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2004 JUL 14 A 11:10

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
800 Garden City Plaza, Suite 284

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

2. FEC Identification Number
C00377932

(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 09 / 02 / 2004

5. (a) Date of Public Distribution(s) 07 / 13 / 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 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 attorney

(e) Occupation

9. Total Donations This Statement 7,850.00

10. Total Disbursements/Obligations This Statement 3,050.00

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 7/13/04

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

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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 attorney
(e) Occupation

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

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 / 08 / 2004
Amount: 485000

B. Full Name of Donor
Rocco Marie Zimmerman
Mailing Address of Donor
29 Cape May Drive
City State Zip
Malbro NJ 07746

Date of Receipt: 06 / 12 / 2004
Amount: 200000

C. Full Name of Donor
Susan Talve
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
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) ..... ▶ 785000

TOTAL This Period (last page this line number only) ..... ▶ 785000
(carry total from last page to Line 9)

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

PAGE OF

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 Hartmann 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) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶ 3,050.00
(carry total from last page to Line 10)

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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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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ 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

7-14-04
DATE PREPARED

(5/2004)