# 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:* October 18, 2004 |
| *Phone number:* (202) 694-1130 | *Total pages, including cover:* 6 |

☐ 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, New York 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 ☐ through ☐

5. (a) Date of Public Distribution(s) ☐ (b) Communication Title

6. Is the Filer's 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

(a) Name
Frank L. Caroselli

(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

10. Total Disbursements/Obligations This Statement

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 10/18/04

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

**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 Mylan 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 |
| Through | Date of Receipt: 07 14 2004 | Amount: 485000 | |
| B. Full Name of Donor: Rocca Marie Zimmerman | Mailing Address of Donor: 29 Cape May Drive | City: Halbro | State: NJ | Zip: 07746 |
| through | Date of Receipt: 08 22 2004 | Amount: 250000 | |
| C. Full Name of Donor: Susan Blue | 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 Susser | Mailing Address of Donor: 2755 S. Federal, Suite 13 | City: Boynton Beach | State: FL | Zip: 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 9)

PAGE OF

## SCHEDULE 9-A
### Donation(s) Received

| | |
|---|---|
| A. Full Name of Donor<br>Jeanette Jordan-Schiavone<br>Mailing Address of Donor<br>14629 Glencairn Road<br>City State Zip<br>Miami Lakes FL 33016 | Date of Receipt<br>10 10 2004<br>Amount<br>1,100.00 |
| B. Full Name of Donor<br>Isaac Olemberg<br>Mailing Address of Donor<br>6212 No. Bay Rd<br>City State Zip<br>Miami Beach FL 33140 | Date of Receipt<br>10 18 2004<br>Amount<br>1,000.00 |
| C. Full Name of Donor<br>Mailing Address of Donor<br>City State Zip | Date of Receipt<br>Amount |
| D. Full Name of Donor<br>Mailing Address of Donor<br>City State Zip | Date of Receipt<br>Amount |
| E. Full Name of Donor<br>Mailing Address of Donor<br>City State Zip | Date of Receipt<br>Amount |

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page the line number only) ▶ 12,450.00
(carry total from last page to Line 9)

## SCHEDULE 9-B

**Disbursement(s) Made or Obligation(s)**

PAGE OF

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

Mailing Address of Payee: 3506 Frontage Road, Suite 110

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 Place," "Research or Imprisonment" and "Research or Imprisonment - Spanish Language"

Name of Federal Candidate: George W. Bush — Office Sought: House / Senate / President — State: District: — Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: John Kerry — Office Sought: House / Senate / President — State: District: — Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: Ralph Nader — Office Sought: House / Senate / President — State: District: — Disbursement/Obligation For: Primary / 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) ▶ 2,500.00
(carry total from last page to Line 10)

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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| ☐ USPS Express Mail | Postmarked |
| ☐ Postmark illegible | |
| ☐ No Postmark | |
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(5/2004)