FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORG	BANIZA I IO	N		
	(\$	See instructions)		Off	ice use only
NAME OF COMMITTEE (in			mple: If typying, type the lines	12FE4M5	
Competitive	Edge PAC				
ADDRESS (number and	street) PO Box 23	317 			
(Check if addischanged)	ress Phoenix	111111		AZ L	85002 _ _ _
		CITY▲		STATE	ZIP CODE 📥
COMMITTEE'S E-MA	AIL ADDRESS nonCentsConsulting.ne	at .			,
COMMITTEE'S WEE	PAGE ADDRESS (URL)				
	1 1 1 1 1 1 1 1	<u> </u>			
COMMITTEE'S FAX 6023259361	M / D D / Y Y	Y Y			
0.9	5 05 20		0 0 0 0 0	1	
3. FEC IDENTIFIC	ATION NUMBER	C Coo	0433474		
4. IS THIS STATE	MENT X NEW (N)	OR	AMENDED (A)		
I certify that I have exam	nined this Statement and to the I	best of my knowledge ar	nd belief it is true, correct and	d complete	
Type or Print Name o	Treasurer Pat Ba	arnes			
Signature of Treasure	r Electronically Filed by	Pat Barnes		Date 05	005
NOTE: Submission of f	alse, erroneous, or incomplete in		the person signing this State		of 2 U.S.C. S437g.
Office Use Only			For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COI	MMITTEE (Check One)	
	(a)	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 information below.)	e candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	I fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
L			
	Mailing Addres	ss Lilianianianianianianianianianianianianiani	
		CITY STATE A	ZIP CODE
	Relationship Type of Conne	ected Organization:	
	Corpo		zation
		pership Organization Trade Association Cooperative	-anon
	Ivieiii	Outperative	

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Write or Type Committee Name			
Competitive Edge PAC			
 Custodian of Records: Identify be possession of Committee books 		er optional), and position of t	he person in
Full Name Darryl Tattric	9		
Mailing Address	2910 N. Central Ave.		
	Phoenix		85012
Title or Position ♥	CITY 🛦	STATE ▲	ZIP CODE A
Consultant		Telephone number	
name and address of any designment of Treasurer Mailing Address Pat Barnes	PO Box 2317	surer).	
	Phoenix		85002 _
Title or Position ♥	CITY A	STATE.▲	ZIP CODE A
Treasurer		Telephone number 602	234 6821
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	

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9.	Banks or Other De safety deposit boxe Name of Bank, Dep	s or maintain	List all s funds.	banks	or oth	er de	eposi	itories	s in v	vhic	h the	e con	nmitt	ee d	epos	sits f	und	s, h	olds	ac	coui	nts,	ren	ts		
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	Mailing Address		201 N.	Cent	ral A	ve.										Ш									ш	
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			CITY A STATE A										ZIP CODE 🛕													
	Name of Bank, Dep	ository, etc.																								
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	Mailing Address																					1		<u></u>		
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CITY 🔼

STATE **△**

ZIP CODE 🛕