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 ☒ New or ☐ Amended

4. Covering Period 10 29 2004 through 10 29 2004

5. (a) Date of Public Distribution(b) 10 29 2004 (b) Communication Title "Struggle"

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

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☒ 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 00.00

10. Total Disbursements/Obligations This Statement 13,955.70

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 [signature] DATE 10/29/04

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

FE3AN035.PDF FEC FORM 9 (REV. 05/2003)

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)
516 26th 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 3-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: Jamestown Associates

Mailing Address of Payee: 5 Mayleton Rd., Ste 300

City: Princeton State: NJ Zip Code: 08540

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 29 2004

Amount: 13955.70

Communication Date: 10 29 2004

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad Buy/Production "Struggle"

Name of Federal Candidate: Nancy Naples
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 27
Disbursement/Obligation For: [ ] Primary [X] 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:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)):

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)

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) ▶

TOTAL This Period (last page this line number only) (carry total from last page to Line 10) ▶ 13955.70

FEC Form 3 (rev. 12/03)

FEC4HR06.PDF

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Federal Election Commission

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