

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 107th AVENUE 4TH FLOOR Check if different than previously reported. (ACC) MIAMI FL 33172

2. FEC IDENTIFICATION NUMBER C00411561 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 04 2008

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. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		29612.77
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	14512.77									
(c) Total Receipts (from Line 19) .....	19600.00	20000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	34112.77	49612.77								
7. Total Disbursements (from Line 31) .....	12500.00	28000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21612.77	21612.77								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	19500.00	19500.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	100.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19600.00	20000.00
(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) .....	19600.00	20000.00
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)) .....	19600.00	20000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19600.00	20000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	28000.00
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 Activity (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))..	12500.00	28000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	28000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	19600.00	20000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19600.00	20000.00
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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15  
(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

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

**A.**

Full Name (Last, First, Middle Initial) BERNYCE ADLER		Date of Receipt MM / DD / YYYY 08 / 29 / 2007
Mailing Address 10101 COLLINS AVE #16E		Transaction ID: SA11AI.4304
City BAL HARBOUR	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	INDIVIDUAL CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) MICHAEL M ADLER		Date of Receipt MM / DD / YYYY 08 / 23 / 2007
Mailing Address 1400 NW 107 AVE 5TH FL		Transaction ID: SA11AI.4296
City MIAMI	State FL	Zip Code 33172
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer ADLER GROUP, INC.	Occupation REAL ESTATE INVESTOR	INDIVIDUAL CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) MORRIS BROAD		Date of Receipt MM / DD / YYYY 07 / 27 / 2007
Mailing Address 1030 HARDEE RD		Transaction ID: SA11AI.4276
City CORAL GABLES	State FL	Zip Code 33146
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer American Savings & Loan	Occupation President	INDIVIDUAL CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(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

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**

**A.** Full Name (Last, First, Middle Initial)  
**JACK BURSTEIN**

Mailing Address **3014 PINETREE DRIVE**

City **MIAMI BEACH** State **FL** Zip Code **33140**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STRATEGIES CAPITAL ASSOC** Occupation **MERCHANT BANKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 14 / 2007**

**Transaction ID: SA11AI.4293**

Amount of Each Receipt this Period **500.00**

**INDIVIDUAL CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**WAYNE CHAPLIN**

Mailing Address **54 LA GORCE CIRCLE**

City **MIAMI BEACH** State **FL** Zip Code **33141**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRESIDENT/CEO** Occupation **SALES**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **08 / 04 / 2007**

**Transaction ID: SA11AI.4284**

Amount of Each Receipt this Period **1000.00**

**INDIVIDUAL CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**BARTON GOLDBERG**

Mailing Address **5969 N BAY ROAD**

City **MIAMI BEACH** State **FL** Zip Code **33140**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **07 / 30 / 2007**

**Transaction ID: SA11AI.4280**

Amount of Each Receipt this Period **1000.00**

**INDIVIDUAL CONTRIBUTION**

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANDREW HIRSCHL		Date of Receipt
	Mailing Address 3231 CALUSA ST		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	COCONUT GROVE	FL	33133
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4301
Name of Employer DENTIST		Occupation DENTIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
			INDIVIDUAL CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) GERALDINE HOFFMAN-SCHOTTENSTEIN		Date of Receipt
	Mailing Address 10225 COLLINS AVENUE #1001-1003		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	BAL HARBOUR	FL	33154
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4299
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
			INDIVIDUAL CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) IRA LAMPERT		Date of Receipt
	Mailing Address 4000 HOLLYWOOD BLVD SUITE 650N		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	HOLLYWOOD	FL	33021
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4295
Name of Employer Self-Employed		Occupation Developer, Designer, Manuf. Cameras	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
			INDIVIDUAL CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 15
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DONALD LEFTON	Date of Receipt MM / DD / YYYY 08 / 29 / 2007
	Mailing Address 1900 S BAYSHORE LANE	<b>Transaction ID:</b> SA11AI.4297
	City State Zip Code MIAMI FL 33133	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation THE CONTINENTAL CO. LLC VICE CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LAURANS MENDELSON	Date of Receipt MM / DD / YYYY 08 / 27 / 2007
	Mailing Address 825 BRICKELL BAY DR SUITE 1643	<b>Transaction ID:</b> SA11AI.4302
	City State Zip Code MIAMI FL 33131	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation HEICO CORP PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) EARL PERTNOY	Date of Receipt MM / DD / YYYY 07 / 27 / 2007
	Mailing Address 801 ARTHUR GODFREY RD SUITE 202	<b>Transaction ID:</b> SA11AI.4277
	City State Zip Code MIAMI BEACH FL 33140	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PRIVATE INVESTOR REAL ESTATE INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15  
(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

**A.** Full Name (Last, First, Middle Initial)  
MARK REVITZ

Mailing Address 9451 EAST BROAD VIEW DRIVE

City State Zip Code  
BAY HARBOR FL 33154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VISTA MEMORIAL GARDENS PRESIDENT/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2007

**Transaction ID:** SA11AI.4285

Amount of Each Receipt this Period  
1000.00

INDIVIDUAL CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
CANDACE RUSKIN

Mailing Address 5500 COLLINS AVE #2203

City State Zip Code  
MIAMI BEACH FL 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2007

**Transaction ID:** SA11AI.4278

Amount of Each Receipt this Period  
1000.00

INDIVIDUAL CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
LLOYD RUSKIN

Mailing Address 5500 COLLINS AVE #2203

City State Zip Code  
MIAMI BEACH FL 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired Atty., Former Owner Fedco

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2007

**Transaction ID:** SA11AI.4279

Amount of Each Receipt this Period  
1000.00

INDIVIDUAL CONTRIBUTION

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15  
(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

**A.** Full Name (Last, First, Middle Initial)  
BARRY SILVERMAN

Mailing Address 2801 NE 208TH TERRACE

City State Zip Code  
AVENTURA FL 33180

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED      Occupation SURGEON

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	7

**Transaction ID:** SA11AI.4282

Amount of Each Receipt this Period  
1000.00

INDIVIDUAL CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
STANLEY TATE

Mailing Address 1175 NE 125 ST.  
SUITE 102

City State Zip Code  
NORTH MIAMI FL 33161

FEC ID number of contributing federal political committee. **C**

Name of Employer TATE ENTERPRISES      Occupation INVESTOR

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	7

**Transaction ID:** SA11AI.4292

Amount of Each Receipt this Period  
1000.00

INDIVIDUAL CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
LEONARD WIEN

Mailing Address 3005 FLAMINGO DRIVE

City State Zip Code  
MIAMI BEACH FL 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer WEIN FOUNDATION      Occupation INVESTMENTS

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

**Transaction ID:** SA11AI.4290

Amount of Each Receipt this Period  
1000.00

INDIVIDUAL CONTRIBUTION

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 15	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID ZINN		Date of Receipt	
	Mailing Address 9999 COLLINS AVENUE, #12E		M M / D D / Y Y Y Y 08 / 07 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4287
	BAL HARBOUR	FL	33154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	1000.00
	Name of Employer RETIRED		Occupation RETIRED	INDIVIDUAL CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19500.00

**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 13 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BECAUSE I CARE POLITICAL ACTION COMMITTEE (BICPAC)	Transaction ID: SB23.4264 Date of Disbursement																			
	Mailing Address 5933 W. Hillsboro Blvd. #305	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	0	7												
	City Parkland State FL Zip Code 33067	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART	Transaction ID: SB23.4261 Date of Disbursement																			
	Mailing Address 8770 Sunset Drive Suite 421	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	7												
	City Miami State FL Zip Code 33173	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name LINCOLN DIAZ-BALART	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART	Transaction ID: SB23.4262 Date of Disbursement																			
	Mailing Address 8770 Sunset Drive Suite 421	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	7												
	City Miami State FL Zip Code 33173	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name LINCOLN DIAZ-BALART	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8500.00</td></tr></table>	8500.00
8500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

**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 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.4267 Date of Disbursement																			
	Mailing Address 7905 MALCOLM ROAD SUITE 102	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	0	7												
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) TIM MAHONEY	Transaction ID: SB23.4271 Date of Disbursement																			
	Mailing Address 355 CASTLE ROCK RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	7												
	City VENUS State FL Zip Code 33960	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name TIM MAHONEY	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) ROS-LEHTINEN FOR CONGRESS	Transaction ID: SB23.4263 Date of Disbursement																			
	Mailing Address P O Box 52-2784	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	2		2	0	0	7												
	City MIAMI State FL Zip Code 33152	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00
---------

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

--

**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 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
SCHULTZ, DEBBIE WASSERMAN

Transaction ID: SB23.4269

Date of Disbursement

Mailing Address 4479 FOXGLOVE LN

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	7

City State Zip Code  
WESTON FL 33331

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 20

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ►

1000.00
---------

TOTAL This Period (last page this line number only) ..... ►

12500.00
----------