FAX COVER SHEET

THE COMMITTEE FOR THE ADVANCEMENT OF STEM CELL RESEARCH

300 Garden City Plaza
Suite 234
Garden City, New York 11530

Telephone: (516) 294-8607
Facsimile: (516) 294-8623

Attention: Form 9 Processing	*From:* Frank L. Cocozzelli
Fax number: (202) 219-0174	*Date:* October 25, 2004
Phone number: (202) 694-1130	*Total pages, including cover:* 6

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

Comments:

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name: The Committee For the Advancement of Stem Cell Research

(b) Address (number and street) ☐ Check if different than previously reported: 300 Garden City Plaza Suite 234

(c) City, State and ZIP Code: Garden City NY 11530

2. FEC Identification Number: C30000095

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement: X New or Amended

4. Covering Period: 10 25 2004 through 10 25 2004

5. (a) Date of Public Distribution(s): 10 25 2004 (b) Communication Title: Research or Improvement

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes X No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? from our sole account Yes No X

8. Custodian of Records

(a) Name: Frank L. Cocozzelli

(b) Address (number and street): 793 Hylan Blvd

(c) City, State and ZIP Code: Staten Island NY 10305

(d) Name of Employer or Principal Place of Business: Self-employed

(e) Occupation: Attorney

9. Total Donations This Statement: 13,950.00

10. Total Disbursements/Obligations This Statement: 1,605.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Frank L. Cocozzelli

SIGNATURE: _____ DATE: 10/25/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 09/2002)

FE3AN050 PCF

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
Frank L. Cocozzelli, Co-executive Director
(b) Address (number and street)
743 Hylan Blvd
(c) City, State and ZIP Code
Staten Island NY 10305
(d) Name of Employer or Principal Place of Business
Self-employed
(e) Occupation
Attorney

B. (a) Name
Carl P. McNulty, Co-executive Director
(b) Address (number and street)
1009 Cour Rue De La Banque, Apt. K
(c) City, State and ZIP Code
St. Louis MO 63141
(d) Name of Employer or Principal Place of Business
Burroughs, Hepler, Broom et al
(e) Occupation
Attorney

C. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

FEC FORM 8 (REV. 03/2003)

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SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor	Frank L. Cocozzelli	Mailing Address of Donor	748 Hylan Blvd
City	Staten Island	State NY	Zip 10305
Date of Receipt	07 14 2004	Amount	$ 15000
B. Full Name of Donor	Rocco Marie Zimmerman	Mailing Address of Donor	29 Cape May Drive
City	Mallow	State NJ	Zip 07746
Date of Receipt	08 22 2004	Amount	250000
C. Full Name of Donor	Susan Dive	Mailing Address of Donor	400 Polo Drive
City	St. Louis	State MO	Zip 63105
Date of Receipt	04 22 2004	Amount	100000
D. Full Name of Donor	Steven T. Kirsch	Mailing Address of Donor	13930 La Paloma Rd
City	Los Altos Mills	State CA	Zip 94022
Date of Receipt	08 04 2004	Amount	100000
E. Full Name of Donor	Gary Susser	Mailing Address of Donor	2755 S. Federal Suite 13
City	Boynton Beach	State FL	Zip 33435
Date of Receipt	08 22 2004	Amount	100000

SUBTOTAL of Donations This Page (optional) ► 1035000

TOTAL This Period (last page this line number only) ► (carry total from last page to Line 8)

FEC FORM 3 (REV. 02/2003)

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SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Jeanette Jordan-Schiavone	Mailing Address of Donor: 14629 Glencairn Road	City: Miami Lakes State: FL Zip: 33016
Date of Receipt: 10 10 2004	Amount: 1,100.00	
B. Full Name of Donor: Isaac Olemberg	Mailing Address of Donor: 5212 No. Bay Rd	City: Miami Beach State: FL Zip: 33140
Date of Receipt: 10 18 2004	Amount: 1,000.00	
C. Full Name of Donor: Cathy Cocozzelli	Mailing Address of Donor: 743 Hylan Blvd	City: Staten Island State: NY Zip: 10305
Date of Receipt: through 10 19 2004	Amount: 1,500.00	
D. Full Name of Donor:	Mailing Address of Donor:	City: State: Zip:
Date of Receipt:	Amount:	
E. Full Name of Donor:	Mailing Address of Donor:	City: State: Zip:
Date of Receipt:	Amount:	

SUBTOTAL of Donations This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶ 13,950.00
(carry total from last page to Line 9)

FEC FORM 9 (REV 03/2003)

FE3AN016 PDF

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Bright House Networks

Mailing Address of Payee: 3505 Frontage Road Suite 380

City: Tampa State: FL Zip Code: 33607

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 25 2004

Amount: 1,605.00

Communication Date: 10 26 2004

Purpose of Disbursement (including title(s) of communication(s)): TV ads - Research or Imprisonment - Amended for Charlie 13th CD

Name of Federal Candidate: John F. Kerry
Office Sought: [ ] House [ ] Senate [X] President State: District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: Jan Schneider
Office Sought: [X] House [ ] Senate [ ] President State: District: 13th
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Katherine Harris
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 1,605.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

FEC Form 6 (REV. 02/2003)

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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.

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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)