

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Main Street Advocacy		3. FEC Identification Number C C90013004
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 325 7th Street, NW Suite 610		
(c) City, State and ZIP Code Washington DC 20004		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☒ April 15 Quarterly Report☐ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y Y Y
01		01		2014

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
03		31		2014

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

20000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Sarah Chamberlain

Sarah Chamberlain

04/10/2014

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: F5N
Transaction ID :

The organization did not raise any contributions for the purpose of funding independent expenditures.

Form/Schedule:
Transaction ID:

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Main Street Advocacy

Full Name (Last, First, Middle Initial) of Payee

Nebo Media, Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY
03 / 07 / 2014

Mailing Address PO Box 9825

Amount

20000.00

Transaction ID : F57.4132

Purpose of Expenditure
Radio AdCategory/
Type

Office Sought: ☒ House State: IL
☐ Senate District: 16
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Adam KinzingerCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

20000.00

Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 20000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 20000.00
(carry total from last page forward to Line 7)