

Friends of Mount Sinai Medical Center PAC

1400 N.W. 107th Avenue, 4th Floor
Miami, Florida 33172
Telephone (305) 392-4001
Committee I.D. C00411561

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 APR 24 A 8:45

April 18, 2006

Fax: (202) 219-0174, Phone: (202) 694-1301

Mr. Bradley Decker
Federal Election Commission
Reports Analysis Division
999 E. Street NW
Washington, DC 20463

Re: FEC Form 3X – April 15 Quarterly Report (Q1)

Dear Mr. Decker:

On behalf of Friends of Mount Sinai Medical Center PAC, FEC I.D. #C00411561, please see attached our April 15 Quarterly Report. Please take notice the report is dated April 14, 2006. As you know through several conversations we had last Friday, we experienced technical problems which did not allow us to validate our report. We were able to resolve that problem today and attached you will see validation, Filing I.D. #FEC-213009 (copy attached).

Thank you for your patience and understanding in this matter.

Very truly yours,



Sonia Cuza
Executive Assistant
Friends of Mount Sinai Medical Center PAC

Enclosures

26039053988

Sonia Cuza

From: FEC Filing Server [http_db@sdrdc.com]
Sent: Tuesday, April 18, 2006 12:38 PM
To: Sonia Cuza
Subject: FEC Electronic Filing Results

DISCLOSE -- FEC Financial Disclosure Filing Acknowledgement

This is to acknowledge the receipt and acceptance of your electronic filing via the DISCLOSE protocol.

Your filing was received and accepted by our system at 04/18/2006 - 12:37:51, and was assigned the Filing ID of: FEC-213009

Please make a note of this, as it will be necessary to refer to this information in the future.

Thank you for using DISCLOSE.

Do not reply to this notice. It is sent from an unattended account that cannot receive email.

For your reference, the output of the validation check was as follows:

FEC File Validator Version 5.3.1.1
Developed for the Federal Election Commission by NIC Technologies, Inc. 1996-2006

=== Identification Section =====

Committee ID: C00411561
Committee Name: FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC
Filing Type: F3XN
From/Through: 20060101 - 20060331

Software/Ver#: FECfile / Ver# 5.3.1.0(f16)

=== Results Section =====

>>>----> FEC data file passed validation. <----<<<

Alert: 00004 warnings and/or potential missing information encountered

=== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
6A 2006		28,612.77
6B	28,612.77	
6C	2,000.00	2,000.00
6D	30,612.77	30,612.77
7	4,000.00	4,000.00
8	26,612.77	26,612.77
9	0.00	
10	0.00	
11A1	2,000.00	2,000.00
11A2	0.00	0.00

26039053989

11A3	2,000.00	2,000.00
11B	0.00	0.00
11C	0.00	0.00
11D	2,000.00	2,000.00
12	0.00	0.00
13	0.00	0.00
14	0.00	0.00
15	0.00	0.00
16	0.00	0.00
17	0.00	0.00
18A	0.00	0.00
19	2,000.00	2,000.00
20	2,000.00	2,000.00
21A1	0.00	0.00
21A2	0.00	0.00
21B	0.00	0.00
21C	0.00	0.00
22	0.00	0.00
23	4,000.00	4,000.00
24	0.00	0.00
25	0.00	0.00
26	0.00	0.00
27	0.00	0.00
28A	0.00	0.00
28B	0.00	0.00
28C	0.00	0.00
28D	0.00	0.00
29	0.00	0.00
31	4,000.00	4,000.00
32	4,000.00	4,000.00
33	2,000.00	2,000.00
34	0.00	0.00
35	2,000.00	2,000.00
36	0.00	0.00
37	0.00	0.00
38	0.00	0.00
18B	0.00	0.00
18C	0.00	0.00
30A1	0.00	0.00
30A2	0.00	0.00
30B	0.00	0.00
30C	0.00	0.00

==== Errors & Warnings Section =====

Validation Errors & Warnings

ERROR (Level 16, 12, 8) Messages...

No Errors

WARNING (Level 4) Messages...

Form{Item}: SA11A1 {GROSSMAN, LOUIS}
 Field Name: #012 Employer
 Warning Conditionally Required field is Empty

Form{Item}: SA11A1 {Simkins, Leon J.}
 Field Name: #012 Employer
 Warning Conditionally Required field is Empty

Form{Item}: SB23 {BOEHNER, JOHN A}
 Field Name: #012 Election Type Code

28039053990

Warning Election Code missing: ?

Form{Item}: SB23 {ROS-LEHTINEN FOR CONGRESS}

Field Name: #012 Election Type Code

Warning Election Code missing: ?

MD5 checksum:

99b517ddbac9c6c71edb85cee59aaf54

26039053991

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 APR 21 A 8:45
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 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)
 January 31 Quarterly Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day Post-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

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 _____

Signature of Treasurer Electronically Filed by Date 04 14 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.

26039053992

**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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="YYYY 2006"/>		<input type="text" value="28612.77"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="28612.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2000.00"/>	<input type="text" value="2000.00"/>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="30612.77"/>	<input type="text" value="30612.77"/>
7. Total Disbursements (from Line 31)	<input type="text" value="4000.00"/>	<input type="text" value="4000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="26612.77"/>	<input type="text" value="26612.77"/>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

26039053993

**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:

M	M
01	01

Y	Y	W	Y
2008			

 To:

M	M
03	31

Y	Y	W	Y
2006			

26039053994

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)	2000.00	2000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2000.00	2000.00
(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)	2000.00	2000.00
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))	2000.00	2000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2000.00	2000.00

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

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.....	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.....	4000.00	4000.00
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))..	4000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4000.00	4000.00

26039053995

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	2000.00	2000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2000.00	2000.00
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

26039053998

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

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

FOR LINE NUMBER:		PAGE 6 / 7	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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

Full Name (Last, First, Middle Initial) A. LOUIS GROSSMAN		Date of Receipt 03 / 22 / 2006
Mailing Address 998 W FLAGLER ST		Transaction ID: SA11A1.4212
City MIAMI	State FL	Zip Code 33130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Leon J. Simkins		Date of Receipt 03 / 22 / 2006
Mailing Address 260 East Street		Transaction ID: SA11A1.4213
City New Haven	State CT	Zip Code 06511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	2000.00

26039053997

**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 7 / 7

21b 22 23 24 25 26
 27 28a 28b 28c 29 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

Full Name (Last, First, Middle Initial) A. BOEHNER, JOHN A		Transaction ID: SB23.4215	
Mailing Address 7908-I CINCINNATI DAYTON RD		Date of Disbursement	
City WEST CHESTER State OH Zip Code 45069		03 / 17 / 2006	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		2000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: OH District: 08		Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ROS-LEHTINEN FOR CONGRESS		Transaction ID: SB23.4217	
Mailing Address P O Box 52-2784 Suite 100		Date of Disbursement	
City MIAMI State FL Zip Code 33152		03 / 17 / 2006	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		2000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 18		Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

26039053998

Name: GROSSMAN, LOUIS
Address: 998 W FLAGLER ST MIAMI FL
Date: 03/22/2006
Amount: 1000.00
Desc:
Aggregate: 1000.00
Line: 11(a) Transaction id: 4212

Name: Simkins, Leon J.
Address: 260 East Street New Haven CT
Date: 03/22/2006
Amount: 1000.00
Desc:
Aggregate: 1000.00
Line: 11(a) Transaction id: 4213

26039053999

Name: BOEHNER, JOHN A
Address: 7908-I CINCINNATI DAYTON RD WEST CHESTER OH
Date: 03/17/2006
Amount: 2000.00
Desc:
Aggregate: 2000.00
Line: 23 Transaction id: 4215

Name: ROS-LEHTINEN FOR CONGRESS
Address: P O Box 52-2784 Suite 100 MIAMI FL
Date: 03/17/2006
Amount: 2000.00
Desc:
Aggregate: 2000.00
Line: 23 Transaction id: 4217

26039054000

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/19/06
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JAD
 PREPARER
 (3/2005)

4/24/06
 DATE PREPARED

26039054001