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.

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