

1.) CORPORATION NAME:

DUE DATE: **10/31/2014**

Center for Competitive Politics

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06465181**

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 124 S. WEST STREET SUITE 201

CITY/ST/ZIP: ALEXANDRIA, VA 22314

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID KEATING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	124 S. WEST ST SUITE 201		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	JOHN SNIDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	303 W. MADISON, #1100		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		
NAME:	BRADLEY A SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	304 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	ALLEN DICKERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	124 S. WEST ST. SUITE 201		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	HUNTER BATES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	124 SOUTH WEST ST. SUITE 201		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	EDWARD CRANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 MASS. AVE., NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001		

NAME: TERRY MICHAEL TITLE: DIRECTOR ADDRESS: P.O. BOX 15239 CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: TERRY MICHAEL TITLE: DIRECTOR ADDRESS: P.O. BOX 15239 CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: ERIC O'KEEFE TITLE: DIRECTOR ADDRESS: 10 EAST DOTY ST STE 800 CITY/ST/ZIP/CO: MADISON, WI 53703	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DAVID KEATING	DAVID KEATING, PRESIDENT	2/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.