FEC FORM 3X	AN	ND DISI	BURSE	CEIPTS MENTS ized Committ	ee		Office Use Only
1. NAME OF COMMITTEE (in fu		FEC MAILING		Example:If typing over the lines	, type		
	JNT SINAI ME		R PAC				
ADDRESS (number and	street)	400 NW 107th					
Check if differ							
than previousl reported. (AC	У I.N.	/IAMI					33172
2. FEC IDENTIFICAT	ION NUMBER	. ₩	CITY 🖊	l	:	STATE	ZIPCODE
C00411561			3. IS TH REPC		NEW N) OR	AN (A)	MENDED
4. TYPE OF REPC (Choose One) (a) Quarterly Rep		(b) Monthly Report Due On:	Feb 20 Mar 20		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M8) 20 (M9) Nov 20 (M11 (Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only)
July 15 Quarterly October Quarterly January 3	Report(Q3)		Apr 20 (yy Election t for the:	Primary (12F	12C)		20 (M10) Jan 31 (YE) 12G) Runoff (12R)
Year Only	on-election		y -Election t for the: Election or	General (300	a)	Runoff (3	
5. Covering Period	10	01	2008	through	10	15	2008
I certify that I have exam Type or Print Name of T		rt and to the bes		dge and belief it is	true, correct	and complete.	
Signature of Treasurer	Electronicall	y Filed by ST	ANLEY TATE		D	ate 10	23 2008
NOTE : Submission of f	alse, erroneous	s, or incomplete	information ma	y subject the pers	on signing thi	s Report to the	penalties of 2 U.S.C 437g.
Office Use Only							FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	PRIENDS OF MOUNT SINAI MEDICAL CEI eport Covering the Period: From:		To:
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		25612.77
	(b) Cash on Hand at Begining of Reporting Period	28043.78]
	(c) Total Receipts (from Line 19)	2000.00	15000.00
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30043.78	40612.77
7.	Total Disbursements (from Line 31)	10000.00	20568.99
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20043.78	20043.78
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]

X 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

FE6AN026

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	Page 3
Write or Type Committee Name FRIENDS OF MOUNT SINAI MEDICA	L CENTER PAC	r age o
	10 ^{D D} 1 ^{Y Y W Y} 2008	To:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	2000.00	15000.00
 (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii) 	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) Þ	2000.00	15000.00

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	15000.00	

15000.00

	12, 13, 14, 15, 16, 17, and 18(c))
20.	Total Federal Receipts
	(subtract Line 18(c) from Line 19)

19. Total Receipts (add Lines 11(d),

12. Transfers From Affiliated/Other

(Refunds, Rebates, etc.)

16. Refunds of Contributions Made to Federal candidates and Other

(a) Non-Federal Account

17. Other Federal Receipts

Party Committees

13. All Loans Received

Loan Repayments Received
 Offsets To Operating Expenditures

(Carry Totals to Line 37, page 5)

Political Committees

(Dividends, Interest, etc.)18. Transfers from Non-Federal and Levin Funds

(from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

DETAILED SUMMARY PAGE

	Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	68.99
(c) Total Operating Expenditures	0.00	68.99
(add 21(a)(i), (a)(ii) and (b)) ▶ 2. Transfers to Affiliated/Other Party	0.00	00.99
Committees 3. Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees Independent Expenditure	10000.00	20500.00
(use Schedule E) 5. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made 3. Refunds of Contributions To:	0.00	0.00
(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
9. Other Disbursements	0.00	0.00
 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
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10000.00	20568.99
2. Total Federal Disbursements		

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DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
	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)	2000.00	15000.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2000.00	15000.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	68.99
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	68.99

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FRIENDS OF MOUNT SINAI MEDICA	e name and ad	dress of any political committee to	FOR LINE NUMBER: PAGE 6 / 8 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions policit contributions from such committee. 17
Α.	Full Name (Last, First, Middle Initial) Mrs. JEANETTE FINE Mailing Address 12805 BISCAYNE BA		7. 0.1	Date of Receipt
	City <u>NORTH MIAMI</u> FEC ID number of contributing federal political committee.	State FL	Zip Code 33181	Transaction ID: SA11AI.4361 Amount of Each Receipt this Period 1000.00
	Name of Employer HOUSEWIFE Receipt For: Primary General Other (specify) ▼	Occupation HOUSE		
В.	Full Name (Last, First, Middle Initial) DAVID ZINN Mailing Address 9999 COLLINS AVEN	UE, #12E	Zip Code	Date of Receipt 10'' 15'' 2008 Transaction ID: SA11AI.4360
	BAL HARBOUR FEC ID number of contributing federal political committee.	FL	33154	Amount of Each Receipt this Period 1000.00
	Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	Occupation RETIRE Aggregate		

SUBTOTAL of Receipts This Page (optional)	►	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 X 23 24 25 22	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	FOR LINE NUMBER: (check only one)				PAGE 7/8				
ar for commercial purposes, after than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS Maling Address 21301 POWERLINE ROAD SUITE 204 City CONTRIBUTION Condition to Each Disbursement Contribution For 2008 Office Sought: X House Disbursement For: 2008 City State: FL District: 22 Full Name (Last, First, Middle Initial) KLINCOLN DIAZ-BALART FOR CONGRESS Maling Address 95 Merrick Way Suite 250 City Conditions and Disbursement For: 2008 City Conditions and Disbursement For: 2008 City State: FL District: 22 Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART FOR CONGRESS Maling Address 95 Merrick Way Suite 250 City Conditions and Disbursement For: 2008 City Conditions and Disbursement For: 2008 City State Disbursement For: 2008 City Conditions and Disbursement For: 2008 City Conditions and Disbursement For: 2008 City Conditions and Disbursement For: 2008 City State Disbursement For: 2008 City Conditions and Disbursement For: 2008 City Condition Conditions and Disbursement For: 2008 City Conditions and Conditions and Conditions and Conditions and Conditions and Conditions and Conditions an	TEMIZED DISBURSEMENTS				21b	22						23	
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KLEIN FOR CONGRESS Date of Disbursement Mailing Address 21301 POWERLINE ROAD SUITE 204 City State Zip Code BOCA RATON FL 33433 Purpose of Disbursement 011 Contribution 011 Candidate Name State Candidate Name Disbursement For: 2008 State: FL Distribution 011 Contracts President Distribution State: FL Distribution 011 Contracts State Zip Code Mailing Address 95 Merrick Way Suite 250 Transaction ID: SB23.4365 Contraction Ion State Zip Code Transaction ID: SB23.4365 Disbursement 011 Category/ Type Y 2 0 0 8 Amount of Each Disbursement this Period Contraction Ion 011 Category/ Type Y 2 0 0 8 Amount of Each Disbursement this Period Contractacts FL 33134 Purpose of Disbursement Y 2 0 0 8 Contractacts FL 33134 Transaction ID: SB23.4366 Datrict FL	FRIENDS OF MOUNT SINAI MEDICAL C	CENTER PAC											
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FEC Schedule B (Form 3X) (Revised 02/2003)

S	CHEDULE B (FEC F	orm 3X)	llse sena	rate schedule(s)	-	NUMBER:	PAGE 8/8
	TEMIZED DISBURSE		for each o Detailed S	ategory of the Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
	ny Information copied from such F r for commercial purposes, other t NAME OF COMMITTEE (In Fu FRIENDS OF MOUNT SIN	han using the nam	e and addres	s of any political			
A.	Full Name (Last, First, Middle II ILEANA ROS-LEHTINEN					Date of Disburs	: SB23.4368 sement 1 5 / Y Y Y Y Y 2 0 0 8
	Mailing Address Post Offi City Miami	ce Box 52-2784	State FL	Zip Code 33152			Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name ROS-LEHTINEN FOR CO	NGRESS			011 Category/ Type		2500.00
	Office Sought: X House Senate Presider State: FL District: 18	nt	ement For: Primary Other (spec	2008 X General cify) ▼			
в.	Full Name (Last, First, Middle In SCHULTZ, DEBBIE WASS	SERMAN				Date of Disburs	: SB23.4363 sement 1 5 / 2 0 0 8
	Mailing Address 4479 FO City WESTON	XGLOVE LN	State FL	Zip Code 33331			Disbursement this Period
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FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)