24038582768

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED FEC MAIL OPERATIONS CENTER 2004 OCT 21 A 10:45

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: C30000095

3. Is This Statement X New or Amended

4. Covering Period 10 15 2004 through 10 31 2004

5. (a) Date of Public Distribution(s) 10 28 2004 (b) Communication Title

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 Sale acct. Yes No X

8. Custodian of Records

(a) Name: Frank J. Gonzalez

(b) Address (number and street): 743 Dylan Blvd

(c) City, State and ZIP Code: Staten Island NY 11530

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

(e) Occupation: Attorney

9. Total Donations This Statement $ 13,950.00

10. Total Disbursements/Obligations This Statement $ 2,800.00

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 [signature] DATE 10/20/04

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

FERANC38.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. McNally, Co-executive Director
(b) Address (number and street)
1009 East Rue De Lee Bonque, 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 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 Hay Drive City State Zip Malibro NJ 07746	Through	Date of Receipt 08 22 2004 Amount 250000	
C. Full Name of Donor Susan Taive 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) ..... ► 1035000

TOTAL This Period (last page this line number only) ..... ►
(carry total from last page to Line 6)

24038582771

SCHEDULE B-A
Donation(s) Received

PAGE OF

A. Full Name of Donor: Jeanette Jordan-Schiavone Mailing Address of Donor: 14629 Glen Ivern Road City: Miami Lakes State: FL Zip: 33016	Date of Receipt: 10 10 2004 Amount: 10000	
B. Full Name of Donor: Isaac Olemberg Mailing Address of Donor: 5212 No. Bay Rd City: Miami Beach State: FL Zip: 33140	Date of Receipt: 10 18 2004 Amount: 100000	
C. Full Name of Donor: Cathy Cocorelli Mailing Address of Donor: 743 Hylan Blvd City: Staten Island State: NY Zip: 10305	Date of Receipt: through 10 14 2004 Amount: 15000	
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) ..... ▶ 13,950.00
(carry total from last page to Line 9)

FE2AN036.PDF

FEC FORM 3 (REV. 02/2003)

24038582772

SCHEDULE 9-B

PAGE OF

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Bright House Networks

Mailing Address of Payee: 3505 Frontage Road, Suite 350

City: Tampa State: FL Zip Code: 33607

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 19 2004

Amount: 2,500.00

Communication Date: 10 21 2004

Purpose of Disbursement (including title(s) of communication(s)): TV Ads - "Jason's Plate", "Research or Improvement" and Research or Improvement - Spanish language

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 Kerry — Office Sought: [ ] House [ ] Senate [X] President — State: — District: — Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: Ralph Nader — 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: Bright House Networks

Mailing Address of Payee: 3505 Frontage Road, Suite 350

City: Tampa State: FL Zip Code: 33607

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 20 2004

Amount: 3,000.00 partial payment

Communication Date: 10 24 2004

Purpose of Disbursement (including title(s) of communication(s)): TV Ads - "Jason's Plate", "Research or Improvement" and Research or Improvement - Spanish

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) ▶ 5,500.00
(carry total from last page to Line 10)

FEC FORM 9 (REV. 10/2003)

FE14I036.PDF

24038582773

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 ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fed. Ex	Shipping Date 10-20-04
☐ 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
JMD PREPARER	10-21-04 DATE PREPARED

(5/2004)