

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Vote Heidi Hall

ADDRESS (number and street)

PO Box 1082

Check if different than previously reported. (ACC)

Grass Valley

CA

95945

2. FEC IDENTIFICATION NUMBER

C C00534123

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2013

through

MM / DD / YYYY 03 / 31 / 2013

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 of Treasurer Heidi M Hall

Signature of Treasurer Heidi M Hall

[Electronically Filed]

Date

MM / DD / YYYY 04 / 09 / 2013

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

Table with 8 columns and 1 row for Office Use Only.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Vote Heidi Hall

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5280.00	9850.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5280.00	9850.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4838.92	6070.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4838.92	6070.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3879.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Vote Heidi Hall

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2900.00	6650.00
(ii) Unitemized.....	2380.00	2980.00
(iii) TOTAL of contributions from individuals ▶	5280.00	9630.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	220.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5280.00	9850.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5280.00	9850.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4838.92	6070.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4838.92	6070.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3438.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5280.00
25. SUBTOTAL (add Line 23 and Line 24).....	8718.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4838.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3879.19

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Vote Heidi Hall

Full Name (Last, First, Middle Initial) A. Tom Hall		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2013
Mailing Address 7140 Mound St		Transaction ID : SA11AI.4227
City State Zip Code El Cerrito CA 94530	Amount of Each Receipt this Period Contribution 50.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation None Not employed	Amount of Each Receipt this Period Contribution 50.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) B. Tom Hall		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2013
Mailing Address 7140 Mound St		Transaction ID : SA11AI.4244
City State Zip Code El Cerrito CA 94530	Amount of Each Receipt this Period contribution 50.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation None Not employed	Amount of Each Receipt this Period contribution 50.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) C. Tom Hall		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address 7140 Mound St		Transaction ID : SA11AI.4267
City State Zip Code El Cerrito CA 94530	Amount of Each Receipt this Period Contribution 50.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation None Not employed	Amount of Each Receipt this Period Contribution 50.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	[]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Vote Heidi Hall

A. Full Name (Last, First, Middle Initial)
Donald Huddleston

Mailing Address 1720 Chateau

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer EPA Occupation IT Specialist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2013

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Peter Lockyer

Mailing Address PO Box 838

City Penn Valleu State CA Zip Code 95946

FEC ID number of contributing federal political committee. **C**

Name of Employer not employed Occupation not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Steve Orlick

Mailing Address 12974 Robin Road

City Nevada State CA Zip Code 95959

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed Occupation Not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
 Contribution 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Vote Heidi Hall

A. Full Name (Last, First, Middle Initial)
Michale Tubach

Mailing Address 515 Spruce Street

City Berkeley State CA Zip Code 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer O'Melveny & Myer Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2013

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Sharon Young

Mailing Address PO Box 1271

City Red Bluff State CA Zip Code 96800

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 08 / 2013

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

2900.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Vote Heidi Hall

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Act Blue		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>29</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		29		2013
M M	/	D D	/	Y Y Y Y									
01		29		2013									
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period											
City Cambridge State MA Zip Code 02138		<table border="1"> <tr> <td>35.00</td> </tr> </table>		35.00									
35.00													
Purpose of Disbursement credit card fees		Transaction ID : SB17.4345											
Candidate Name		Category/Type 001											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Act Blue		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>24</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		24		2013
M M	/	D D	/	Y Y Y Y									
02		24		2013									
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period											
City Cambridge State MA Zip Code 02138		<table border="1"> <tr> <td>6.74</td> </tr> </table>		6.74									
6.74													
Purpose of Disbursement credit card fees		Transaction ID : SB17.4346											
Candidate Name		Category/Type 001											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Act Blue		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		31		2013
M M	/	D D	/	Y Y Y Y									
03		31		2013									
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period											
City Cambridge State MA Zip Code 02138		<table border="1"> <tr> <td>93.49</td> </tr> </table>		93.49									
93.49													
Purpose of Disbursement credit card fees		Transaction ID : SB17.4347											
Candidate Name		Category/Type 001											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

SUBTOTAL of Disbursements This Page (optional).....	135.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Vote Heidi Hall

Full Name (Last, First, Middle Initial) A. Bulldog Finance Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address 1250 Connecticut Ave NW		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Campaign Consulting	
Candidate Name	Category/Type 003	Transaction ID : SB17.4304
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cara Wasilewski		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2013
Mailing Address 13267 Grunt Hill Road		Amount of Each Disbursement this Period 250.00
City Nevada City State CA Zip Code 95959	Purpose of Disbursement Printer	
Candidate Name	Category/Type 001	Transaction ID : SB17.4310
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nationbuilder		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013
Mailing Address 448 S Hill Street Suite 200		Amount of Each Disbursement this Period 249.00
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Website Builder	
Candidate Name	Category/Type 001	Transaction ID : SB17.4294
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3499.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Vote Heidi Hall

Full Name (Last, First, Middle Initial) A. Viking Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2013
Mailing Address 1125 11th Street		Amount of Each Disbursement this Period 334.80
City Sacramento State CA Zip Code 95814	Category/Type 001	
Purpose of Disbursement Business Cards	Candidate Name	Transaction ID : SB17.4342
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	334.80
TOTAL This Period (last page this line number only).....	3969.03