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: Form 9 Processing	*From:* Frank L. Cocozzelli
Fax number: (202) 219-0174	*Date:* September 20, 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 30000095

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 09 20 2004 through 09 25 2004

5. (a) Date of Public Distribution(s) 09 20 2004 (b) Communication Title

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 sale account Yes ☐ No ☒

8. Custodian of Records

(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 6,350.00

10. Total Disbursements/Obligations This Statement 1,50.00

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 9/20/04

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

FEC FORM 9 (REV. 05/2003)

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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 Corozzelli, 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 1 (REV. 03/2003)

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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	Staten Island	State	NY
Zip	10305	Date of Receipt	through 07 14 2004
Amount	4,85000		
B. Full Name of Donor	Rocca Marie Zimmerman	Mailing Address of Donor	29 Cape May Drive
City	Malbro	State	NJ
Zip	07746	Date of Receipt	through 08 22 2004
Amount	250000		
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	100000		
D. Full Name of Donor	Steven T. Kirsch	Mailing Address of Donor	13930 La Paloma Rd
City	Los Altos Hills	State	CA
Zip	94022	Date of Receipt	08 04 2004
Amount	100000		
E. Full Name of Donor	Gary Sussex	Mailing Address of Donor	2755 S. Federal, Suite 13
City	Boynton Beach	State	FL
Zip	33435	Date of Receipt	07 22 2004
Amount	100000		

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 10,350.00
(carry total from last page to Line 9)

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FEC FORM 9 (REV 02/2003)

SCHEDULE 9-B

PAGE OF

Disbursement(s) Made or Obligation(s)

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

Mailing Address of Payee: 41 Northfield Street

City: Montpelier State: NJ Zip Code: 05602

Name of Employer: Occupation:

Date of Disbursement or Obligation: 09 20 2004

Amount: $50.00

Communication Date: 09 20 2004

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad - The Silence of Ralph

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) ▶

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:

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

FEC FORM 9 (REV. 02/2003)

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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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N/A PREPARER	N/A DATE PREPARED

(5/2004)