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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Vote Heidi Hall 5429 Madison Avenue ADDRESS (number and street) (Check if address is changed) Sacramento 95841 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaigns@rcbs.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.heidihallforcongress.com (Check if address is changed) DATE 20 2013 C00534123 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Rita Copeland Type or Print Name of Treasurer Rita Copeland [Electronically Filed] 05 20 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate inf	formation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	committee. (Complete the candidate
Name of Heidi Hall Candidate Hall	
Candidate Office Party Affiliation DEM Sought: Y House Senate	State
Party Affiliation DEM Sought: X House Senate	President District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorize	ed committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization of	on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stoc	ck Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NC committee. (i.e., nonconnected committee)	DT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6	3.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a fe	
(h) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, none of which is an authorized committee of a federal committee.	
Committees Participating in Joint Fundraiser	
1.	nber C
2.	nber C
3.                                   FEC ID nun	nber C
4.	nber C

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Write or Type Committee Nam		<del>-</del>
Vote Heidi Hall		
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the pe	erson in possession of committee
Rita Cope	eland	
Full Name	5429 Madison Avenue	
Mailing Address		
	Sacramento	.95841
	Garanomo	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	9100
8. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Rita Cope	eland	1
of Treasurer	5429 Madison Avenue	
Mailing Address		
	Sacramento	95841
Title or Position Treasurer	CITY STATE  9 Telephone number	ZIP CODE
		,

I LO FUIII I	(Revised 02/2009)	
Full Name of Designated Agent	one	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
saidly udposit boxes	o of maintains lunus.	
safety deposit boxes  Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	5 1
Name of Bank, Depo	Sank of West  400 Brunswick Road	5 ZIP CODE
Name of Bank, Depo	Grass Valley  CITY  Sank of West  CA 9594:	
Name of Bank, Depo	Grass Valley  CITY  Sank of West  CA 9594:	
Name of Bank, Depo	Sank of West  400 Brunswick Road  Grass Valley  CITY  STATE  Ository, etc.	
Name of Bank, Depo	Sank of West  400 Brunswick Road  Grass Valley  CITY  STATE  Community 1st Bank	
Name of Bank, Depo	Sank of West  400 Brunswick Road  Grass Valley  CITY  STATE  Community 1st Bank	ZIP CODE