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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: Madeline Laine	*From:* Frank L. Cocozzelli
Fax number: (202) 219-3496	*Date:* July 15, 2004
Phone number: (202) 694-1130	*Total pages, including cover:* 6

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

Comments:

24038454639

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2004 JUL 16 A 11:24

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
C00377432

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

(e) Occupation

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 07 / 12 / 2004 through 07 / 02 / 2004

5. (a) Date of Public Distribution(s) 07 / 15 / 2004 **(b) Communication Title** Don't vote for Ralph

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? Yes ☐ No ☒ Made from our sole account

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 7,850.00

10. Total Disbursements/Obligations This Statement 4,250.00

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 7/15/04

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

FE3AN038.PDF

FEC FORM 9 (REV. 02/2003)

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

SCHEDULE 9-A
Donation(s) Received

PAGE OF

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: 4850.00

B. Full Name of Donor: Rocco Marie Zimmerman
Mailing Address of Donor: 29 Cape May Drive
City: Malbro State: NJ Zip: 07746
Date of Receipt: 06 / 12 / 2004
Amount: 2000.00

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: 1000.00

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) ▶ 7850.00
(carry total from last page to Line 9)

24038454642

SCHEDULE 9-B | PAGE OF

Disbursement(s) Made or Obligation(s)

A. 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: 10036

Name of Employer | Occupation

Date of Disbursement or Obligation: 07 / 13 / 2004

Amount: 2,350.00

Communication Date: 07 / 19 / 2004

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad - Don't vote for 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)

B. Full Name (Last, First, Middle Initial) of Payee: The Thom Hartman Program

Mailing Address of Payee: 41 Northfield Street

City: Montpelier | State: VT | Zip Code: 05602

Name of Employer | Occupation

Date of Disbursement or Obligation: 07 / 13 / 2004

Amount: 700.00

Communication Date: 07 / 19 / 2004

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad - Don't vote for 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) ▶ 3,050.00

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

24038454643

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

PAGE OF

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

Mailing Address of Payee: 900 Parish Avenue

City: Pittsburgh State: PA Zip Code: 15220

Name of Employer: Occupation:

Date of Disbursement or Obligation: 07 / 15 / 2004

Amount: 1,300.00

Communication Date: 07 / 19 / 2004

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad - Don't vote for 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)

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) ▶ 4250.00
(carry total from last page to Line 10)

24038454644

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
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☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): FedEx	Shipping Date 7-15-04
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	7-16-04 DATE PREPARED

(5/2004)