Image# 15950003865				01/05/2015 14 : 21
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4
			(	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Takin Back Amer	ica			
ADDRESS (number and street)	PO Box 31822			
(Check if address is changed)				
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE				
<ul><li>(Check if address is changed)</li></ul>	trischbreed@yahoo.co	<b>m</b> 		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)				
2. DATE 01 / 05	D / Y Y Y Y 2015			
3. FEC IDENTIFICATION NU	JMBER ► C c	00481242		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	r Patricia A Breed			
Signature of Treasurer	cia A Breed	[Electronically Filed]	Date 01	/ D D / Y Y Y Y 05 2015
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	orm 1 (Revised 02/2009) Page 2
	COMMITTEE
Candidat	te 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 Affiliat	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Pa
Political /	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa 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 Fun	draising 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.
Con	nmittees Participating in Joint Fundraiser
1.	
1. 2.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## **Takin Back America**

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

Mailing Address	PO BOX 31222			
			MO	63131
	CITY		STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fu	undraising I	Representativ	Ve X Leadership PAC Sponsor

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

Patricia A	Breed
Full Name	
Mailing Address	4319 Wickerfield Dr
	[
	St Louis         MO         63128
Title or Position	CITY STATE ZIP CODE
Secretary/Treasurer	314      5294

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 Patricia A	Breed	
of Treasurer		
Mailing Address	4319 Wickerfield Dr	
	St Louis         MO         63128         -	-
	St Louis         MO         63128           CITY         STATE         ZIP CO	

Full Name of Designated Agent	Patricia A Breed	
Mailing Address	4319 Wickerfield Dr	
	St Louis     MO     63128	
	CITY STATE ZIP CODE	
Title or Position Secretary/Treas	rer Telephone number 775	5294

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.

Com	merce Bank				
Mailing Address	PO Box 419218				
	Kansas City	MO 64141			
	CITY	STATE ZIP COI	DE		
Name of Bank, Depositor	Name of Bank, Depository, etc.				
Mailing Address					
	CITY	STATE ZIP COI	DE		