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 XX New or ☐ Amended

4. Covering Period 04 09 2004 through 04 13 2004

5. (a) Date of Public Distribution(s) 04 14 2004 (b) Communication Title Cancer Survivor

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ☐ No XX

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes XX 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 (e) Occupation

Main Street Individual Fund Consultant

9. Total Donations This Statement 00

10. Total Disbursements/Obligations This Statement 25,600.00

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 Sarah Chamberlain Resnick DATE 04/13/2004

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

PESANO3S.PDF FEC FORM 9 (REV 03/2003)

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

PAGE 1 OF 1

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 24407
(d) Name of Employer or Principal Place of Business
(e) Occupation
Retired

B. (a) Name
Sarah Chamberlain Resnick
(b) Address (number and street)
616 25th 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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee: Sandler & Innocenzi
Mailing Address of Payee: 705 Prince Street
City: Alexandria State: VA Zip Code: 22314
Name of Employer: Occupation:

Date of Disbursement or Obligation: 04 13 2004
Amount: 15 000 00
Communication Date: 04 14 2004

Purpose of Disbursement (including title(s) of communication(s)): Television Ad – Cancer Survivor

Name of Federal Candidate: Arlen Specter
Office Sought: [ ] House [X] Senate [ ] President State: PA District:
Disbursement/Obligation For: [X] 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)

B. Full Name (Last, First, Middle Initial) of Payee: Sandler & Innocenzi
Mailing Address of Payee: 705 Prince Street
City: Alexandria State: VA Zip Code: 22314
Name of Employer: Occupation:

Date of Disbursement or Obligation: 04 13 2004
Amount: 10 600 00
Communication Date: 04 14 2004

Purpose of Disbursement (including title(s) of communication(s)): Production of Television Ad – Cancer Survivor

Name of Federal Candidate: Arlen Specter
Office Sought: [ ] House [X] Senate [ ] President State: PA District:
Disbursement/Obligation For: [X] 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) ▶ 25 600 00

TOTAL This Period (last page this line number only) ▶ 25,600.00
(Carry total from last page to Line 10)

FEC FORM 3P

PFC FORM 3P (Rev. 6/2003)

TOTAL P.04

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A	N/A
PREPARER	DATE PREPARED

(2/2004)