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
Main Street Individual Fund

(e) Occupation
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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