Image# 13940555641					PAGE 1 / 7
FEC	REPORT OF AND DISBUF For Other Than An Aut	SEMENT	s	04	
1. NAME OF	TYPE OR PRINT ▼	Example: If typi	ng, type	Office	Use Only
COMMITTEE (in full)		over the lines.	E	LZF 64M5	
ADDRESS (number and street)	1400 NW 107th AVENUE				
▼ Check if different	4TH FLOOR				
than previously reported. (ACC)	MIAMI			FL 331	72
2. FEC IDENTIFICATION N	UMBER V CI	ГҮ 🔺	S		ZIP CODE
C C00411561			NEW N) OR	AMENDE (A)	D
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On: Ma	r 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8	(Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only)
× April 15 Quarterly Report (0	Q1)		Jul 20 (M7)	Oct 20 (M1	
July 15 Quarterly Report (October 15	PBE-Election	Primary (12F		General (12G) Special (12S)	Runoff (12R)
Quarterly Report (January 31 Year-End Report ()		on on	DD/Y	YYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	ā)	Runoff (30R)	Special (30S
Termination Report (TER)	Report for the:	on on	D D / Y	Y Y Y Y	in the State of
5. Covering Period 0		through	M M 03		2013
I certify that I have examined th	nis Report and to the best of	f my knowledge and I	belief it is true	, correct and comp	lete.
Type or Print Name of Treasure	er STANLEY TATE				
Signature of Treasurer	NLEY TATE	[Electronicall	y <i>Filed]</i> Da		16 / Y Y Y Y Y 2013
NOTE: Submission of false, error	neous, or incomplete information	n may subject the per	son signing this	Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

04/16/2013 15 : 28

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

R	eport Covering the Period: From:	D1 01 / Y Y Y Y 01 01 701 70	b: 03 / D D / Y Y Y Y 31 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		315.52
	(b) Cash on Hand at Beginning of Reporting Period	315.52	
	(c) Total Receipts (from Line 19)	1000.00	1000.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1315.52	1315.52
7.	Total Disbursements (from Line 31)	47.91	47.91
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1267.61	1267.61
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

	TAILED SUMMARY PAGE of Receipts	Γ
FEC Form 3X (Rev. 06/2004)	·	Page 3
Write or Type Committee Name FRIENDS OF MOUNT SINAI MEDIC		
FRIENDS OF MOUNT SINAI MEDIC	AL CENTER PAC	
Report Covering the Period: From: 01	/ D D / Y	03 / D D / Y Y Y Y 2013
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	1000.00	1000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	1000.00	1000.00
ī		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	7 7 7	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	1000.00	1000.00
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.)	0.00	0.00
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made		0.00
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	7 7	7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
Г.,	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	1000.00	1000.00
00 Tatal Endered Dessints		
20. Total Federal Receipts	1000.00	1000.00
(subtract Line 18(c) from Line 19)►	1000.00	1000.00

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DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	Page 4 COLUMN B Calendar Year-to-Date	
Operating Expenditures:	Total This Period		
(a) Allocated Federal/Non-Federal			
Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share	7 7		
(ii) Non-Federal Share	47.91	47.91	
(b) Other Federal Operating	7 7 7	7 7	
Expenditures	0.00	0.00	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))►	47.91	47.9	
Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees			
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00		
(use Schedule F)	7 7	0.00	
Loss Demonstrate Made	0.00	0.00	
Loan Repayments Made			
Loans Made	0.00	0.00	
Refunds of Contributions To:	7 7 7		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
man i onical committees	7 7 7		
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	7 7		
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c)) ►	0.00	0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)	0.00	0.00	
(i) Federal Share	0.00		
	0.00	0.00	
(ii) "Levin" Share	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
	7 7 7 7		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00	
	7 7		
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	47.91	47.9 [,]	
	7 7 7	47.9	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	0.00	0.00	
/			

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1000.00	1000.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1000.00	1000.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Image# 13940555646

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

7

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any pe ig the name and address of any political committee	
NAME OF COMMITTEE (In Full) FRIENDS OF MOUNT SINA	AI MEDICAL CENTER PAC	
Full Name (Last, First, Middle Initial) A. Mr. Gary S Bleemer		Date of Receipt
Mailing Address 6381 N Bay Road	State Zip Code	03 22 2013
Miami Beach	FL 33141-4513	Transaction ID : SA11AI.4683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Metro Parking Systems, Inc.	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Mrs. Renee Bleemer		Date of Receipt
Mailing Address 6381 N Bay Road	03 22 2013	
City Miami Beach	State Zip Code FL 33141-4513	Transaction ID : SA11AI.4685 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Animal Welfare Society of S FL	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	1000.00
TOTAL This Period (last page this line nur	nber only)	1000.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 7 OF 7 FOR LINE 21a OF FORM 3X

NAME	OF	COMMITTEE	(In	Full)	
			(111	i unj	

F	RIENDS OF	MOUNT SINA	I MEDICAL CENTER PAC
Α.	Full Name (Last.	First. Middle Initial)	Transaction ID : H4.4688

Α.	Full Name (Last, First, Middle Initial)	Transaction	n ID : H4.4688		Allocated Activity or Event:
	CITY NATIONAL BANK				Administrative Fundraising Exempt
	Mailing Address 25 W FLAGLER ST				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	MIAMI	FL	33130		 Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Monthly Service Fee			001	15.98
	Activity or Event Identifier:			001	
	Administrative			Category/ Type	Date 01 / D D / Y Y Y Y 01 18 2013
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7 7	15.98	15.98
В.	Full Name (Last, First, Middle Initial) CITY NATIONAL BANK	Transactior	n ID : H4.4689		Allocated Activity or Event:
	Mailing Address 25 W FLAGLER ST				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	MIAMI	FL	33130		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Monthly Service Fee			001	31.94
	Activity or Event Identifier: Administrative			Category/ Type	Date 02 / 14 / 2013
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7 7	15.96	15.96
C.	Full Name (Last, First, Middle Initial) CITY NATIONAL BANK	Transaction	n ID : H4.4690		Allocated Activity or Event:
	Mailing Address 25 W FLAGLER ST				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	MIAMI	FL	33130		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Monthly Service Fee			001	47.91
	Activity or Event Identifier: Administrative			Category/ Type	Date 03 15 2013
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		-	NONIEDENAL		
	0.00		7 7	15.97	15.97
รเ	JBTOTAL of Allocated Federal and NonFede	2	0		
	FEDERAL SHARE		NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00			47.91	47.91
т	OTAL This Period (last page for each line on FEDERAL SHARE	ly)(Federal sh	are to 21(a)(i) and NONFEDERAL		nare to 21(a)(ii)) TOTAL AMOUNT
	0.00			47.91	47.91