Fax Cover Sheet

To: FEC	From: Set it Straight
Fax: 202-219-0174	Date: 11-19-2010
Phone:	Pages: 5
Re:	CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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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 Hearthstone Lane

(c) City, State and ZIP Code
Colorado Springs CO 80919

2. FEC Identification Number
C

(d) Name of Employer or Principal Place of Business
Patrick Davis Consulting

(e) Occupation
Consulting

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 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

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.

FEC FORM 9 (REV. 12/2007)

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

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

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor: Jim Loomis Mailing Address of Donor: 1204 Church St City: St. Helena State: CA Zip: 94574	Date of Receipt: 11 16 2010 Amount: 2,000.00	
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount	
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount	
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount	
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount	

SUBTOTAL of Donations This Page (optional) ..... ▶ 2,000.00

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

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee
Letter 23

Mailing Address of Payee
329 W. Pierpont Ave. #101

City State Zip Code
Salt Lake City, UT 84101

Name of Employer Occupation
Letter 23 Advertising

Purpose of Disbursement (Including title(s) of communication(s))
media placement - Life support

Date of Disbursement or Obligation
M M D D Y Y Y Y
10 29 2010

Amount
2,000.00

Communication Date
M M D D Y Y Y Y
10 29 2010

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 ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ 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

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N/A PREPARER	N/A DATE PREPARED

(5/2004)