

# 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** CITY STATE ZIPCODE

C00411561  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 (12S)  
 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 04 01 2010 through 06 30 2010

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 11 2011

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		5369.57
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	822.74									
(c) Total Receipts (from Line 19) .....	26500.00	26500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27322.74	31869.57								
7. Total Disbursements (from Line 31) .....	9043.35	13590.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18279.39	18279.39								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A) .....	26500.00	26500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26500.00	26500.00
(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) .....	26500.00	26500.00
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)) .....	26500.00	26500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26500.00	26500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	43.35	90.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	43.35	90.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	13500.00
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))..	9043.35	13590.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9043.35	13590.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	26500.00	26500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26500.00	26500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	43.35	90.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	43.35	90.18

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17  
(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			

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)  
LEONARD ABESS

Mailing Address 25 W FLAGLER ST

City State Zip Code  
MIAMI FL 33130

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

Name of Employer Occupation  
CITY NATIONAL BANK BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

Transaction ID: SA11AI.4438

Amount of Each Receipt this Period  
2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
BERNYCE ADLER

Mailing Address 10101 COLLINS AVE #16E

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  
MM / DD / YYYY  
04 / 22 / 2010

Transaction ID: SA11AI.4447

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

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

Mailing Address 1030 HARDEE RD

City State Zip Code  
CORAL GABLES FL 33146

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

Name of Employer Occupation  
American Savings & Loan President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2010

Transaction ID: SA11AI.4446

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

**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 7 / 17
	<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)  
Linda Brown Zilber

Mailing Address 1231 95th Street

City Bay Harbour State FL Zip Code 33154

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

Name of Employer Retires Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2010

Transaction ID: SA11AI.4463

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Arlene Chaplin

Mailing Address 54 La Gorce Circle

City Miami Beach State FL Zip Code 33141

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

Name of Employer Unemployed Occupation Home Maker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2010

Transaction ID: SA11AI.4443

Amount of Each Receipt this Period 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
HARVEY CHAPLIN

Mailing Address 1600 NW 163 ST.

City MIAMI State FL Zip Code 33169

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

Name of Employer Southern Wines Occupation Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2010

Transaction ID: SA11AI.4453

Amount of Each Receipt this Period 1000.00

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 8 / 17  
(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)  
PAUL CHAPLIN

Mailing Address 108 BAL BAY DR

City State Zip Code  
BAL HARBOUR FL 33154

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  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** SA11AI.4475

Amount of Each Receipt this Period  
1000.00

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 Occupation  
PRESIDENT/CEO SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2010

**Transaction ID:** SA11AI.4445

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** 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 Occupation  
N/A Retired Toy Manufacturer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** SA11AI.4441

Amount of Each Receipt this Period  
1000.00

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: (check only one)	PAGE 9 / 17
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. JEANETTE FINE	Date of Receipt MM / DD / YYYY 04 / 22 / 2010
	Mailing Address 12805 BISCAYNE BAY DRIVE	<b>Transaction ID:</b> SA11AI.4448
	City State Zip Code NORTH MIAMI FL 33181	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation HOUSEWIFE HOUSEWIFE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOEL FRIEDLAND	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 9999 COLLINS AVE #19B	<b>Transaction ID:</b> SA11AI.4442
	City State Zip Code BAL HARBOUR FL 33154	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Self-Employed Private Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. GARY R GERSON	Date of Receipt MM / DD / YYYY 04 / 22 / 2010
	Mailing Address 666 71ST STREET	<b>Transaction ID:</b> SA11AI.4449
	City State Zip Code MIAMI BEACH FL 33141	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation CPA CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> 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 10 / 17
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel Jacobson	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 31 Star Island	<b>Transaction ID:</b> SA11AI.4457
	City State Zip Code Miami Beach FL 33139	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Jacobson 5th Street, LLC Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Amy K Knapp	Date of Receipt MM / DD / YYYY 05 / 03 / 2010
	Mailing Address 101 W 79th Street Apt 18B	<b>Transaction ID:</b> SA11AI.4469
	City State Zip Code New York NY 33172	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation United Health Care of New York President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) IRA LAMPERT	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 4000 HOLLYWOOD BLVD SUITE 650N	<b>Transaction ID:</b> SA11AI.4476
	City State Zip Code HOLLYWOOD FL 33021	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Self-Employed Developer, Designer, Manuf. Cameras	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 11 / 17  
(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)  
Mr. Dwight A Lauderdale

Mailing Address 14043 SW 67 Place

City State Zip Code  
Palmetto Bay FL 33158

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

Name of Employer Occupation  
Lauderdale Productions, LLC Principal 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  
0 4 / 2 3 / 2 0 1 0

**Transaction ID:** SA11AI.4459

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
ISABEL MAY

Mailing Address 9999 COLLINS AVE #15A

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 Y  
0 4 / 2 2 / 2 0 1 0

**Transaction ID:** SA11AI.4450

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
CANDACE RUSKIN

Mailing Address 5500 COLLINS AVE #2203

City State Zip Code  
MIAMI BEACH FL 33140

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

Name of Employer Occupation  
N/A Housewife

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 5 / 0 3 / 2 0 1 0

**Transaction ID:** SA11AI.4467

Amount of Each Receipt this Period  
1000.00

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: (check only one)	PAGE 12 / 17
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) LLOYD RUSKIN	Date of Receipt MM / DD / YYYY 05 / 03 / 2010
	Mailing Address 5500 COLLINS AVE #2203	<b>Transaction ID:</b> SA11AI.4468
	City MIAMI BEACH State FL Zip Code 33140	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	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 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Geraldine H Schottenstein	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 10225 Collins Avenue #1001	<b>Transaction ID:</b> SA11AI.4473
	City Bal Harbour State FL Zip Code 33154	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Ronald W Shane	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 2522 Fisher Island Drive	<b>Transaction ID:</b> SA11AI.4471
	City Fisher Island State FL Zip Code 33109	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer The Ronald W. Shane Center Occupation Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> 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 13 / 17  
(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)  
ROBERT A STONE

Mailing Address 2699 S BAYSHOR DR  
SUITE 500

City State Zip Code  
MIAMI FL 33133

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

Name of Employer Self-Employed Occupation  
Certified Public Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.4451

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. James D Tate

Mailing Address 12855 Biscayne Bay Drive

City State Zip Code  
North Miami FL 33181

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

Name of Employer Tate Capital Real Estate Sol Occupation  
Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4439

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Leonard A Wien

Mailing Address 925 Arthur Godfrey Road  
Suite 205

City State Zip Code  
Miami Beach FL 33140

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

Name of Employer WFHLP 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  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.4461

Amount of Each Receipt this Period  
1000.00

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 14 / 17	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) LOUIS WOLFSON		Date of Receipt	
	Mailing Address 9595 JOURNEY'S END LANE		M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4452
	CORAL GABLES	FL	33156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	1000.00
	Name of Employer N/A		Occupation Retired industrialists, thoroughbred h	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	26500.00

**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) JASON ALTMIRE	Transaction ID: SB23.4564 Date of Disbursement 06 / 30 / 2010
	Mailing Address P.O. Box 1776	
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name JASON ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS	Transaction ID: SB23.4566 Date of Disbursement 06 / 29 / 2010
	Mailing Address P.O. Box A	
	City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name CARNEY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) GERRY E CONNOLLY	Transaction ID: SB23.4572 Date of Disbursement 06 / 29 / 2010
	Mailing Address 3315 MANTUA DR	
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name GERRY E CONNOLLY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) DAN 10</p> <p>Mailing Address 1088 BISHOP STREET SUITE 1009</p> <p>City HONOLULU State HI Zip Code 96813</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name DAN 10</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District: 00</p>	<p><b>Transaction ID:</b> SB23.4483 <b>Date of Disbursement:</b> 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS</p> <p>Mailing Address PO Box 176</p> <p>City Crete State IL Zip Code 60417</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name HALVORSON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11</p>	<p><b>Transaction ID:</b> SB23.4568 <b>Date of Disbursement:</b> 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ILEANA ROS-LEHTINEN</p> <p>Mailing Address Post Office Box 52-2784</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name ILEANA ROS-LEHTINEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 18</p>	<p><b>Transaction ID:</b> SB23.4479 <b>Date of Disbursement:</b> 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6500.00

**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)

PAGE 17 / 17

<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

<b>A.</b> Full Name (Last, First, Middle Initial) KURT SCHRADER Mailing Address 2525 N BAKER DRIVE City CANBY State OR Zip Code 97013 Purpose of Disbursement Contribution Candidate Name KURT SCHRADER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4569 Date of Disbursement 06 / 29 / 2010
	Amount of Each Disbursement this Period 500.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) ZACHARY T SPACE Mailing Address 4 PARKVIEW DRIVE City DOVER State OH Zip Code 44622 Purpose of Disbursement Contribution Candidate Name ZACHARY T SPACE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4570 Date of Disbursement 06 / 29 / 2010
	Amount of Each Disbursement this Period 500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

9000.00