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OPERATIONS CENTER

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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
C00377432

3. Is This Statement X 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 Communalization

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? * made from our sole account Yes No X

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

(a) Name
Frank A. Cocozzelli

(b) Address (number and street)
743 Hylan Blvd

(c) City, State and ZIP Code
Staten Island NY 11305

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

(e) Occupation
Attorney

9. Total Donations This Statement 10,350.00

10. Total Disbursements/Obligations This Statement 1,330.00

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

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.

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FEC FORM 9 (REV. 02/2003)