

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) ☐ 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 Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

/ /

5. COVERING PERIOD:

FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

75000.00

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

Sarah Chamberlain

SIGNATURE

Sarah Chamberlain

DATE

[Electronically Filed]

10/24/2014

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

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Main Street Advocacy

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

Honold Communications

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 26 / 2014

Mailing Address 630 Browns Court, SE

Amount

75000.00

Transaction ID : F57.4156

Purpose of Expenditure
TV Ad Production & PlacementCategory/
Type

Office Sought: ☒ House State: MI
☐ Senate District: 06
☐ President

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

75000.00

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.....▶ 75000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 75000.00
(carry total from last page forward to Line 7)