Image# 12972715809			_		PAGE 1 / 7
FEC	REPORT OF I AND DISBURS For Other Than An Auth	SEMENT	s		
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	ffice Use Only
	1400 NW 107th AVENUE				
ADDRESS (number and street)	4TH FLOOR				
Check if different than previously reported. (ACC)	MIAMI			FL	33172
2. FEC IDENTIFICATION NU	IMBER V CITY	″▲	S		ZIP CODE
C C00411561	3. IS RE		NEW N) OR	AMEN (A)	IDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q X October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-election 	Report Image: Construction of the second	20 (M3)		Aug 20 Sep 20 Oct 20 General (12) Special (12)	(M9) (M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) G) Runoff (12R) S) in the State of
Year Only) (MY) Termination Report (TER)	POST-Election Report for the:	General (300		Runoff (30R) Special (30S)
5. Covering Period 07	01 2012	through	09 Delief it is true	30	State of 2012
Type or Print Name of Treasurer	-	-			
Signature of Treasurer	LEY TATE	[Electronically	<i>Filed]</i> Da	te 10	/ D D / Y Y Y Y 17 2012
NOTE: Submission of false, errone	eous, or incomplete information	may subject the pers	son signing this	s Report to the p	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

10/17/2012 18 : 04

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:	07 01 Y Y Y Y 2012 To	o: 09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		2507.41
	(b) Cash on Hand at Beginning of Reporting Period	412.14	
	(c) Total Receipts (from Line 19)	1000.00	3500.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1412.14	6007.41
7.	Total Disbursements (from Line 31)	1048.32	5643.59
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	363.82	363.82
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

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Image# 12972715811

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1000.00	3500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	4000.00	3500.00
Lines 11(a)(i) and (ii)►	1000.00	3300.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		7 7
(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)	1000.00	3500.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transfers (add 19(a) and 19(b))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1000.00	3500.00
1∠, 10, 1 1 , 10, 10, 17, and 10(0)/	1000.00	3300.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	1000.00	3500.00

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures: —	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(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)) ► Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1000.00	5500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d))		
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00
(b) Political Party Committees(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	48.32	143.59
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
		0.00
(ii) "Levin" Share (b) Federal Election Activity Paid Entirely	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)).	1048.32	5643.5
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	1010 22	5643.59
from Line 31)	1048.32	0043.39

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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	3500.00
 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	3500.00
6. 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

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

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi	and Statements may not be sold or used by any p ng the name and address of any political committee	erson for the purpose of soliciting contributions a to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FRIENDS OF MOUNT SIN	AI MEDICAL CENTER PAC	
A. Full Name (Last, First, Middle Initial) MICHAEL M ADLER Mailing Address 1400 NW 107 AVE		Date of Receipt
5TH FL City	State Zip Code	09 24 2012 Transaction ID : SA11AI.4651
MIAMI FEC ID number of contributing federal political committee.	FL 33172	Amount of Each Receipt this Period
Name of Employer ADLER GROUP, INC. Receipt For: Primary General Other (specify) ▼	Occupation REAL ESTATE INVESTOR Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date ▼	1
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	nal)	1000.00
TOTAL This Period (last page this line nu	Imber only)	1000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 7 OF 7		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)		
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
FRIENDS OF MOUNT SINAI MED	ICAL CENTER PAC				
Full Name (Last, First, Middle Initial) A. DCCC Red to blue Mailing Address 430 South Capital Street SE			Date of Disbursement		
			09 28 2012		
	State Zip Code DC 20003		Transaction ID : SB23.4659		
Purpose of Disbursement		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
DCCC Red to blue Office Sought: House Disburser	nent For: 2012	Туре	1000.00		
State: District:	Primary X General Other (specify)				
Full Name (Last, First, Middle Initial)			Data of Dishursement		
В.			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name	1	Category/ Type			
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type			
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		••••••	1000.00		
TOTAL This Period (last page this line number only)		••••••	1000.00		