FEC FORM 3X	AN	EPORT O ID DISBU Other Than Ar	JRSEM	ENTS	ee		Office Use Only
1. NAME OF COMMITTEE (in f		FEC MAILING LA		ample:If typing er the lines	, type		
ADDRESS (number and	street)	400 NW 107th AV					
Check if diffe than previous reported. (AC	rent L	TH FLOOR 11AMI 					33172
2. FEC IDENTIFICA	TION NUMBER	₩	CITY 🛦		Ş	STATE	ZIPCODE 🔺
C00411561			3. IS THIS REPORT		NEW N) OR	AM (A	MENDED)
4. TYPE OF REPO (Choose One)		(b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3		May 20 (M5) Jun 20 (M6)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
July 15 Quarterly October Quarterly	v Report(Q1) v Report(Q2) 15 v Report(Q3)	(c) 12-Day PRE -Elect Report for	Apr 20 (M4		Jul 20 (M7) ?)	H	20 (M10) Vear Only) Jan 31 (YE) (12G) Runoff (12R)
July 31 M	r Report(YE) ⁄lid-Year	(d) 30-Day	Election on			<u> </u>	in the State of
Year On	lon-election y) (MY) ion Report	Post -Elec Report for		General (300	a)	Runoff (3	30R) Special (30S) in the State of
5. Covering Period	0 1	01 201	1	through	03	31	2011
I certify that I have exam Type or Print Name of	-	rt and to the best of STANLEY TATE	my knowledge	and belief it is	true, correct a	and complete.	
Signature of Treasurer	Electronically	y Filed by STANL	EYTATE		D	ate 04	11 2011
NOTE : Submission of	false, erroneous	s, or incomplete info	rmation may s	ubject the pers	on signing this	s Report to the	e penalties of 2 U.S.C 437g.
Office Use Only							FEC FORM 3X (Rev. 12/2004)

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

١	Vrite or Type Committee Name FRIENDS OF MOUNT SINAI MEDICAL	CENTER PAC	
F	Report Covering the Period: From:	M 01 Y Y Y Y 1 01	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 ^{Y Y Y}		7692.36
	(b) Cash on Hand at Begining of Reporting Period	7692.36	
	(c) Total Receipts (from Line 19)	0.00	0.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7692.36	7692.36
7.	Total Disbursements (from Line 31)	45.45	45.45
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7646.91	7646.91
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)		0.00	

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

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC м м 01 01 м м 03 3^D1 D 2011 D 2011 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A) 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees (C) 0.00 0.00 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 0.00 0.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 0.00 0.00 (subtract Line 18(c) from Line 19)

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of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	0.00	0.00
Transfers to Affiliated/Other Party		0.00
Contributions to		
	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
	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
	45.45	45.45
(a) Shared Federal Election Activity		
	0.00	0.00
	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	45.45	45.45
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	45.45	45.45
	II. DISBURSEMENTS Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	IL DISBURSEMENTS COLUMN A Total This Period Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (b) Other Federal Share

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)			Page	
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)	0.00	0.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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