

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

SECRETARY OF THE SENATE

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

OCT 21 PM 4:56 HD

1. (a) Name of Individual, Organization or Corporation You're Fired		3. FEC Identification Number C 90008020
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported Robin Arkley, PO Box 1028		
(c) City, State and ZIP Code Eureka, CA 95502		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer SN Servicing	Occupation CBO	

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice

July 15 Quarterly Report

October 15 Quarterly Report 12-Day Report preceding the election. ▼

Type of Election	Date of Election	State
General	11/2/2004	SD

30-Day Report following the General Election. ▼

Date of Election	State
_____	_____

b) Is this Report an amendment? Yes No


6. COVERING PERIOD: FROM **10 / 01 / 2004**

THROUGH **10 / 13 / 2004**

8. TOTAL CONTRIBUTIONS..... , 0.00

7. TOTAL INDEPENDENT EXPENDITURES..... , 250,000.00.

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. In addition, if the independent expenditures 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 Margee Clancy	SIGNATURE 	DATE
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NOTE: Submission of false, erroneous or incomplete information may subject the person filing this report to the penalties of 2 U.S.C. 5437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
You're Fired

Full Name (Last, First, Middle Initial) of Payee Murphy Pintak Gautier Hudome		Date 10 / 13 / 2004
Mailing Address 700 Thirteenth Street, NW		Amount , 250,000.00
City Washington	State DC	
Zip Code 20005		
Purpose of Expenditure Media Placement	Category/Type 004	Office Sought: <input type="checkbox"/> House State: SD <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas Andrew Daschle		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , 500,500.00.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	, 250,000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	, 250,000.00.

EMILY J. REYNOLDS
SECRETARY

PAMULA B. GAVIN
SUPERINTENDENT

MAIL SENATE OFFICE BUILDING
SLATE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0332

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

 HAND DELIVERED
 Date of Receipt

 REGISTERED/CERTIFIED MAIL
 Postmarked

 RECEIVED FROM THE FEDERAL ELECTION
 COMMISSION
 Date of Receipt

 DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
 PRIORITY MAIL /WITH CONFIRMATION SHEET
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
 DHL
 AIRBORNE EXPRESS
 Postmark

 PRIORITY MAIL (NO CONFIRMATION)
 Date of Receipt

 FIRST CLASS MAIL
 Date of Receipt

FAX 10-21-04
 Date of Receipt

 NO POSTMARK POSTMARK ILLEGIBLE

 OTHER
 Date of Receipt

RD

Preparer

10-21-04

Date Prepared

24020942092
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