

**REPORT OF COMMUNICATION COSTS
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

1. (a) NAME OF ORGANIZATION <i>Change to Win</i> (b) ADDRESS (Number and Street) <i>1900 L St NW Ste 900</i> (c) CITY, STATE AND ZIP CODE <i>Washington DC 20036</i>	2. IDENTIFICATION NUMBER (Assigned by FEC) <i>C 70004510</i> 3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Labor Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative <input type="checkbox"/> Membership Organization <input type="checkbox"/> Corporation without capital stock
4. TYPE OF REPORT (Check One): (a) <input type="checkbox"/> April 15 Quarterly Report <input checked="" type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> 12 Day Pre-General Election Report held on _____ in the State of _____ (date) <input type="checkbox"/> January 31 Year End Report (b) Is this Report an Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
5. THIS REPORT COVERS THE PERIOD <i>April 1, 2015</i> THROUGH <i>June 30, 2015</i>	

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SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ 0

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

Type or Print Name

James P. Hoffa
Signature and Title of Person Designated to Sign This Report

7/2/2015
Date

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

WHERE TO FILE:

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

FOR FURTHER INFORMATION CONTACT:

Federal Election Commission
Toll Free: 800-424-9530
Local: 202-694-1100

Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	7/9/15 DATE PREPARED

NON-PROFIT CORPORATION