

RECEIVED

2011 FEB -2 AM 9: 15

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 11/19/10

Dear Mr. Holmes,

In reference to item 1 in your letter: I was under impression that I had 30 days to file form 9 with the FEC for communication that occurred after the 19th of October. You have set me straight (no pun intended) with this letter and I will comply with the four day deadline for future filings.

In reference to item 2 in your letter: Please find enclosed 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

11030562522



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 11/19/10

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 2 item(s):

1. The Commission notes your submission of FEC Form 9 was received on 11/19/10. However, the Form 9 was filed more than four days after the date of public disclosure on 10/29/10. Any person, group of persons, or qualified non-profit corporation who makes an electioneering communication must notify the Commission no later than the fourth day after the date of public disclosure. (11 CFR § 104.20(b)) Please clarify the circumstances regarding the untimely disclosure of the electioneering communication in question.
2. 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.

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SET IT STRAIGHT

Page 2 of 2

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.

Sincerely,



Alan Holmes
Campaign Finance Analyst
Reports Analysis Division

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RECEIVED

2011 FEB -2 AM 9:15

FEC MAIL CENTER

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

~~Patrick Davis~~ Set It Straight

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

5160 New Thystone 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 21 2010 through

10 27 2010

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

10 26 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 New Thystone 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

5,000.00

10. Total Disbursements/Obligations This Statement

5,000.00

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

DATE

10-27-10

NOTE: Submission of false, erroneous or incomplete information 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 OF

11. Person(s) Sharing/Exercising Control

| | |
|-----------|---|
| A. | (a) Name <u>Patrick Davis</u> |
| | (b) Address (number and street) <u>5110 Hawthorne Ln.</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 |

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SCHEDULE 9-A
Donation(s) Received

| | |
|---|---|
| <p>A. Full Name of Donor <u>Jim Loomis</u></p> <p>Mailing Address of Donor <u>1204 Church St.</u></p> <p>City <u>St. Helena, CA</u> State <u>CA</u> Zip <u>94574</u></p> | <p>Date of Receipt M M / D D / Y Y Y Y <u>10 25 2010</u></p> <p>Amount 500.00 <u>10,000.00</u></p> |
| <p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p> |
| <p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p> |
| <p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p> |
| <p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p> |

SUBTOTAL of Donations This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

11030562527

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

11030562528

| | | |
|---|----------------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Payee Letter 23 | | Date of Disbursement or Obligation M M D D Y Y Y Y 10 25 2010 |
| Mailing Address of Payee 329 W. Pierpont Ave. #101 | | Amount 5,000.00 |
| City Salt Lake City | State UT | |
| Name of Employer Letter 23 | Occupation Advertising | Communication Date M M D D Y Y Y Y 10 26 2010 |

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: 06 | 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 M M D D Y Y Y Y 10 18 2010 |
| Mailing Address of Payee 329 W. Pierpont Ave. #101 | | Amount 5,000.00 |
| City Salt Lake City | State UT | |
| Name of Employer Letter 23 | Occupation Advertising | Communication Date M M D D Y Y Y Y 10 26 2010 |

Purpose of Disbursement (Including title(s) of communication(s))
 media production - 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: 06 | 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) ▶ |

| | |
|---|-----------|
| SUBTOTAL of Disbursements/Obligations This Page (optional) | 10,000.00 |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | 10,000.00 |

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 |
|---|-------------------------------|

| | |
|------------------------|--------------------------------|
| <i>JMW</i> PREPARER | <i>2/2/11</i> DATE PREPARED |
|------------------------|--------------------------------|

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