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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Oth	er Than An Auth	orized Com	mittee		Office Use Only	
NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT	Example:If ty over the lines				
FRIENDS OF MOUNT	SINAI MEDICA				1 1 1 1	1 1 1 1 1 1	
					1 1 1 1 1		
ADDRESS (number and stree	t) 1400 N	NW 107th AVENUE					
Check if different than previously reported. (ACC)	MIAMI				L ^{FL} L	33172	
2. FEC IDENTIFICATION	NUMBER '	CITY	Y 🛝		STATE	ZIPCODE	≣ 🛦
C00411561			THIS X	NEW (N) OR	AME (A)	ENDED	
4. TYPE OF REPORT (Choose One)	F	ue On:	20 (M2)	May 20 (M5)	H	(NIS) (10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		H	20 (M3)	Jun 20 (M6)	H	H.	(Non-Election ' Year Only)
April 15 Quarterly Rep			20 (M4)	Jul 20 (M7)		· / []	Jan 31 (YE)
July 15 Quarterly Rep	ort(Q2) (c) 12-Day PRE-Election Report for the:	Primary	(12P)	General (1) Special (12		Runoff (12R)
X October 15 Quarterly Rep	ort(Q3)	rieport for the.	Convent	.011 (120)	Opeciai (12	.0)	
January 31 Quarterly Rep	ort(YE)	Election	n on			in the State of	
July 31 Mid-Yo Report(Non-el Year Only) (M	ection (d	Post -Election	General	(30G)	Runoff (30	R) :	Special (30S)
Termination R (TER)	eport	Report for the:	n on			in the State of	
5. Covering Period	07	2010	throu	igh 0 9	30	2010	
I certify that I have examined		•	wledge and belief	f it is true, correct	and complete.		
Type or Print Name of Treas	urer STA	NLEY TATE					
Signature of Treasurer El	ectronically File	d by STANLEY TA	ΤΕ		Date 1 0	15 2	2010
NOTE : Submission of false,	erroneous, or in	ncomplete information	may subject the	person signing th	nis Report to the p	penalties of 2 U.S.	C 437g.
Office Use						FEC FORM	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/11

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

D D [®]D 07 0 1 2010 0.9 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 5369.57 January 1 (b) Cash on Hand at 21279.39 Begining of Reporting Period 2000.00 28500.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 23279.39 33869.57 6(a) and 6(c) for Column B) 5542.14 16132.32 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 17737.25 17737.25 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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 OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 11

Write or Type Committee Name

FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

Report Covering the Period:

From: 0.7

D D 0

2010

To:

м м

^D 30

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ibutions (other than loans) From: ndividuals/Persons Other		
	Fhan Political Committees i) Itemized (use Schedule A)	2000.00	28500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2000.00	28500.00
(b) I	Political Party Committees	0.00	0.00
(Other Political Committees such as PACs) Fotal Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Fotals to Line 33, page 5)	2000.00	28500.00
	fers From Affiliated/Other Committees	0.00	0.00
3. All Lo	ans Received	0.00	0.00
	Repayments Receivedts To Operating Expenditures	0.00	0.00
(Carr	nds, Rebates, etc.) y Totals to Line 37, page 5) nds of Contributions Made	0.00	0.00
	deral candidates and Other cal Committees	0.00	0.00
	Federal Receipts lends, Interest, etc.)	0.00	0.00
8. Trans	fers from Non-Federal and Levin Funds		
` '	on-Federal Account from Schedule H3)	0.00	0.00
(b) Le	evin Funds (from Schedule H5)	0.00	0.00
(c) To	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 8, 14, 15, 16, 17, and 18(c))	2000.00	28500.00
	Federal Receipts act Line 18(c) from Line 19)	2000.00	28500.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/11

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	42.14	42.14
	(b) Other Federal Operating	0.00	90.18
	Expenditures(c) Total Operating Expenditures	0.00	30.10
	(add 21(a)(i), (a)(ii) and (b))	42.14	132.32
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	5500.00	16000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E) Coordinated Expenditures Made by Party	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	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
	(add 2.1100 20(a), (b), and (c))		
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
	(i) redetal State		
	(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	0.00	0.00
	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))	5542.14	16132.32
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5500.00	16090.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 11

Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
utions (other than loans) (d), page 3)	2000.00	28500.00
 ution Refunds 3(d))	0.00	0.00
ions (other than loans) e 34 from Line 33)	2000.00	28500.00
Operating Expenditures (a)(i) and Line 21(b))	0.00	90.18
perating Expenditures	0.00	0.00
 g Expenditures e 37 from Line 36)	0.00	90.18

FE6AN026

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6/11 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 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) BERNYCE ADLER Date of Receipt Mailing Address 10101 COLLINS AVE 09 24 2010 #16E City State Zip Code Transaction ID: SA11AI.4486 **BAL HARBOUR** FL 33154 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Contribution Name of Employer RETIRED Occupation **RETIRED** Receipt For: Aggregate Year-to-Date Primary General 3000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number only)	<u> </u>	2000.00

TEMIZED DISBURSEMENTS Control	SCHEDULE	B (FEC Form 3X)	Use sens	arate schedule(s)	_	R LINE	-	R:			РА	GE	7/11	
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) JASON ALTMIRE Mailing Address P.O. Box 1776 City State President Sanate President Slate: PA District: 04 Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS Mailing Address P.O. Box A City Clarks Summit PA 18411 Purpose of Disbursement Contribution Candidate Name JOHN A BOEHNER Office Sought: X House Senate President State: OH District: 08 Full Name (Last, First, Middle Initial) CONNOLLY FOR CONGRESS Mailing Address PO Box 563 City State Senate President State: OH District: 08 Full Name (Last, First, Middle Initial) CONNOLLY FOR CONGRESS Mailing Address PO Box 563 City State Zip Code Category' Type Other (specify) ▼ Transaction ID: SB23.4497 Date of Disbursement Initial Amount of Each Disbursement District: 08 Full Name (Last, First, Middle Initial) CONNOLLY FOR CONGRESS Mailing Address PO Box 563 City State Zip Code VA 22116 Purpose of Disbursement Contribution Candidate Name CONNOLLY FOR CONGRESS Office Sought: X House Senate President Senate President Senate President VA Primary General Disbursement For: 2010 X Primary General Disbursement Category' Type Amount of Each Disbursement For: 2010 X Primary General Disbursement Dis	ITEMIZED D	SBURSEMENTS	for each	category of the ((ch	21b	22	X			1			20
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JASON ALTMIRE Office Sought:	Contribution				*							,5	00.00	
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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 NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Gliy WASHINGTON DC 20003 Purpose of Disbursement Contribution Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Office Sought: X House President State: FL District: 22 Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Mailing Address PO Box 100 City State Purpose of Disbursement Contribution Candidate Name NATIONAL REPUBLICAN CONGRESS Mailing Address PO Box 100 City State: Zip Code MI 49016 Amount of Each Disbursement this Perio Amount of Each Disbursement this Perio Category' Type Transaction ID: SB23.4535 Date of Disbursement Office Sought: X Primary General President Schauer President State: MI District: 07 Full Name (Last, First, Middle Initial) Schauer President Disbursement Dis			arate schedule(s)	(check only	NUMBER: PAGE 9/11
NAME OF COMMITTEE (In Full) FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE City WASHINGTON DC 20003 Purpose of Disbursement Contribution Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE City WASHINGTON DC 20003 Purpose of Disbursement Contribution City Senate President State: FL District: 22 Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Office Sought: X House Sonate President State: MI District: 07 Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Office Sought: X House Sonate President State: MI District: 07 Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Office Sought: X House Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Office Sought: X House Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Office Sought: X House Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Office Sought: X House Senate President State: MI District: 07 Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Office Sought: X House Senate President Other (specify) ▼ Transaction ID: SB23.4535 Date of Disbursement this Perio Category/ Type Transaction ID: SB23.4535 Date of Disbursement this Perio	TEMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC FUIL Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET SE City WASHINGTON DC 20003 Purpose of Disbursement Contribution Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Contribution Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Find Name (Last, First, Middle Initial) Schaue President State: FL District: 22 Full Name (Last, First, Middle Initial) Schaue Purpose of Disbursement Contribution Candidate Name Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President State: MI District: 07 Full Name (Last, First, Middle Initial) Schaue President Schaue Amount of Each Disbursement this Perio Date of Disbursement Date of Disbursement this Perio Date of Disbursement this Perio Date of Disbursement this Perio Date of Disbursement Date of Disbursement this Perio Date of Disbursement Date of Disburs					
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Battle Creek MI 49016 Purpose of Disbursement COntribution Candidate Name SCHAUER FOR CONGRESS Office Sought: X House Senate President President State: MI District: 07 Full Name (Last, First, Middle Initial) KURT SCHRADER Mailing Address 2525 N BAKER DRIVE City State Zip Code CANBY OR 97013 Purpose of Disbursement Contribution Candidate Name KURT SCHRADER Office Sought: X House Senate President Office Sought: X House Senate President Disbursement For: 2010 Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate President Office Sought: X House Senate President Other (specify) ▼	Mailing Address PO Box 100				
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SCHAUER FOR CONGRESS Office Sought:	Purpose of Disbursement				500.00
Senate President Other (specify) ▼ State: MI District: 07 Full Name (Last, First, Middle Initial) KURT SCHRADER Mailing Address 2525 N BAKER DRIVE City State Zip Code CANBY OR 97013 Purpose of Disbursement Contribution Candidate Name KURT SCHRADER Office Sought: X House Senate President Senate President X Primary General Other (specify) ▼ Transaction ID: SB23.4500 Date of Disbursement Oate of Disbursement Oate of Disbursement Category/ Type Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate President Other (specify) ▼					
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KURT SCHRADER Type Type Type Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) Type					500.00
Senate X Primary General President Other (specify) ▼					
	Office Sought: V House Dish				
	Senate				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 10/11
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	<u> </u>	X 23
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	,		S .
NAME OF COMMITTEE (In Full) FRIENDS OF MOUNT SINAI MEDICAL CE	NTER PAC		
Full Name (Last, First, Middle Initial) ZACHARY T SPACE Mailing Address 4 PARKVIEW DRIVE			ction ID: SB23.4495 Disbursement
,	State Zip Code OH 44622	Amount	of Each Disbursement this Period 500.00
Candidate Name ZACHARY T SPACE	C	ategory/ Type	
Office Sought: X House Senate President State: OH District: 18	ment For: 2010 Primary General Other (specify)		
State. Of 1 District. 10			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	500.00
TOTAL This Period (last page this line number only)	•	5500.00

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	1 / 1	1		
FOR	LINE	21a	OF	FORM 3X	

NAME OF COMMITTEE (In Full)				FOR LINE 21a OF FORIVI 3A
FRIENDS OF MOUNT SIN		ENTER PAC		
בעובואהפ הב ואוחחואן פווא	NAI IVIEDICAL CE	ENTER PAU		
A. Full Name (Last, First, M	Middle Initial)			Type of Allocated Activity:
CITY NATIONAL BANK	〈			Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
25 W FLAGLER ST				
City	State	Zip Code		Public Comm (ref to party only) by PAC
MIAMI	FL	33130	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Maintenance Fee			Category/ Type	13.21
Activity or Event Identifier: Administrative			, ,,	Date 0 7 0 1 2 0 1 0
	HADE	NONEEDEDAL	CLIADE	Transaction ID: H4.4507
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		13.21	13.21
B. Full Name (Last, First, M	Middle Initial)			Type of Allocated Activity:
CITY NATIONAL BANK				Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
25 W FLAGLER ST				
City	State	Zip Code	201	Public Comm (ref to party only) by PAC
MIAMI	FL	33130	001	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Maitenance Fee			Category/ Type	28.10
Activity or Event Identifier: Administrative				Date 0 8 / 0 2 / Y Y Y Y Y
FEDERALS	HARE	+ NONFEDERAL	SHARE	Transaction ID: H4.4506
FEDERAL S	1 1 1 1 1	+ NONFEDERAL	1 1 1 1	= TOTAL AMOUNT
FEDERALS	HARE	+ NONFEDERAL	SHARE 14.89	
	0.00	+ NONFEDERAL	1 1 1 1	= TOTAL AMOUNT 14.89
C. Full Name (Last, First, M	0.00	+ NONFEDERAL	1 1 1 1	Type of Allocated Activity:
C. Full Name (Last, First, M	0.00	+ NONFEDERAL	1 1 1 1	= TOTAL AMOUNT 14.89
C. Full Name (Last, First, M CITY NATIONAL BANK Mailing Address	0.00	+ NONFEDERAL	1 1 1 1	Type of Allocated Activity:
C. Full Name (Last, First, N CITY NATIONAL BANK Mailing Address 25 W FLAGLER ST	0.00 Middle Initial)		1 1 1 1	Type of Allocated Activity: X Administrative Fundraising Exempt Voter Drive Direct Candidate Support
C. Full Name (Last, First, M CITY NATIONAL BANK Mailing Address 25 W FLAGLER ST City	0.00 Middle Initial) C	Zip Code	14.89	Type of Allocated Activity: X Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
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C. Full Name (Last, First, M CITY NATIONAL BANK Mailing Address 25 W FLAGLER ST City	0.00 Middle Initial) C	Zip Code	14.89	Type of Allocated Activity: X Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 42.14
C. Full Name (Last, First, M CITY NATIONAL BANK Mailing Address 25 W FLAGLER ST City MIAMI Purpose of Disbursement: Maintenance Fee Activity or Event Identifier:	0.00 Middle Initial) C	Zip Code	14.89 001 Category/	Type of Allocated Activity: X Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 42.14
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C. Full Name (Last, First, M CITY NATIONAL BANK Mailing Address 25 W FLAGLER ST City MIAMI Purpose of Disbursement: Maintenance Fee Activity or Event Identifier: Administrative	0.00 Middle Initial) State FL	Zip Code 33130	14.89 001 Category/ Type SHARE	Type of Allocated Activity: X Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 42.14 Date 0 9 0 1 2 0 1 0 Transaction ID: H4.4508 = TOTAL AMOUNT
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