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 8100-273

(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 [X] New or [ ] Amended

4. Covering Period 02 24 2004 through 04 08 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 [X]

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes [X] 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 150,000.00

10. Total Disbursements/Obligations This Statement 60,000.00

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 4/8/04

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

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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 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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor	James R. Houghton			Date of Receipt: 02 24 2004
Mailing Address of Donor	80 E. Market Street, Suite 300			Amount: 15,000.00
City	Corning	State NY	Zip 14830	
B. Full Name of Donor	Dinakar Singh			Date of Receipt: 03 20 2004
Mailing Address of Donor	135 Central Park W., Apt. 88			Amount: 100,000.00
City	New York	State NY	Zip 10023	
C. Full Name of Donor	John L. Weinberg			Date of Receipt: 03 10 2004
Mailing Address of Donor	375 Park Avenue, Suite 1002			Amount: 25,000.00
City	New York	State NY	Zip 10152	
D. Full Name of Donor	Robert W. Wilson			Date of Receipt: 02 24 2004
Mailing Address of Donor	520 83rd Street, Apt. 1R			Amount: 10,000.00
City	Brooklyn	State NY	Zip 11209	
E. Full Name of Donor				Date of Receipt:
Mailing Address of Donor				Amount:
City		State	Zip	

SUBTOTAL of Donations This Page (optional) ..... ▶ 150,000.00

TOTAL This Period (last page this line number only) ..... ▶ 150,000.00
(carry total from last page to Line 9)

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SCHEDULE 3-B
Disbursement(s) Made or Obligation(s)

PAGE 1 OF

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 08 2004

Amount: 60,000.00

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:

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) ▶ 60,000.00

TOTAL This Period (last page this line number only) (carry total from last page to Line 15) ▶ 60,000.00

FEC FORM 3 (REV. 02/2003)

TOTAL P.05

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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N/A	N/A
PREPARER	DATE PREPARED

(2/2004)