

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

1. (a) NAME OF ORGANIZATION <i>Change to Win</i>	2. IDENTIFICATION NUMBER (Assigned by FEC) <i>C 70004510</i>
(b) ADDRESS (Number and Street) <i>1900 L St NW Ste 900 MAIL CENTER</i>	3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <input type="checkbox"/> Trade Association <input checked="" type="checkbox"/> Labor Organization <input type="checkbox"/> Cooperative <input type="checkbox"/> Membership Organization <input type="checkbox"/> Corporation without capital stock
(c) CITY, STATE AND ZIP CODE <i>Washington DC 20036</i>	

4. TYPE OF REPORT (Check One):  
 April 15 Quarterly Report     July 15 Quarterly Report     October 15 Quarterly Report

12 Day Pre-General Election Report held on \_\_\_\_\_ in the State of \_\_\_\_\_  
(date)

January 31 Year End Report

(b) Is this Report an Amendment?     YES     NO

5. THIS REPORT COVERS THE PERIOD \_\_\_\_\_ THROUGH \_\_\_\_\_

**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: _____ <small>(Specify)</small>	<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: _____ <small>(Specify)</small>	<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                      7-9-2014  
 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  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/9/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<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



PREPARER  
(8/2013)

7/14/14

DATE PREPARED

1401020N-110011