

# 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<br><b>Main Street Advocacy</b>   |  | 3. FEC Identification Number<br><b>C</b> C90013004 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>325 7th Street, NW<br>Suite 610 |  |  |
| (c) City, State and ZIP Code<br>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

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

5. COVERING PERIOD:

FROM 

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

THROUGH 

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

|   |          |
|---|----------|
| 6. TOTAL CONTRIBUTIONS.....             | 0.00     |
| 7. TOTAL INDEPENDENT EXPENDITURES ..... | 40000.00 |

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

08/19/2014

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**

NAME OF FILER (In Full)  
Main Street Advocacy

|  |                   |  |                           |
|--|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br>Smart Media Group, LLC   |                   | Date of Public Distribution/Dissemination<br>08 / 19 / 2014  |                           |
| Mailing Address 1427 Leslie Avenue #100                                      |                   | Amount<br>40000.00   |                           |
| City<br>Alexandria   | State<br>VA       | Zip Code<br>22301  | Transaction ID : F57.4150 |
| Purpose of Expenditure<br>Radio Ad Production/Buy                            | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                | State: AZ<br>District: 01 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Andy Tobin |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                           |
| Calendar Year-To-Date Per Election for Office Sought<br>40000.00             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                           |

|  |                   |   |                                 |
|--|-------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date of Public Distribution/Dissemination   |                                 |
| Mailing Address  |                   | Amount  |                                 |
| City   | State             | Zip Code  |                                 |
| Purpose of Expenditure   | Category/<br>Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                | State: _____<br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election for Office Sought           |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |

|  |                   |   |                                 |
|--|-------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date of Public Distribution/Dissemination   |                                 |
| Mailing Address  |                   | Amount  |                                 |
| City   | State             | Zip Code  |                                 |
| Purpose of Expenditure   | Category/<br>Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                | State: _____<br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election for Office Sought           |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |

|   |          |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    | 40000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                 |          |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) | 40000.00 |