

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 107 AVE
5TH FLOOR

Check if different than previously reported. (ACC)

MIAMI FL 33027

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 07 01 2005 through 12 31 2005

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 04 21 2006

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

**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	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	5									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td>44600.00</td></tr></table>	44600.00	<table border="1" style="width: 100%;"><tr><td>44600.00</td></tr></table>	44600.00								
44600.00												
44600.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td>44600.00</td></tr></table>	44600.00	<table border="1" style="width: 100%;"><tr><td>44600.00</td></tr></table>	44600.00								
44600.00												
44600.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td>15987.23</td></tr></table>	15987.23	<table border="1" style="width: 100%;"><tr><td>15987.23</td></tr></table>	15987.23								
15987.23												
15987.23												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td>28612.77</td></tr></table>	28612.77	<table border="1" style="width: 100%;"><tr><td>28612.77</td></tr></table>	28612.77								
28612.77												
28612.77												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	44250.00	44250.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	350.00	350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	44600.00	44600.00
(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) ▶	44600.00	44600.00
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))	44600.00	44600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44600.00	44600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	4987.23	4987.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4987.23	4987.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
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))..	15987.23	15987.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15987.23	15987.23

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	44600.00	44600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44600.00	44600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4987.23	4987.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4987.23	4987.23

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<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

Full Name (Last, First, Middle Initial) A. LEONARD ABESS		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2005	
Mailing Address 25 W FLAGLER ST		Transaction ID: SA11A1.4131	
City State Zip Code MIAMI FL 33130		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CITY NATIONAL BANK BANKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. BERNYCE ADLER		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005	
Mailing Address 10101 COLLINS AVE #16E		Transaction ID: SA11A1.4157	
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			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MICHAEL M ADLER		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 1400 NW 107 AVE 5TH FL		Transaction ID: SA11A1.4155	
City State Zip Code MIAMI FL 33172		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<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	

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

A. Full Name (Last, First, Middle Initial)
ETHEL BLUM-DUBLIN

Mailing Address 20155 NE 38 CT
#8004

City AVENTURA State FL Zip Code 33180

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

Name of Employer Self-Employed Occupation Author & Travel Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2005

Transaction ID: SA11A1.4159

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MORRIS BROAD

Mailing Address 1030 HARDEE RD

City CORAL GABLES State FL Zip Code 33146

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

Name of Employer American Savings & Loan Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: SA11A1.4119

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MAUREEN CANDIB

Mailing Address 10101 COLLINES AVE
17B

City BAL HARBOUR State FL Zip Code 33154

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

Name of Employer Kings Dept. Stores Occupation Owner & President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2005

Transaction ID: SA11A1.4109

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<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

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

Full Name (Last, First, Middle Initial) A. HARVEY CHAPLIN		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2005	
Mailing Address 1600 NW 163 ST.		Transaction ID: SA11A1.4133	
City MIAMI	State FL	Zip Code 33169	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. PAUL CHAPLIN		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2005	
Mailing Address 108 BAL BAY DR		Transaction ID: SA11A1.4185	
City BAL HARBOUR	State FL	Zip Code 33154	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation DENTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. WAYNE CHAPLIN		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2005	
Mailing Address 54 LA GORCE CIRCLE		Transaction ID: SA11A1.4103	
City MIAMI BEACH	State FL	Zip Code 33141	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation SALES	
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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<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

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

A. Full Name (Last, First, Middle Initial)
STANLEY COHEN

Mailing Address 4842 FISHER ISLAND DR

City State Zip Code
FISHER ISLAND FL 33109

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

Name of Employer N/A Occupation Retired Toy Manufacturer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11A1.4165

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOSEPH DAVIDSON

Mailing Address 5660 COLLINS AVE

City State Zip Code
MIAMI BEACH FL 33140

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

Name of Employer N/A Occupation Retired, Fedco Drugs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2005

Transaction ID: SA11A1.4147

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT S FELDMAN

Mailing Address 2100 PONCE DE LEON BLVD
SUITE 1200

City State Zip Code
CORAL GABLES FL 33134

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

Name of Employer MASS MUTUAL Occupation INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 18 / 2005

Transaction ID: SA11A1.4187

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<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	

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

A. Full Name (Last, First, Middle Initial)
JOEL FRIEDLAND

Mailing Address 9999 COLLINS AVE
#19B

City State Zip Code
BAL HARBOUR FL 33154

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

Name of Employer Self-Employed
Occupation Private Investor

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 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.4135

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SAUL GLOTTMAN

Mailing Address 5446 NORTH BAY RD

City State Zip Code
MIAMI BEACH FL 33140

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

Name of Employer Saglo R.E. Development
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 5

Transaction ID: SA11A1.4153

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
SAUL GLOTTMAN

Mailing Address 5446 NORTH BAY RD

City State Zip Code
MIAMI BEACH FL 33140

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

Name of Employer Saglo R.E. Development
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.4173

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)
BARTON S GOLDBERG

Mailing Address 301 ARTHUR GODFREY RD

City State Zip Code
MIAMI BEACH FL 33140

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

Name of Employer 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
08 / 30 / 2005

Transaction ID: SA11A1.4151

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LOUIS GROSSMAN

Mailing Address 998 W FLAGLER ST

City State Zip Code
MIAMI FL 33130

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2005

Transaction ID: SA11A1.4141

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SALOMON HANONO

Mailing Address 1452 PRESIDENTIAL WAY

City State Zip Code
NORTH MIAMI BEACH FL 33179

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

Name of Employer Occupation
Self-Employed Real Estate Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2005

Transaction ID: SA11A1.4145

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)
JO ANN HILDEBRANDT

Mailing Address 9411 E BROADVIEW DR

City State Zip Code
BAY HARBOR ISLAND FL 33154

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

Name of Employer N/A Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: SA11A1.4115

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARK HILDEBRANDT

Mailing Address 9411 E BROADVIEW DR

City State Zip Code
BAY HARBOR ISLAND FL 33154

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

Name of Employer Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: SA11A1.4113

Amount of Each Receipt this Period
500.00

C. 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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2005

Transaction ID: SA11A1.4178

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DONALD JACOBSON		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5
Mailing Address 4845 SW 78 ST		Transaction ID: SA11A1.4143
City State Zip Code MIAMI FL 33143	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation Retired Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. JOSEPH KANTER		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address 4770 BISCAYNE BLVD SUITE 1150		Transaction ID: SA11A1.4182
City State Zip Code MIAMI FL 33137	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kanter Investments Occupation Banking, Community Develop., Movie Pro		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. STANLEY KRAFTSOW		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5
Mailing Address 7411 FISHER ISLAND DR		Transaction ID: SA11A1.4139
City State Zip Code FISHER ISLAND FL 33109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation Investor		
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) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<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	

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

A. 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 Self-Employed Occupation
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
08 / 16 / 2005

Transaction ID: SA11A1.4101

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BENNETT LEBOW

Mailing Address 5203 FISHER ISLAND DR

City State Zip Code
FISHER ISLAND FL 33109

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

Name of Employer Self-Employed Occupation
Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2005

Transaction ID: SA11A1.4149

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ARLENE 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 N/A Occupation
Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: SA11A1.4123

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 23
	<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	

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

A. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: SA11A1.4125

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GERALD MILLER

Mailing Address 9350W BAY HARBOR DR
#2A

City State Zip Code
BAY HARBOR ISLAND FL 33154

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

Name of Employer Occupation
Self-Employed Hotelier

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2005

Transaction ID: SA11A1.4161

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SANDRA MUSS

Mailing Address 4441 COLLINS AVE
PH

City State Zip Code
MIAMI BEACH FL 33140

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

Name of Employer Occupation
HOTEL OWNER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2005

Transaction ID: SA11A1.4137

Amount of Each Receipt this Period
1000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 23
	<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

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

A. Full Name (Last, First, Middle Initial)
STEPHEN MUSS

Mailing Address 4441 COLLINS AVE
PH

City State Zip Code
MIAMI BEACH FL 33140

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

Name of Employer Occupation
HOTEL OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2005

Transaction ID: SA11A1.4129

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ADRIENNE PARDO

Mailing Address 1401 NORTH VIEW DR
SUNSET ISLAND I

City State Zip Code
MIAMI BEACH FL 33140

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2005

Transaction ID: SA11A1.4107

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STEVAN PARDO

Mailing Address 1401 NORTH VIEW DR
SUNSET ISLAND I

City State Zip Code
MIAMI BEACH FL 33140

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

Name of Employer Occupation
Greenberg Traurig ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2005

Transaction ID: SA11A1.4105

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 23
	<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	

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

Full Name (Last, First, Middle Initial) A. EARL PERTNOY		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2005
Mailing Address 801 ARTHUR GODFREY RD SUITE 202		Transaction ID: SA11A1.4127
City MIAMI BEACH	State FL	Zip Code 33140
Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation REAL ESTATE INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MURIEL ROSEN		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2005
Mailing Address 9999 COLLINS AVE #18B		Transaction ID: SA11A1.4163
City BAL HARBOUR	State FL	Zip Code 33154
Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. CANDACE RUSKIN		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005
Mailing Address 5500 COLLINS AVE #2203		Transaction ID: SA11A1.4169
City MIAMI BEACH	State FL	Zip Code 33140
Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 23
	<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	

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

Full Name (Last, First, Middle Initial) A. LLOYD RUSKIN		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005
Mailing Address 5500 COLLINS AVE #2203		Transaction ID: SA11A1.4171 Amount of Each Receipt this Period 500.00
City MIAMI BEACH	State FL Zip Code 33140	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired Atty., Former Owner Fedco	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. HARRY SENDZISCHEW		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address 10250 W BROADVIEW DR		Transaction ID: SA11A1.4176 Amount of Each Receipt this Period 1000.00
City BAY HARBOR ISLAND	State FL Zip Code 33154	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation DOCTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. BARRY SILVERMAN		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2005
Mailing Address 19553 NE 37 AVE		Transaction ID: SA11A1.4117 Amount of Each Receipt this Period 1000.00
City AVENTURA	State FL Zip Code 33180	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation DOCTOR	
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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 23
	<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

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

Full Name (Last, First, Middle Initial) A. MORTON STEELE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 5	
Mailing Address 9 ISLAND AVE #1214		Transaction ID: SA11A1.4111	
City MIAMI BEACH	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 33139			
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired, Tropix Togs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. ROBERT A STONE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5	
Mailing Address 2699 S BAYSHOR DR SUITE 500		Transaction ID: SA11A1.4121	
City MIAMI	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 33133			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Certified Public Accountant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. STANLEY TATE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 5	
Mailing Address 1175 NE 125 ST. SUITE 102		Transaction ID: SA11A1.4184	
City NORTH MIAMI	State FL	Amount of Each Receipt this Period 2500.00	
Zip Code 33161			
FEC ID number of contributing federal political committee. C			
Name of Employer TATE ENTERPRISES	Occupation INVESTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 23
	<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	

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

A. Full Name (Last, First, Middle Initial)
ALLAN WESLER

Mailing Address 10155 COLLINS AVE
#1810

City State Zip Code
BAL HARBOUR FL 33154

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2005

Transaction ID: SA11A1.4208

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RUTH WIEN

Mailing Address 20191 E COUNTRY CLUB DDRIVE
TH-2

City State Zip Code
NORTH MIAMI BEACH FL 33269

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

Name of Employer N/A Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2005

Transaction ID: SA11A1.4180

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LOUIS WOLFSON

Mailing Address 9595 JOURNEY'S END LANE

City State Zip Code
CORAL GABLES FL 33156

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

Name of Employer N/A Occupation Retired industrialists, thoroughbred h

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2005

Transaction ID: SA11A1.4167

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 23	
	(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"/> 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

Mailing Address PO BOX 69-4700

City State Zip Code
MIAMI FL 33269

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

Name of Employer Occupation
N/A Retired, Owner of Auto Dealerships

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	5

Transaction ID: SA11A1.4174

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	44250.00

**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)

PAGE 22 / 23

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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

Full Name (Last, First, Middle Initial)

A. TATE ENTERPRISES

Mailing Address 1175 NE 125 ST
SUITE 102

City NORTH M IAMI State FL Zip Code 33161

Purpose of Disbursement
MAILING SERVICES

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4189

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

4972.03

SUBTOTAL of Disbursements This Page (optional)

4972.03

TOTAL This Period (last page this line number only)

4972.03

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)

PAGE 23 / 23

<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

Full Name (Last, First, Middle Initial) A. BILL NELSON FOR U.S. SENATE		Transaction ID: SB23.4194 Date of Disbursement
Mailing Address 2925 SALCEDO ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name BILL NELSON FOR U.S. SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District:	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. KENDRICK MEEK FOR CONGRESS		Transaction ID: SB23.4192 Date of Disbursement
Mailing Address 111 NW 183 ST SUITE 315		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City MIAMI GARDENS	State FL	Zip Code 33169
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name KENDRICK MEEK FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 17	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Transaction ID: SB23.4196 Date of Disbursement
Mailing Address 320 FIRST STE, S.E.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name CLAY SHAW, JR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 22	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="11000.00"/>