

**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</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): (a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input checked="" type="checkbox"/> October 15 Quarterly Report  <input type="checkbox"/> 12 Day Pre-General Election report held on _____ (date) in the State of _____  <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>July 1, 2015</i> THROUGH <i>September 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.

*James P. Hoffa*  
 Type or Print Name

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

*10/7/2015*  
 Date

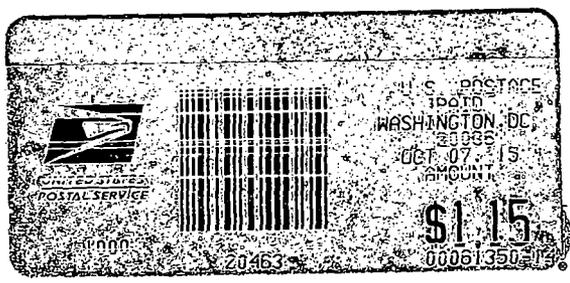
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this report to penalties of 2 U.S.C. §437g.

**WHERE TO FILE:**  
 Federal Election Commission  
 999 E Street, N.W.  
 Washington, D.C. 20463

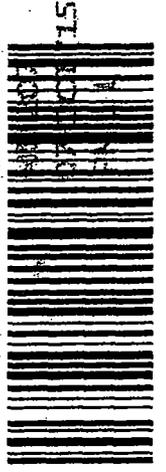
**FOR FURTHER INFORMATION CONTACT:**  
 Federal Election Commission  
 Toll Free: 800-424-9530  
 Local: 202-694-1100

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**CHANGE TO WIN**  
1900 L Street, NW  
Suite 900  
Washington, DC 20036



UTCOLOUTN  
BENEFIT  
DISTRICT



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PREPARER

10/13/15  
DATE PREPARED

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