Gilbert & Wolfand, P.C.
Certified Public Accountants
2201 Wisconsin Avenue, NW, Suite 320
Washington, DC 20007

FAX TRANSMITTAL

To: Federal Election Commission

Voice No.
Fax No. 202-219-0174

From: Amy C. Gilbert,CPA

Voice No. 202-342-6000 ext. 12
Fax No. 202-333-6116
email: amy@gilbertwolfand.com

Date: 10/22/04

Re: Main Street Individual Fund Form 9

5 page(s) being faxed (including cover)

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Comments/Attachments:

Enclosed please find Main Street Individual Fund's Form 9.

Thank you.

If there are any problems with this transmittal, please call (202) 342-6000 ext ____.

Time: _____

agg-fax cover.xls

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
MAIN STREET INDIVIDUAL FUND

(b) Address (number and street) ☐ check if different than previously reported
1220 L Street, NW #100-273

(c) City, State and ZIP Code
Washington, DC 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C

3. Is This Statement X New or ☐ Amended

4. Covering Period 09 02 2004 through 10 22 2004

5. (a) Date of Public Distribution(s) 10 25 2004 (b) Communication Title Values of Connecticut

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? Yes ☒ No ☐

8. Custodian of Records

(a) Name
Sarah Chamberlain Resnick

(b) Address (number and street)
616 26th Street South

(c) City, State and ZIP Code
Arlington, VA 22202

(d) Name of Employer or Principal Place of Business
Main Street Individual Fund

(e) Occupation
Consultant

9. Total Donations This Statement 250 000

10. Total Disbursements/Obligations This Statement 30,130.00

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 Sarah Chamberlain Resnick

SIGNATURE [signature] DATE 10/22/2004

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

FEC FORM 9 (REV. 02/2003)

REZANKS.PDF

TOTAL P.02

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
Robert Duke
(b) Address (number and street)
20 Crescent Drive
(c) City, State and ZIP Code
Staunton, VA 24401
(d) Name of Employer or Principal Place of Business
(e) Occupation
Retired

B. (a) Name
Sarah Chamberlain Resnick
(b) Address (number and street)
616 16th Street South
(c) City, State and ZIP Code
Arlington, VA 22202
(d) Name of Employer or Principal Place of Business
Main Street Individual Fund
(e) Occupation
Consultant

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 9 (REV 10/2001)

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor: Clayton Frye Jr.

Mailing Address of Donor: 30 Rockefeller Plaza, Room 5600

City: New York, State: NY Zip: 10112

Date of Receipt: 10 06 2004

Amount: 250000

B. Full Name of Donor:

Mailing Address of Donor:

City: State: Zip:

Date of Receipt:

Amount:

C. Full Name of Donor:

Mailing Address of Donor:

City: State: Zip:

Date of Receipt:

Amount:

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) ▶ 250000

TOTAL This Period (last page this line number only) ▶ 250000
(carry total from last page to Line 9)

FE1AN003.FOR

FEC FORM 9 (REV. 02/2003)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Media Placement Technologies

Date of Disbursement or Obligation: 10 22 2004

Mailing Address of Payee: 336 Commerce Street

Amount: 30,130.00

City: Alexandria State: VA Zip Code: 22314

Communication Date: 10 25 2004

Name of Employer: Occupation:

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad Buy Values of Connecticut

Name of Federal Candidate: Rob Simmons
Office Sought: [X] House [ ] Senate [ ] President
State: CT District: 2nd
Disbursement/Obligation For: [ ] Primary [X] 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)

B. Full Name (Last, First, Middle Initial) of Payee:

Date of Disbursement or Obligation:

Mailing Address of Payee:

Amount:

City: State: Zip Code:

Communication Date:

Name of Employer: Occupation:

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) ► 30,130.00

TOTAL This Period (last page this line number only) ► 30,130.00
(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)