



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

November 9, 2012

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

Response Due Date

12/14/2012

IDENTIFICATION NUMBER: C30001861

REFERENCE: FEC FORM 9 (09/13/2012 - 09/25/2012), RECEIVED 09/26/2012

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 Schedule 9-B of your filing, you have not itemized all of the necessary information for disbursements made or obligations. Proper disclosure requires the payee's full name, address, and employer/occupation if necessary, the disbursement and communication dates, the amount, the purpose (including communication title), the election, and the name, office sought, state, and district of the federal candidate supported or opposed by the communication. (11 CFR § 104.20(c)) Please amend your filing to include the communication title.

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) 694-1166.

12030953879

SET IT STRAIGHT

Page 2 of 2

Sincerely,

A handwritten signature in black ink that reads "Bradley Matheson". The signature is written in a cursive style with a large, prominent initial "B".

Bradley Matheson
Senior Campaign Finance Analyst
Reports Analysis Division

418

12030953880

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED

2012 NOV 20 AM 8:43

FEC MAIL CENTER

1. Person Making the Disbursements/Obligations

(a) Name

Set it straight

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

5100 HEARTHSTONE 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

C30001861

3. Is This Statement

New

or

Amended

4. Covering Period

10 / 12 / 2012

through

10 / 13 / 2012

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

10 / 12 / 2012

(b) Communication Title

VOTE FOR MILLER CONFIRMATION

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)

5100 HEARTHSTONE LN.

(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

0.00

10. Total Disbursements/Obligations This Statement

3,200.00

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

[Signature]

DATE

11-14-12

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)

11. Person(s) Sharing/Exercising Control

A.	(a) Name <i>Patrick Davis</i>
	(b) Address (number and street) <i>5160 Heathstone Ln.</i>
	(c) City, State and ZIP Code <i>Colorado Springs CO 80919</i>
	(d) Name of Employer or Principal Place of Business <i>Patrick Davis Consulting</i>
	(e) Occupation <i>Consulting</i>
B.	(a) Name <i>Christine Quinn Burt</i>
	(b) Address (number and street) <i>2181 S. Columbine St.</i>
	(c) City, State and ZIP Code <i>Denver, CO 80210</i>
	(d) Name of Employer or Principal Place of Business <i>CQB+Associates</i>
	(e) Occupation <i>Consulting</i>
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

12030953883

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

12030953884

A. Full Name (Last, First, Middle Initial) of Payee <i>CC Advertising</i>				Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2012	
Mailing Address of Payee <i>5900 Fort Dr. Ste. 302</i>				Amount \$ 3,200.00	
City: <i>Centreville</i>		State: <i>VA</i>		Zip Code: <i>20121</i>	
Name of Employer <i>CC Advertising</i>				Occupation <i>Data & Research</i>	
Purpose of Disbursement (Including title(s) of communication(s)) <i>Govt & ETT, Title: Vote For Mike Coffman</i>					
Name of Federal Candidate <i>Mike Coffman</i>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <i>CO</i> District: <i>06</i>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2012	
Name of Federal Candidate _____ Office Sought: _____ State: _____ District: _____					
Name of Federal Candidate _____ Office Sought: _____ State: _____ District: _____					
Name of Federal Candidate _____ Office Sought: _____ State: _____ District: _____					
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation MM / DD / YYYY	
Mailing Address of Payee				Amount	
City		State		Zip Code	
Name of Employer				Occupation	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought:		State:	
Name of Federal Candidate		Office Sought:		State:	
Name of Federal Candidate		Office Sought:		State:	
Disbursement/Obligation For:				Date of Disbursement or Obligation	
Disbursement/Obligation For:				Date of Disbursement or Obligation	
Disbursement/Obligation For:				Date of Disbursement or Obligation	
SUBTOTAL of Disbursements/Obligations This Page (optional)				\$ 3,200.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				\$ 3,200.00	

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JmW

PREPARER
 (3/2005)

11/20/14
 DATE PREPARED

12030953885