March 07, 2011

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ROBIN KELLY SENIOR CAMPAIGN FINANCE ANALYST FEDERAL ELECTIONS COMMISSION 999 E. STREET N.W. WASHINGTON DC 20463

IDENTIFICATION NUMBER: C00492199

Dear Robin Kelly,

This letter and enclosed <u>FEC Form 1</u> is in response to your letter dated February 04, 2011 which was prompted by a deficiency in the <u>FEC Form 1</u> originally submitted. Please find the enclosed <u>FEC Form 1</u> which includes the necessary electronic e-mail address data that was absent from the previously submitted form.

If this response is deficient in any way, please notify us so the appropriate corrections may be made. Thank you.

Respectfully,

David A. Larson People for David A. Larson 1377 Tahoe Ave Yucca Valley CA 92284 760-793-8653

EPCLOSURE: FEC FORM 1

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| FEC FORM 1 | | STATEM ORGANI | | FEC MAIL | CENTER | |
| | | | | | Office Use Only | |
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example: If typing, typ over the lines. | e 12FE4M5 | | |
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| | | | CITY | STATE | ZIP CODE | |
| COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) | | | | | | |
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| is changed) | | | | | | |
| COMMITTEE'S WEB | PAGE AD | DRESS (URL) | | | | |
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| X (Check if address is changed) | | | | | | |
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| 2. DATE 03 07 2011 | | | | | | |
| 3. FEC IDENTIFICATION NUMBER COO492199 | | | | | | |
| | | | | | | |
| 4. IS THIS STATEM | ENT | NEW (N) OF | | (A) | | |
| I certify that I have e | xamined t | his Statement and to the | best of my knowledge and be | elief it is true, correct | and complete. | |
| Type or Print Name o | f Treasure | er KAY I. | LARSON | | | |
| Signature of Treasure | 3 | ay DLe | uso | _ Date Ö3 | 2011 | |
| NOTE: Submission of f | alse, error | | tion may subject the person sig NATION SHOULD BE REPORT | - | the penalties of 2 U.S.C. §437g. | |
| Office | | | For further informa Federal Election Cor | | FEC FORM 1 | |

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| Office Use Only | | | For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | FEC FORM 1 (Revised 02/2009) | |
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5. TYPE OF COMMITTEE Cendidate Committee:

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| (a) X | a) X This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | | |
|--|---|----------------------|-------------------------------------|----------------------|--------------|--|--|
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | | | |
| Name of Candidate $[D_1 A_1 V_1 i_1 D_1 A_1 V_1 i_2 A_1 R_1 S_1 O_1 N_1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +$ | | | | | | | |
| Candidate Party Affilia | ation AIP | Office Sought: | House | Senate X | President | State District | |
| (c) | This committee supports | opposes only one o | candidate, and is | NOT an authorized | I committee. | | |
| Name of Candidate | | | | | | | |
| Party Co | ommittee: | | | | | | |
| (d) | This committee is a | • | itional, State subordinate) comm | nittee of the | | (Democratic, Republican, etc.) Party. | |
| Political | Action Committee (PA | C): | | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: | | | | | | | |
| | Corporation Corporation w/o Capital Stock Labor Organization | | | | | | |
| Membership Organization Trade Association Cooperative | | | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | | | | |
| In addition, this committee is a Lobbyist/Rogistrant PAC. | | | | | | | |
| | In addition, this co | ommittee is a Leader | rship PAC. (Identif | y sponsor on line 6. |) | | |
| Joint Fur | ndraising Representati | ve: | | · · | <u></u> | | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | | | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | | |
| Co | mmittees Participating in | Joint Fundraiser | | | | | |
| 1. | | | | FEC ID num | ber C | | |

- 3. _____ FEC ID number C

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| 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Full Name $ \underline{K} \underline{A}_1 \underline{Y}_1, \underline{L}_1, \underline{L}_1 \underline{A}_1 \underline{R}_1 \underline{S}_1 \underline{O}_1 \underline{N}_1$ Mailing Address $ \underline{1}, \underline{3}, \underline{7}_1, \underline{T}_1 \underline{A}_1 \underline{H}_1 \underline{O}_1 \underline{E}_1, \underline{A}_1 \underline{V}_1 \underline{E}_2$ Mailing Address $ \underline{1}, \underline{3}, \underline{7}_1, \underline{T}_1 \underline{A}_1 \underline{H}_1 \underline{O}_1 \underline{E}_1, \underline{A}_1 \underline{V}_1 \underline{E}_2$ Image: Heat in the integral of the person in possession of combooks and records. Full Name $ \underline{K} \underline{A}_1 \underline{Y}_1, \underline{L}_1, \underline{L}_1 \underline{A}_1 \underline{R}_1 \underline{S}_1 \underline{O}_1 \underline{N}_1$ Mailing Address $ \underline{1}, \underline{3}, \underline{7}_1, \underline{T}_1 \underline{A}_1 \underline{H}_1 \underline{O}_1 \underline{E}_1, \underline{A}_1 \underline{V}_1 \underline{E}_2$ Image: Heat in the person in possession of combooks and records. Full Name $ \underline{K} \underline{A}_1 \underline{Y}_1, \underline{L}_1 \underline{L}_1 \underline{A}_1 \underline{N}_1 \underline{E}_1 \underline{A}_1 \underline{V}_1 \underline{E}_2$ Mailing Address $ \underline{1}, \underline{3}, \underline{7}_1, \underline{T}_1 \underline{A}_1 \underline{H}_1 \underline{O}_1 \underline{E}_1, \underline{A}_1 \underline{V}_1 \underline{E}_2$ Image: Heat in the position CITY State ZIP CODE [T_1 \underline{R}_1 \underline{E}_1 \underline{A}_1 \underline{S}_1 \underline{U}_1 \underline{R}_1 \underline{E}_1 \underline{E}_1 \underline{E}_1 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address | FEC Form 1 (Revised 0 | 2/2009) Page 3 |
|--|--------------------------------|--|
| 8. Name of Any Connected Organization, Affiliated Committee, Joint Fundraleing Representative, or Leadership PAC Spons Mailing Address Helationship: Connected Organization Affiliated Committee Joint Fundraleing Representative Leadership PAC S 7. Cuestodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of combooks and records. Full Name [KA;Y, J; +, LA;A;S,O;N] Mailing Address Mailing Address | Irite or Type Committee Name | |
| Mailing Address | PEOPLE FOR | DAVID A. LARSON |
| Image: State of the person in possession of composition of the person in possession of composition of the person in possession of composition and position of the person in possession of composition and records. Full Name Image: Im | Name of Any Connected O | rganization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor |
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| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Full Name $[K_A; Y_1 , I_1 + I_1 A_i A_i S_i O_1 N_1 + I_1 A_i A_i O_1 E_1 A_i V_1 E_1 + I_1 A_i V_1 E_1 A_1 V_1 A_1 A_1 A_1 A_1 A_1 A_1 A_1 A_1 A_1 A$ | Mailing Address | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Full Name $[K_i A_i Y_{1-1} I_{1-1} I_i A_i B_i S_i O_i N_{1-1} I_{1-1} I_i A_i B_i S_i S_i S_i S_i S_i S_i S_i S_i S_i S$ | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Full Name $[K_A; Y_1 , I_1 + I_1 A_i A_i S_i O_1 N_1 + I_1 A_i A_i O_1 E_1 A_i V_1 E_1 + I_1 A_i V_1 E_1 A_1 V_1 A_1 A_1 A_1 A_1 A_1 A_1 A_1 A_1 A_1 A$ | | |
| 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of corr Full Name $[\underline{K} A_i \underline{Y}_1, \underline{I}_1, \underline{I}_i \underline{A}_i \underline{A}_i \underline{S}_i \underline{O}_i \underline{N}_i]$ Mailing Address $[\underline{I}_1 \underline{3}_1 \overline{7}_1, \underline{I}_1 \underline{A}_i \underline{A}_i \underline{S}_i \underline{O}_i \underline{N}_i]$ $[\underline{V}_1 U_1 \underline{C}_1 \underline{C}_1 \underline{A}_1 + \underline{U}_1 \underline{A}_1 \underline{A}_1 \underline{C}_1 \underline{C}_1 \underline{A}_1 + \underline{U}_1 \underline{C}_1 \underline{C}_1 \underline{A}_1 + \underline{U}_1 + $ | | |
| books and records. Full Name $[\underline{K}\underline{A}_{i}\underline{Y}_{i}, \underline{I}_{i+1}, \underline{L}_{i}\underline{A}_{i}\underline{R}_{i}\underline{S}_{i}\underline{O}_{i}\underline{N}_{i}]$ Mailing Address $[\underline{1}_{i}\underline{3}_{i}\underline{7}_{i}\underline{7}_{i}, \underline{T}_{i}\underline{A}_{i}\underline{H}_{i}\underline{O}_{i}\underline{E}_{i}, \underline{A}_{i}\underline{V}_{i}\underline{E}_{i}.$ $[\underline{1}_{i}\underline{3}_{i}\underline{7}_{i}\underline{7}_{i}, \underline{T}_{i}\underline{A}_{i}\underline{H}_{i}\underline{O}_{i}\underline{E}_{i}, \underline{A}_{i}\underline{V}_{i}\underline{E}_{i}.$ $[\underline{1}_{i}\underline{3}_{i}\underline{7}_{i}\underline{7}_{i}, \underline{T}_{i}\underline{A}_{i}\underline{H}_{i}\underline{O}_{i}\underline{E}_{i}, \underline{A}_{i}\underline{V}_{i}\underline{E}_{i}.$ $[\underline{1}_{i}\underline{3}_{i}\underline{7}_{i}\underline{7}_{i}, \underline{T}_{i}\underline{A}_{i}\underline{H}_{i}\underline{O}_{i}\underline{E}_{i}, \underline{A}_{i}\underline{V}_{i}\underline{E}_{i}.$ $[\underline{1}_{i}\underline{3}_{i}\underline{7}_{i}\underline{7}_{i}, \underline{T}_{i}\underline{A}_{i}\underline{H}_{i}\underline{O}_{i}\underline{E}_{i}\underline{N}_{i}.$ $[\underline{1}_{i}\underline{3}_{i}\underline{7}_{i}\underline{7}_{i}, \underline{1}_{i}\underline{7}_{i}\underline{1}_{i}\underline{7}_{i}\underline{1}_{i}\underline{7}_{i}7$ | Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons |
| Mailing Address $[1,3,7,7],T_1A_1H_1O_1E_1A_1V_1E_1 Mailing Address [1,3,7,7],T_1A_1H_1O_1E_1A_1V_1E_1 Image: transmission of the position [1,3,7,7],T_1A_1H_1O_1E_1A_1V_1E_1 Title or Position [1,3,7,7],T_1A_1H_1O_1E_1A_1V_1E_1 Image: transmission of transmission of the position CITY Title or Position CITY Image: transmission of transmission of the position CITY Image: transmission of transmission of the position of the p$ | | tify by name, address (phone number optional) and position of the person in possession of committe |
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| Image: Image | Mailing Address | [1,3,7,7, T,A,H,O,E, A,V,E,.] |
| Title or Position CITY STATE ZIP CODE $[T_1R_1E_1A_1S_1U_1R_1E_1R_1 + 1 + 1 + 1]$ Telephone number $[7_16_10] - [3_16_14] - [3_16_14]$ 8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address | | |
| $[T_1R_1E_1A_1S_1U_1R_1E_1R_1 + 1]$ Telephone number $[7_16_10] - [3_16_14] -$ | | YIUICICIA, VALLEY, I CA 92284-487 |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addres | Title or Position | CITY STATE ZIP CODE |
| | $[T_1R_1E_1A_1S_1U_1R_1E_1R_1$ | Telephone number $[7,6,0] - [3,6,4] - [3,6;3]$ |
| any designated agent (e.g., assistant treasurer). | | |
| Full Name of Treasurer KAYIIIIIIARSION | Full Name of Treasurer | II., ILARISON, ILI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |
| $Mailing Address \qquad $ | Mailing Address | [1,3,7,7,1,7,A,H,O,E,A,V,E,.] |
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| Mailing Address | | | |
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| Name of Bank, [| Depository, etc. | | |
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| Mailing Address | 15,7,5,0,0, TWEN,TYN, INE, PA | ILMS | |
| | $ U_1N_1I_1O_1N_1 $, $B_1A_1N_1K_1$ | | |
| Name of Bank, [| Depository, etc. | | |
| . Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the commi xes or maintains funds. | ittee depos | sits funds, holds accounts, rents |
| <u></u> | | | |
| | | umber | 7.60-3.64-3.632 |
| Title or Position | CITY | STATE | ZIP CODE |
| | $N_1U_1C_1C_1A_1$ $N_1A_1L_1LE_1Y_1$ | IC A | 9,2,2,8,4 - 4,874 |
| Mailing Address | | <u>· · ·</u> | <u> </u> |
| · · · · · · · · · · · · · · · · · · · | [1,3,7,7, TAHOE, AVE, | | <mark>┡╾┥_┲╼┝╾┥╴┥╶╢┈┠╼┝╴┥╶┝╶┝╸┥</mark> |
| Full Name of Designated | $[K_A Y_i]_{I_i}$, $L_A R_S O_i N_i$, I_i , I_i | | |

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