PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Main Street Banking Political Action Committee PO Box 77472 ADDRESS (number and street) (Check if address is changed) Washington 20013 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mainstreetpac@electioncompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00551192 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Chris Scribner Type or Print Name of Treasurer Chris Scribner [Electronically Filed] 17 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	EEC <b>F</b> -	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>
		committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised (	02/2009)		Page <b>3</b>
Write or Type Committee Name			- J
Main Street Bar	nking Political Action Comr	nittee	
	Organization, Affiliated Committee, Joint Fundraisi		r Leadership PAC Sponsor
NONE			
Mailing Address			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fun	draising Representativ	ve Leadership PAC Sponsor
Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) ar	nd position of the pers	son in possession of committee
PAC Outso	ourcing LLC		, , , , , , , , , , ,
	5845 Richmond Highway		
Mailing Address	Suite 820		, , , , , , , ,
	Alexandria	VA	22303
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		one number 703	347 - 6551
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; a	nd the name and address of
Full Name Chris Scrib	ner	1 1 1 1 1 1	
Mailing Address	PO Box 77472		
	Washington	DC	20013
Title or Position , Treasurer	CITY	STATE	ZIP CODE 2   326   6066
	Telepho	one number	- 520 - 6000

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Full Name of Designated	Wade Williams	
Agent	PO Box 77472	
Mailing Address		
	Washington DC 20013	-
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer	347   6551
Banks or Other safety deposit be Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds.  Depository, etc.  Capital One Bank	ds accounts, rents
safety deposit be	oxes or maintains funds.  Depository, etc.  Capital One Bank  ,6197 Oxon Hill Rd	ds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Capital One Bank  ,6197 Oxon Hill Rd	ds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Capital One Bank  6197 Oxon Hill Rd	zip code
safety deposit be Name of Bank,	Oxes or maintains funds.  Depository, etc.  Capital One Bank  6197 Oxon Hill Rd  Oxon Hill  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Oxes or maintains funds.  Depository, etc.  Capital One Bank  6197 Oxon Hill Rd  Oxon Hill  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Oxon Hill  CITY  STATE  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Oxon Hill  CITY  STATE  Depository, etc.	
safety deposit be Name of Bank, Mailing Address  Name of Bank,	Oxon Hill  CITY  STATE  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Oxon Hill  CITY  STATE  Depository, etc.	