEY TATE Date 01 18 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		29612.77
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	14512.77									
(c) Total Receipts (from Line 19)	19600.00	20000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34112.77	49612.77								
7. Total Disbursements (from Line 31)	8500.00	24000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25612.77	25612.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19500.00	19500.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	100.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19600.00	20000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19600.00	20000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19600.00	20000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19600.00	20000.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	24000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8500.00	24000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	24000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	19600.00	20000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19600.00	20000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A.	Full Name (Last, First, Middle Initial) BERNYCE ADLER	Date of Receipt MM / DD / YYYY 08 / 29 / 2007
	Mailing Address 10101 COLLINS AVE #16E	Transaction ID: SA11AI.4304
	City State Zip Code BAL HARBOUR FL 33154	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL M ADLER	Date of Receipt MM / DD / YYYY 08 / 23 / 2007
	Mailing Address 1400 NW 107 AVE 5TH FL	Transaction ID: SA11AI.4296
	City State Zip Code MIAMI FL 33172	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation ADLER GROUP, INC. REAL ESTATE INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) MORRIS BROAD	Date of Receipt MM / DD / YYYY 07 / 27 / 2007
	Mailing Address 1030 HARDEE RD	Transaction ID: SA11AI.4276
	City State Zip Code CORAL GABLES FL 33146	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation American Savings & Loan President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A.

Full Name (Last, First, Middle Initial)
JACK BURSTEIN

Mailing Address 3014 PINETREE DRIVE

City State Zip Code
MIAMI BEACH FL 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer STRATEGIES CAPITAL ASSOC Occupation MERCHANT BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.4293

Amount of Each Receipt this Period
500.00

INDIVIDUAL CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WAYNE CHAPLIN

Mailing Address 54 LA GORCE CIRCLE

City State Zip Code
MIAMI BEACH FL 33141

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESIDENT/CEO Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.4284

Amount of Each Receipt this Period
1000.00

INDIVIDUAL CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BARTON GOLDBERG

Mailing Address 5969 N BAY ROAD

City State Zip Code
MIAMI BEACH FL 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4280

Amount of Each Receipt this Period
1000.00

INDIVIDUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A. Full Name (Last, First, Middle Initial)
ANDREW HIRSCHL

Mailing Address 3231 CALUSA ST

City State Zip Code
COCONUT GROVE FL 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DENTIST DENTIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4301

Amount of Each Receipt this Period
1000.00

INDIVIDUAL CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GERALDINE HOFFMAN-SCHOTTENSTEIN

Mailing Address 10225 COLLINS AVENUE
#1001-1003

City State Zip Code
BAL HARBOUR FL 33154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.4299

Amount of Each Receipt this Period
1000.00

INDIVIDUAL CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
IRA LAMPERT

Mailing Address 4000 HOLLYWOOD BLVD
SUITE 650N

City State Zip Code
HOLLYWOOD FL 33021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Developer, Designer, Manuf. Cameras

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.4295

Amount of Each Receipt this Period
1000.00

INDIVIDUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A. Full Name (Last, First, Middle Initial)
DONALD LEFTON

Mailing Address 1900 S BAYSHORE LANE

City State Zip Code
MIAMI FL 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE CONTINENTAL CO. LLC VICE CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2007

Transaction ID: SA11AI.4297

Amount of Each Receipt this Period
1000.00

INDIVIDUAL CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LAURANS MENDELSON

Mailing Address 825 BRICKELL BAY DR
SUITE 1643

City State Zip Code
MIAMI FL 33131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEICO CORP PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2007

Transaction ID: SA11AI.4302

Amount of Each Receipt this Period
1000.00

INDIVIDUAL CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EARL PERTNOY

Mailing Address 801 ARTHUR GODFREY RD
SUITE 202

City State Zip Code
MIAMI BEACH FL 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRIVATE INVESTOR REAL ESTATE INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2007

Transaction ID: SA11AI.4277

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A.

Full Name (Last, First, Middle Initial) MARK REVITZ		Date of Receipt MM / DD / YYYY 08 / 04 / 2007
Mailing Address 9451 EAST BROAD VIEW DRIVE		Transaction ID: SA11AI.4285
City BAY HARBOR	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer VISTA MEMORIAL GARDENS	Occupation PRESIDENT/CEO	INDIVIDUAL CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) CANDACE RUSKIN		Date of Receipt MM / DD / YYYY 07 / 29 / 2007
Mailing Address 5500 COLLINS AVE #2203		Transaction ID: SA11AI.4278
City MIAMI BEACH	State FL	Zip Code 33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Housewife	INDIVIDUAL CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) LLOYD RUSKIN		Date of Receipt MM / DD / YYYY 07 / 29 / 2007
Mailing Address 5500 COLLINS AVE #2203		Transaction ID: SA11AI.4279
City MIAMI BEACH	State FL	Zip Code 33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired Atty., Former Owner Fedco	INDIVIDUAL CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A.	Full Name (Last, First, Middle Initial) BARRY SILVERMAN	Date of Receipt MM / DD / YYYY 08 / 06 / 2007
	Mailing Address 2801 NE 208TH TERRACE	Transaction ID: SA11AI.4282
	City State Zip Code AVENTURA FL 33180	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation SELF EMPLOYED SURGEON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) STANLEY TATE	Date of Receipt MM / DD / YYYY 08 / 07 / 2007
	Mailing Address 1175 NE 125 ST. SUITE 102	Transaction ID: SA11AI.4292
	City State Zip Code NORTH MIAMI FL 33161	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation TATE ENTERPRISES INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) LEONARD WIEN	Date of Receipt MM / DD / YYYY 08 / 14 / 2007
	Mailing Address 3005 FLAMINGO DRIVE	Transaction ID: SA11AI.4290
	City State Zip Code MIAMI BEACH FL 33140	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation WEIN FOUNDATION INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 15	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A.	Full Name (Last, First, Middle Initial) DAVID ZINN		Date of Receipt	
	Mailing Address 9999 COLLINS AVENUE, #12E		M M / D D / Y Y Y Y 08 / 07 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.4287
	BAL HARBOUR	FL	33154	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

INDIVIDUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	19500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A.	Full Name (Last, First, Middle Initial) BECAUSE I CARE POLITICAL ACTION COMMITTEE (BICPAC)	Transaction ID: SB23.4264 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
	Mailing Address 5933 W. Hillsboro Blvd. #305		Amount of Each Disbursement this Period 500.00
	City Parkland State FL Zip Code 33067		
	Purpose of Disbursement	<input type="checkbox"/> 011 Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART	Transaction ID: SB23.4261 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7	
	Mailing Address 8770 Sunset Drive Suite 421		Amount of Each Disbursement this Period 4000.00
	City Miami State FL Zip Code 33173		
	Purpose of Disbursement	<input type="checkbox"/> 011 Category/Type	
	Candidate Name LINCOLN DIAZ-BALART		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.4267 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 7	
	Mailing Address 7905 MALCOLM ROAD SUITE 102		Amount of Each Disbursement this Period 1000.00
	City CLINTON State MD Zip Code 20735		
	Purpose of Disbursement	<input type="checkbox"/> 011 Category/Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

A.	Full Name (Last, First, Middle Initial) TIM MAHONEY	Transaction ID: SB23.4271 Date of Disbursement 10 / 14 / 2007
	Mailing Address 355 CASTLE ROCK RD	Amount of Each Disbursement this Period 1000.00
	City VENUS State FL Zip Code 33960	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name TIM MAHONEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROS-LEHTINEN FOR CONGRESS	Transaction ID: SB23.4263 Date of Disbursement 08 / 22 / 2007
	Mailing Address P O Box 52-2784	Amount of Each Disbursement this Period 1000.00
	City MIAMI State FL Zip Code 33152	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHULTZ, DEBBIE WASSERMAN	Transaction ID: SB23.4269 Date of Disbursement 12 / 14 / 2007
	Mailing Address 4479 FOXGLOVE LN	Amount of Each Disbursement this Period 1000.00
	City WESTON State FL Zip Code 33331	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	8500.00

Image# 28990061050

Form/Schedule: **F3XA** Disbursement deleted, entered twice in error.

Transaction ID:
