

**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

CITY

STATE

ZIP CODE

C00411561

3. IS THIS REPORT

X

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)

X 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

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

01

30

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.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	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)	44600.00	44600.00
7. Total Disbursements (from Line 31)	15987.23	15987.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28612.77	28612.77
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

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)	44250.00	44250.00
(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

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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 ActMty (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 31).....	15987.23	15987.23

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

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: PAGE 6 / 23

(check only one)

11a 11b 11c 12
13 14 15 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) A. LEONARD ABESS		Date of Receipt M / D / Y 08 / 23 / 2005
Mailing Address 25 W FLAGLER ST		Transaction ID: SA11A1.4131
City	State	Zip Code
MIAMI	FL	33130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CITY NATIONAL BANK	Occupation BANKER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. BERNYCE ADLER		Date of Receipt M / D / Y 09 / 01 / 2005
Mailing Address 101D1 COLLINS AVE #18E		Transaction ID: SA11A1.4157
City	State	Zip Code
BAL HARBOUR	FL	33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MICHAEL M ADLER		Date of Receipt M / D / Y 08 / 30 / 2005
Mailing Address 1400 NW 107 AVE 5TH FL		Transaction ID: SA11A1.4155
City	State	Zip Code
MIAMI	FL	33172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ADLER GROUP, INC.	Occupation REAL ESTATE INVESTOR	
Receipt For: Primary General 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: PAGE 7 / 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"/> 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

Full Name (Last, First, Middle Initial) A. ETHEL BLUM-DUBLIN		Date of Receipt M / D / Y 09 / 01 / 2005
Mailing Address 20155 NE 38 CT #8004		Transaction ID: SA11A1.4159
City AVENTURA	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MORRIS BROAD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 1030 HARDEE RD		Transaction ID: SA11A1.4119
City CORAL GABLES	State FL	Zip Code 33146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MAUREEN CANDIS		Date of Receipt M / D / Y 08 / 20 / 2005
Mailing Address 10101 COLLINES AVE 17B		Transaction ID: SA11A1.4109
City BAL HARBOUR	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General 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: PAGE 8 / 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"/> 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

Full Name (Last, First, Middle Initial) A. HARVEY CHAPLIN		Date of Receipt M / D / Y 08 / 23 / 2005
Mailing Address 1800 NW 183 ST.		Transaction ID: SA11A1.4133
City	State	Zip Code
MIAMI	FL	33169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼
	SALES	
Receipt For: Primary General Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. PAUL CHAPLIN		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 108 BAL BAY DR		Transaction ID: SA11A1.4135
City	State	Zip Code
BAL HARBOUR	FL	33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼
	DENTIST	
Receipt For: Primary General Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. WAYNE CHAPLIN		Date of Receipt M / D / Y 08 / 19 / 2005
Mailing Address 54 LA GORCE CIRCLE		Transaction ID: SA11A1.4103
City	State	Zip Code
MIAMI BEACH	FL	33141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼
	SALES	
Receipt For: Primary General Other (specify) ▼	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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 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"/>	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

Full Name (Last, First, Middle Initial) A. STANLEY COHEN		Date of Receipt M / D / Y 09 / 03 / 2005	
Mailing Address 4842 FISHER ISLAND DR		Transaction ID: SA11A1.4165	
City FISHER ISLAND	State FL	Zip Code 33109	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) B. JOSEPH DAVIDSON		Date of Receipt M / D / Y 08 / 29 / 2005	
Mailing Address 5660 COLLINS AVE		Transaction ID: SA11A1.4147	
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		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) C. ROBERT S FELDMAN		Date of Receipt M / D / Y 11 / 18 / 2005	
Mailing Address 2100 PONCE DE LEON BLVD SUITE 1200		Transaction ID: SA11A1.4187	
City CORAL GABLES	State FL	Zip Code 33134	Amount of Each Receipt this Period 1000.00
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	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 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"/>	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

Full Name (Last, First, Middle Initial) A. JOEL FRIEDLAND		Date of Receipt M / D / Y 08 / 23 / 2005	
Mailing Address 999B COLLINS AVE #19B		Transaction ID: SA11A1.4135	
City	State	Zip Code	Amount of Each Receipt this Period
BAL HARBOUR	FL	33154	1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) B. SAUL GLOTTMAN		Date of Receipt M / D / Y 08 / 30 / 2005	
Mailing Address 544B NORTH BAY RD		Transaction ID: SA11A1.4133	
City	State	Zip Code	Amount of Each Receipt this Period
MIAMI BEACH	FL	33140	2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2000.00	

Full Name (Last, First, Middle Initial) C. SAUL GLOTTMAN		Date of Receipt M / D / Y 08 / 15 / 2005	
Mailing Address 544B NORTH BAY RD		Transaction ID: SA11A1.4173	
City	State	Zip Code	Amount of Each Receipt this Period
MIAMI BEACH	FL	33140	2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	4000.00	

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(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

Full Name (Last, First, Middle Initial) A. BARTON S GOLDBERG		Date of Receipt M / D / Y 08 / 30 / 2005
Mailing Address 301 ARTHUR GODFREY RD		Transaction ID: SA11A1.4151
City	State	Zip Code
MIAMI BEACH	FL	33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation ATTORNEY	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LOUIS GROSSMAN		Date of Receipt M / D / Y 08 / 25 / 2005
Mailing Address 998 W FLAGLER ST		Transaction ID: SA11A1.4141
City	State	Zip Code
MIAMI	FL	33130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SALOMON HANDONO		Date of Receipt M / D / Y 08 / 29 / 2005
Mailing Address 1452 PRESIDENTIAL WAY		Transaction ID: SA11A1.4145
City	State	Zip Code
NORTH MIAMI BEACH	FL	33179
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 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"/> 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

Full Name (Last, First, Middle Initial) A. JO ANN HILDEBRANDT		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 9411 E BROADVIEW DR		Transaction ID: SA11A1.4115
City	State	Zip Code
BAY HARBOR ISLAND	FL	33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) B. MARK HILDEBRANDT		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 9411 E BROADVIEW DR		Transaction ID: SA11A1.4113
City	State	Zip Code
BAY HARBOR ISLAND	FL	33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) C. ANDREW HIRSCHL		Date of Receipt M / D / Y 08 / 19 / 2005
Mailing Address 3231 CALUSA ST		Transaction ID: SA11A1.4178
City	State	Zip Code
COCONUT GROVE	FL	33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation DENTIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	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"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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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 / D / Y 08 / 28 / 2005
Mailing Address 4845 SW 7B ST		Transaction ID: SA11A1.4143
City	State	Zip Code
MIAMI	FL	33143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. JOSEPH KANTER		Date of Receipt M / D / Y 09 / 28 / 2005
Mailing Address 477D BISCAYNE BLVD SUITE 1150		Transaction ID: SA11A1.4182
City	State	Zip Code
MIAMI	FL	33137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. STANLEY KRAFTSOW		Date of Receipt M / D / Y 08 / 25 / 2005
Mailing Address 7411 FISHER ISLAND DR		Transaction ID: SA11A1.4139
City	State	Zip Code
FISHER ISLAND	FL	33109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General 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: PAGE 14 / 23

(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

Full Name (Last, First, Middle Initial) A. IRA LAMPERT		Date of Receipt M / D / Y 08 / 16 / 2005
Mailing Address 4000 HOLLYWOOD BLVD SUITE 650N		Transaction ID: SA11A1.4101
City HOLLYWOOD	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. BENNETT LEBOW		Date of Receipt M / D / Y 08 / 28 / 2005
Mailing Address 5203 FISHER ISLAND DR		Transaction ID: SA11A1.4149
City FISHER ISLAND	State FL	Zip Code 33109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. ARLENE MENDELSON		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 825 BRICKELL BAY DR SUITE 1643		Transaction ID: SA11A1.4123
City MIAMI	State FL	Zip Code 33131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: Primary General 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: PAGE 15 / 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"/> 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

Full Name (Last, First, Middle Initial) A. LAURANS MENDELSON		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 825 BRICKELL BAY DR SUITE 1643		Transaction ID: SA11A1.4125
City MIAMI	State FL	Zip Code 33131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HEICO CORP	Occupation PRESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. GERALD MILLER		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 9350W BAY HARBOR DR #2A		Transaction ID: SA11A1.4161
City BAY HARBOR ISLAND	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. SANDRA MUSS		Date of Receipt M / D / Y 08 / 25 / 2005
Mailing Address 4441 COLLINS AVE PH		Transaction ID: SA11A1.4137
City MIAMI BEACH	State FL	Zip Code 33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation HOTEL OWNER	
Receipt For: Primary General 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: PAGE 16 / 23

(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

Full Name (Last, First, Middle Initial) A. STEPHEN MUSS		Date of Receipt M / D / Y 08 / 23 / 2005
Mailing Address 4441 COLLINS AVE PH		Transaction ID: SA11A1.4129
City	State	Zip Code
MIAMI BEACH	FL	33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼	HOTEL OWNER	

Full Name (Last, First, Middle Initial) B. ADRIENNE PARDO		Date of Receipt M / D / Y 08 / 19 / 2005
Mailing Address 1401 NORTH VIEW DR SUNSET ISLAND I		Transaction ID: SA11A1.4107
City	State	Zip Code
MIAMI BEACH	FL	33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEVAN PARDO		Date of Receipt M / D / Y 08 / 19 / 2005
Mailing Address 1401 NORTH VIEW DR SUNSET ISLAND I		Transaction ID: SA11A1.4105
City	State	Zip Code
MIAMI BEACH	FL	33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼	ATTORNEY	

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 17 / 23

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		16		

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

Full Name (Last, First, Middle Initial) B. MURIEL ROSEN		Date of Receipt M / D / 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	Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. GANDACE RUSKIN		Date of Receipt M / D / 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	Occupation	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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: PAGE 18 / 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"/>	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

Full Name (Last, First, Middle Initial) A. LLOYD RUSKIN		Date of Receipt M / D / Y 09 / 06 / 2005	
Mailing Address 5500 COLLINS AVE #2203		Transaction ID: SA11A1.4171	
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	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	

Full Name (Last, First, Middle Initial) B. HARRY SENDZISCHEW		Date of Receipt M / D / Y 09 / 18 / 2005	
Mailing Address 10250 W BROADVIEW DR		Transaction ID: SA11A1.4176	
City BAY HARBOR ISLAND	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	Occupation DOCTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) C. BARRY SILVERMAN		Date of Receipt M / D / Y 08 / 22 / 2005	
Mailing Address 19553 NE 37 AVE		Transaction ID: SA11A1.4117	
City AVENTURA	State FL	Zip Code 33180	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation DOCTOR		
Receipt For: Primary General 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: PAGE 10 / 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"/>	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

Full Name (Last, First, Middle Initial) A. MORTON STEELE		Date of Receipt M / D / Y 08 / 20 / 2005	
Mailing Address 9 ISLAND AVE #1214		Transaction ID: SA11A1.4111	
City MIAMI BEACH	State FL	Zip Code 33139	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. ROBERT A STONE		Date of Receipt M / D / Y 08 / 22 / 2005	
Mailing Address 2699 S BAYSHOR DR SUITE 500		Transaction ID: SA11A1.4121	
City MIAMI	State FL	Zip Code 33139	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. STANLEY TATE		Date of Receipt M / D / Y 10 / 10 / 2005	
Mailing Address 1175 NE 125 ST. SUITE 102		Transaction ID: SA11A1.4184	
City NORTH MIAMI	State FL	Zip Code 33161	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer TATE ENTERPRISES Receipt For: Primary General Other (specify) ▼	Occupation INVESTOR Aggregate Year-to-Date ▼ 2500.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 23

(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

Full Name (Last, First, Middle Initial) A. ALLAN WESLER		Date of Receipt M / D / Y 08 / 28 / 2005
Mailing Address 10155 COLLINS AVE #1810		Transaction ID: SA11A1.4208
City	State	Zip Code
BAL HARBOUR	FL	33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. RUTH WIEN		Date of Receipt M / D / Y 09 / 18 / 2005
Mailing Address 20191 E COUNTRY CLUB DRIVE TH-2		Transaction ID: SA11A1.4180
City	State	Zip Code
NORTH MIAMI BEACH	FL	33269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. LOUIS WOLFSON		Date of Receipt M / D / Y 09 / 04 / 2005
Mailing Address 9595 JOURNEY'S END LANE		Transaction ID: SA11A1.4187
City	State	Zip Code
CORAL GABLES	FL	33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: Primary General 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: 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"/>	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

Full Name (Last, First, Middle Initial) A. DAVID ZINN		Date of Receipt 09 / 15 / 2005	
Mailing Address PD BOX 6B-4700		Transaction ID: SA11A1.4174	
City MIAMI	State FL	Zip Code 33269	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	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
	27		28a		28b		28c		29		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

Transaction ID: SB21B.4189
Date of Disbursement

Mailing Address 1175 NE 125 ST
SUITE 102

09 / 08 / 2005

City NORTH MIAMI State FL Zip Code 33101

Amount of Each Disbursement this Period

Purpose of Disbursement
MAILING SERVICES

4972.03

Candidate Name

003
Category/
Type

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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

Mailing Address 2925 SALCEDO ST

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BILL NELSON FOR U.S. SENATE

Office Sought: House
 Senate
President

State: FL District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4194

Date of Disbursement

09 / 30 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. KENDRICK MEEK FOR CONGRESS

Mailing Address 111 NW 183 ST
SUITE 315

City MIAMI GARDENS State FL Zip Code 33160

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KENDRICK MEEK FOR CONGRESS

Office Sought: House
Senate
President

State: FL District 17

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4192

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STE, S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CLAY SHAW, JR

Office Sought: House
Senate
President

State: FL District 22

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4196

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

11000.00