

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC ACCESS  
DIVISION

SECRETARY OF STATE

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

OCT 5 PM 1:08  
HFD

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

4. TYPE OF REPORT (check appropriate boxes):

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

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

October 15 Quarterly Report  30-Day Report following the General Election. ▼

January 31 Year-End Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **07 01 2004** THROUGH **09 30 2004**

6. TOTAL CONTRIBUTIONS..... **515,500.00**

7. TOTAL INDEPENDENT EXPENDITURES..... **250,500.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in connection, 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 Comptroller's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<b>Margee Clancy</b>	<i>Margee Clancy</i>	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 5477g.

For further information, contact: Federal Election Commission, 555 E Street, N.W., Washington, D.C. 20003 Toll Free 800-424-9530 Local 202-594-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

 PAGE OF  
1 of 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (in Full)

You're Fired

<b>A. Full Name (Last, First, Middle Initial)</b> Arkley, Robin			Date of Receipt 07 19 2004		
Mailing Address PO Box 1028			Amount of Each Receipt This Period 250,500.00		
City Eureka	State CA	Zip Code 95502			
FEC ID number of contributing federal political committee C					
Name of Employer SN Servicing		Occupation CEO			
<b>B. Full Name (Last, First, Middle Initial)</b> Arkley, Robin			Date of Receipt 09 27 2004		
Mailing Address PO Box 1028			Amount of Each Receipt This Period 265,000.00		
City Eureka	State CA	Zip Code 95502			
FEC ID number of contributing federal political committee C					
Name of Employer SN Servicing		Occupation CEO			
<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address			Amount of Each Receipt This Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee C					
Name of Employer		Occupation			
<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address			Amount of Each Receipt This Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee C					
Name of Employer		Occupation			
<b>SUBTOTAL of Receipts This Page (optional)</b>			515,500.00		
<b>TOTAL This Period (last page carry over to Line 6)</b>			515,500.00		

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (in Full)  
**You're Fired**

Full Name (Last, First, Middle Initial) of Payer <b>Consolidated Gibson, LP</b>		Date <b>07 19 2004</b>	
Mailing Address <b>840 Kidwiler Road</b>		Amount <b>40,500.00</b>	
City <b>Harpers Ferry, WV</b>	State <b>WV</b>	Zip Code <b>25425</b>	
Purpose of Expenditure <b>Media Production</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Class: <b>SD</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Thomas Daschle</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-to-Date Per Election for Office Sought <b>250,500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payer <b>Consolidated Gibson, LP</b>		Date <b>07 19 2004</b>	
Mailing Address <b>840 Kidwiler Road</b>		Amount <b>210,000.00</b>	
City <b>Harpers Ferry, WV</b>	State <b>WV</b>	Zip Code <b>25425</b>	
Purpose of Expenditure <b>Media Placement</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Class: <b>SD</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Thomas Daschle</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-to-Date Per Election for Office Sought <b>250,500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

(a) SUBTOTAL of Itemized Independent Expenditures	<b>250,500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	<b>250,500.00</b>

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input checked="" type="checkbox"/> Received from Senate Public Records Office	Date of Receipt 10-5-04
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JA</i> PREPARER	10-5-04 DATE PREPARED