| Clerk of the House of Representatives | Secretary of the Senate |
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| B-106 Cannon Building | 232 Hart Building |
| Washington, DC 20515 | Washington, DC 20510 |

SECRETARY OF
07 MAR 15

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration 2/5/07

2. House Identification Number _____ Senate Identification Number _____

## REGISTRANT

3. Registrant name Change To Win

Address 1900 L St., NW, Suite 900

City Washington State DC Zip 20036

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202) 721-0660 Contact Deborah Chalfie E-mail (optional)

6. General description of registrant's business or activities Labor Federation

## CLIENT

*A Lobbying firm is required to file a separate registration for each client.* ***Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.*** ☒ *Self*

7. Client name

Address

City State Zip

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any perso this section has served as a "covered executive branch official" or "covered legislative branch official" within two ye acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

| Name | Covered Official Position (if applicable |
|---|---|
| Deborah Chalfie | |
| | |
| | |

30000590594

Registrant Name Change to Win Client Name

## LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

HCR IMM LBR RET TRD

12. Specific lobbying issues (current and anticipated)

Employee Free Choice Act HR 800

## AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the re a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying ac

☒ No ⇨ Go to line 14. ☐ Yes ⇓ Complete the rest of this section for each entity m the criteria above, then proceed to line 14.

| Name | Address | Principal Place of Busin (city and state or count |
|---|---|---|
| | | |

## FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or su activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇓ Complete the rest of this section for each matching the criteria above, then sign an registration.

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | C p i |
|---|---|---|---|---|
| | | | | |

Signature [signature] Date 3/6/07

30000505915

Printed Name and Title Deborah Chalfie, Deputy Director of Issue (

Form LD-1 (Rev. 06/98)

| Clerk of the House of Representatives | Secretary of the Senate |
|---|---|
| Legislative Resource Center | Office of Public Records |
| B-106 Cannon Building | 232 Hart Building |
| Washington, DC 20515 | Washington, DC 20510 |

SECRETARY OF
07 MAR 15 A

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration 1/2/07

2. House Identification Number _____ Senate Identification Number _____

## REGISTRANT

3. Registrant name Change to Win

Address 1900 L Street NW

City Washington State DC Zip 20036

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202 721-0660 Contact Frank Clemente Email (optional)

6. General description of registrant's business or activities

Labor federation

## CLIENT

*A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* ☒ *Self*

7. Client name

Address

City State Zip

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any perso this section has served as a "covered executive branch official" or "covered legislative branch official" within two ye acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

| Name | Covered Official Position (if applicable |
|---|---|
| Frank Clemente | |
| | |
| | |
| | |

30005596

Registrant Name Change to Win Client Name _____

## LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

LBR HCR Imm RET TRD ____ ____ ____ ____

12. Specific lobbying issues (current and anticipated)

Employee Free Choice Act, H.R. 800
Minimum wage legislation, H.R. 2, S. 2

## AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the re
a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying ac

☒ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity n
the criteria above, then proceed to line 14.

| Name | Address | Principal Place of Busin (city and state or coun |
|---|---|---|
| | | |

## FOREIGN ENTITIES

14. Is there any foreign entity that:

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activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the
of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for eacl
matching the criteria above, then sign ar
registration.

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|---|---|---|---|
| | | | |

Signature _____ Date 3/6/07

00050597

Printed Name and Title Frank Clemente, Issue Campaigns Dir

Form ED-1 (Rev. 06/98)