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) 294-6607
Facsimile: (516) 294-8623

Attention: Federal Election Commission	*From:* Frank L. Cocozzelli
Fax number: 202-219-0174	*Date:* August 18, 2004
Phone number:	*Total pages, including cover:* 5

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

Comments:

Original to follow by mail.

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

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation

2. FEC Identification Number
C0037745

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 08 23 2004 through 09 02 2004

5. (a) Date of Public Distribution(s) 08 23 2004 (b) Communication Title Research or Criminalization

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

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

8. Custodian of Records * All records are kept in Garden City Office *

(a) Name
Frank L. Cocozzelli

(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

9. Total Donations This Statement 8,850.00

10. Total Disbursements/Obligations This Statement 3,340.00

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 [signature] DATE 8/18/04

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. 02/2003)

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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 East 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

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SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Frank L. Cocozzelli	Mailing Address of Donor: 743 Hylan Blvd	City: Staten Island, State: NY, Zip: 10305
Date of Receipt: through 07 14 2004	Amount: 4,850.00	
B. Full Name of Donor: Rocca Marie Zimmerman	Mailing Address of Donor: 29 Cape May Drive	City: Walbro, State: NJ, Zip: 07746
Date of Receipt: 06 12 2004	Amount: 20,000.00	
C. Full Name of Donor: Susan Talve	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 Hills, State: CA, Zip: 94022
Date of Receipt: 08 04 2004	Amount: 100000	
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) ▶ 185000
(carry total from last page to Line 5)

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

A. Full Name (Last, First, Middle Initial) of Payee: Charter Advertising Saint Louis
Mailing Address of Payee: 3660 S. Geyer Road, Suite 250
City: St. Louis State: MO Zip Code: 63127
Name of Employer: Occupation:

Date of Disbursement or Obligation: 08 18 2004
Amount: 3,000.00
Communication Date: 08 23 2004

Purpose of Disbursement (including title(s) of communication(s)): Research or Criminalization - Cable TV Advertising

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee: Jones Media America
Mailing Address of Payee: 11 West 42nd Street
City: New York State: NY Zip Code:
Name of Employer: Occupation:

Date of Disbursement or Obligation: 08 19 2004
Amount: 340.00
Communication Date: 08 30 2004

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad - The Silence of Ralph

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

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

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

SUBTOTAL of Disbursements/Obligations This Page (optional) 3340.00

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

FEC FORM 9 (REV. 10/2003)

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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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