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) 294-3807
Facsimile: (516) 294-3823

Attention: Form 9 Processing	*From:* Frank L. Cocozzelli
Fax number: (202) 219-0174	*Date:* August 26, 2004
Phone number: (202) 694-1130	*Total pages, including cover:* 5

☐ 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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C 00377438

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 08 27 2004 through 09 02 2004

5. (a) Date of Public Distribution(s) 08 27 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 pole 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)
742 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

10. Total Disbursements/Obligations This Statement

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

SIGNATURE

DATE 8/26/04

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. 10/2002)

F9AN038.PDF

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

PAGE OF

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

FEC FORM 9 (REV 4/2003)

F03AN030.PDF

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor Frank L. Cocozzelli Mailing Address of Donor 743 Hylan Blvd City State Zip Staten Island NY 10305	Through Date of Receipt 07 14 2004 Amount 485000	
B. Full Name of Donor Rocca Marie Zimmerman Mailing Address of Donor 29 Cape May Drive City State Zip Malbro NJ 07746	through Date of Receipt 08 22 2004 Amount 250000	
C. Full Name of Donor Susan Blue Mailing Address of Donor 400 Polo Drive City State Zip St. Louis MO 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 State Zip Los Altos Hills CA 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 State Zip Boynton Beach FL 33435	Date of Receipt 08 22 2004 Amount 100000	

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1035000
(carry total from last page to Line 8)

FEC FORM 8 (REV 02/2003)

FESAN038.PDF

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

PAGE OF

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

Charter Advertising Saint Louis

Mailing Address of Payee

3660 S. Geyer Road, Suite 250

City State Zip Code

St. Louis Mo 63127

Name of Employer Occupation

Date of Disbursement or Obligation: 08 26 2004

Amount: 1,330.00

Communication Date: 08 27 2004

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

Cable TV Advertising - Research or Criminalization

Name of Federal Candidate — Office Sought: [ ] House [ ] Senate [X] President — State: — District: —

Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

George W. Bush

Name of Federal Candidate — Office Sought: [ ] House [ ] Senate [X] President — State: — District: —

Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

John F. Kerry

Name of Federal Candidate — 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) ▶

TOTAL This Period (last page this line number only) ▶ 1,330.00

(carry total from last page to Line 10)

FE3AN031.PDF

FEC FORM 8 (REV 3/2003)

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)