

HAND DELIVERED

Takeover Super PAC
50 Culpepper Street
Warrenton, VA 20186

RECEIVED
2014 JAN 27 PM 12:45
FEC MAIL CENTER

January 15, 2014

Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, D.C. 20463

RE: **Takeover Super PAC**
(I/D No. Requested)
Statement of Organization-Form 1
Independent Expenditure: Unlimited Contributions

To Whom It May Concern:

This letter is to provide notice to the Commission that the above referenced Committee intends to use its funds to exclusively and function as an independent expenditure only committee. Consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *Speech Now v FEC*, and the stipulated judgment in *Carey v FEC*, (D.D.C.2011) the Committee intends to raise funds in unlimited amounts from individuals, corporations, labor organizations and/or other political committees. The Committee will not use the funds to make contributions, whether direct, in-kind or for coordinated communications or coordinated expenditures, to federal candidates or committees.

Should you have any questions, please contact me.

Respectfully submitted,



Thomas Freiling, Treasurer
Takeover Super PAC

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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Takeover Super PAC

ADDRESS (number and street)

50 Culpepper Street

(Check if address is changed)

Warrenton

VA

20186

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01

15

2014

3. FEC IDENTIFICATION NUMBER

C Requested

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas Freiling

Signature of Treasurer

[Handwritten Signature]

Date

01

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

Candidate Committee:

- (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 candidate information below.)

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 _____

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (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/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (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.

Committees Participating in Joint Fundraiser

1. None _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

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Write or Type Committee Name

Takeover Super PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name **Thomas Freiling**

Mailing Address **50 Culpepper Street**

Warrenton **VA** **20186**

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Thomas Freiling**

Mailing Address **50 Culpepper Street**

Warrenton **VA** **20186**

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

Full Name of Designated Agent

None

Mailing Address

Grid for Mailing Address with labels CITY, STATE, ZIP CODE

Title or Position

Grid for Title or Position and Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address

Grid for Wells Fargo Mailing Address with labels CITY, STATE, ZIP CODE

Name of Bank, Depository, etc.

Empty grid for Name of Bank, Depository, etc.

Mailing Address

Grid for Mailing Address with labels CITY, STATE, ZIP CODE

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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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1/27/14</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JSD
 PREPARER

1/27/14
 DATE PREPARED

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