

RECEIVED

2011 FEB -2 AM 9: 14

FEC MAIL CENTER

Set It Straight

5160 Hearthstone Lane

Colorado Springs, CO 80919

January 26, 2011

Federal Election Commission

Attn: Alan Holmes

999 E Street, N.W.

Washington, DC 20463

IDENTIFICATION NUMBER: C30001861

REFERENCE: FEC FORM 9, RECEIVED 10/27/10

Dear Mr. Holmes,

Please find enclosed the amended form 9 in question. Please don't hesitate to contact me by phone for further clarification. My phone number is 719-536-9809.

Sincerely,



Patrick Davis

Set it Straight

11030562513



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-4

January 18, 2011

PATRICK DAVIS
SET IT STRAIGHT
5160 HEATHSTONE LANE
COLORADO SPRINGS, CO 80919

Response Due Date

02/22/2011

IDENTIFICATION NUMBER: C30001861

REFERENCE: FEC FORM 9, RECEIVED 10/27/10

Dear Custodian of Records:

This letter is prompted by the Commission's preliminary review of the 24 Hour Notice of Disbursements/Obligations for Electioneering Communications (FEC Form 9) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** Additional information is needed for the following 1 item(s):

- On Line 11 of your filing, you have failed to disclose the person or persons sharing or exercising control of the making of the disbursement/obligation for the electioneering communication. You must provide the name, address, employer, and occupation of each person sharing or exercising control. (11 CFR § 104.20(c)(2)) Please amend your filing to include the missing information.

Please note, you will not receive an additional notice from the Commission on this matter. Requests for extensions of time in which to respond will not be considered. Failure to comply with the provisions of the Act may result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or my local number (202) 694-1175.

1103056251A

SET IT STRAIGHT

Page 2 of 2

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Holmes", with a long horizontal flourish extending to the right.

Alan Holmes
Campaign Finance Analyst
Reports Analysis Division

421

11030562515

RECEIVED

2011 FEB -2 AM 9:14

FEC MAIL CENTER

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Set it Straight

(b) Address (number and street) check if different than previously reported

5160 Heathstone Lane

(c) City, State and ZIP Code

Colorado Springs CO 80919

(d) Name of Employer or Principal Place of Business

Patrick Davis Consulting

(e) Occupation

Consulting

2. FEC Identification Number

C

3. Is This Statement

New

or

Amended

4. Covering Period

10 27 2010
through

11 03 2010

5. (a) Date of Public Distribution(s)

10 29 2010

(b) Communication Title

Life Support

6. The filer is a(n):

(a) Individual

(b) Unincorporated Organization

(c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name

Patrick Davis

(b) Address (number and street)

5160 Heathstone Lane

(c) City, State and ZIP Code

Colorado Springs, CO 80919

(d) Name of Employer or Principal Place of Business

Patrick Davis Consulting

(e) Occupation

Consulting

9. Total Donations This Statement

200000

10. Total Disbursements/Obligations This Statement

200000

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Patrick Davis

SIGNATURE

[Signature]

DATE

11-19-2010

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

Filed by mail 11/23

11030562516

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A.	(a) Name <u>Patrick Davis</u>
	(b) Address (number and street) <u>5160 Heathstone Lane</u>
	(c) City, State and ZIP Code <u>Colorado Springs, CO 80919</u>
	(d) Name of Employer or Principal Place of Business <u>Patrick Davis Consulting, LLC</u>
	(e) Occupation <u>Consulting</u>
B.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
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

11030562517

SCHEDULE 9-A
Donation(s) Received

PAGE OF

11030562518

<p>A. Full Name of Donor <u>Jim Loomis</u> Mailing Address of Donor <u>1204 Church St</u> City State Zip <u>St. Helena CA 94574</u></p>	<p>Date of Receipt <u>11 16 2010</u> Amount <u>200000</u></p>
<p>B. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p>C. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p>D. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p>E. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p><u>200000</u></p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

11030562519

A. Full Name (Last, First, Middle Initial) of Payee Letter 23			Date of Disbursement or Obligation 10 29 2010		
Mailing Address of Payee 329 W. Prospect Ave. #101			Amount 200000		
City Salt Lake City, UT 84101	State UT	Zip Code 84101	Communication Date 10 29 2010		
Name of Employer Letter 23			Occupation Advertising		
Purpose of Disbursement (Including title(s) of communication(s)) media placement - Life Support					
Name of Federal Candidate Jim Judd	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: DL	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

B. Full Name (Last, First, Middle Initial) of Payee Letter 23			Date of Disbursement or Obligation		
Mailing Address of Payee 329 W. Prospect Ave #101			Amount		
City Salt Lake City, UT 84101	State UT	Zip Code 84101	Communication Date		
Name of Employer Letter 23			Occupation Advert		
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	200000
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	200000

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 checked="" 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™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jmw
 PREPARER

2/2/11
 DATE PREPARED

11030562520