

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) 5429 Madison Avenue

Check if different than previously reported. (ACC) Sacramento CA 95841

2. **FEC IDENTIFICATION NUMBER** ▼ C00534123

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY ▲ Sacramento STATE ▲ CA ZIP CODE ▲ STATE ▼ DISTRICT CA 01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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 M M / D D / Y Y Y Y in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2015 through M M / D D / Y Y Y Y 06 / 30 / 2015

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 Rita Copeland

Signature of Treasurer Rita Copeland *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 07 / 2015

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

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))....	0.00	1071.00
(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)).....	0.00	1071.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2947.90	6463.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	685.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2947.90	5778.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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: M M / D D / Y Y Y Y
04 / 01 / 2015 To: M M / D D / Y Y Y Y
06 / 30 / 2015

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).....	0.00	500.00
(ii) Unitemized.....	0.00	571.00
(iii) TOTAL of contributions from individuals ▶	0.00	1071.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1071.00
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	685.80
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	330.00	330.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	330.00	2086.80

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2947.90	6463.89
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	679.19	679.19
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3627.09	7143.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3297.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	330.00
25. SUBTOTAL (add Line 23 and Line 24).....	3627.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3627.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 11
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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

A. Full Name (Last, First, Middle Initial)
Radio - Mexicana

Mailing Address 395 Garden Highway

City Yuba City State CA Zip Code 95991

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : INCA1722

Amount of Each Receipt this Period
330.00

Void uncashed check

B. 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 Y Y

Amount of Each Receipt this Period

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 Y Y

Amount of Each Receipt this Period

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

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

330.00

330.00

**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 6 OF 11			
	<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. Heidi Hall		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 13074 Heigen Court		Amount of Each Disbursement this Period 646.98
City Grass Valley	State CA	
Purpose of Disbursement Airfare, parking and Hotel		
Candidate Name		Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 238.20
City Fort Worth	State TX	
Purpose of Disbursement Airfare		
Candidate Name		Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Hilton Anaheim		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 777 West Convention Way		Amount of Each Disbursement this Period 368.78
City Anaheim	State CA	
Purpose of Disbursement Hotel		
Candidate Name		Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	646.98
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 7 OF 11			
	<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. Sacramento Int'l Airport		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 6900 Airport Blvd.		Amount of Each Disbursement this Period 40.00
City Sacramento	State CA	
Zip Code 95837	Purpose of Disbursement Parking	Transaction ID : EDTB23EXPB1734 [MEMO ITEM]
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. River City Business Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 100.00
City Sacramento	State CA	
Zip Code 95841	Purpose of Disbursement Bookkeeping, Postage, Copies and Software Fee	Transaction ID : EXPB1720
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. River City Business Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 100.00
City Sacramento	State CA	
Zip Code 95841	Purpose of Disbursement Bookkeeping, Postage, Copies and Software Fee	Transaction ID : EXPB1725
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	200.00
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 8 OF 11			
	<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. River City Business Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 320.27
City Sacramento State CA Zip Code 95841	Purpose of Disbursement Bookkeeping, Postage, Copies and Software Fee	
Candidate Name	Category/Type 001	Transaction ID : EXPB1740
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. River City Business Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 131.85
City Sacramento State CA Zip Code 95841	Purpose of Disbursement Bookkeeping, Postage, Copies and Software Fee	
Candidate Name	Category/Type 001	Transaction ID : EXPB1741
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. River City Business Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 250.00
City Sacramento State CA Zip Code 95841	Purpose of Disbursement Bookkeeping, Postage, Copies and Software Fee	
Candidate Name	Category/Type 001	Transaction ID : EXPB1744
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	702.12
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 11			
	<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. Robert Rowen		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 2623 Pendant Way		Amount of Each Disbursement this Period 503.30
City Redding	State CA Zip Code 96001	
Purpose of Disbursement Hotel	Category/Type 002	Transaction ID : EXPB1739
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Best Western		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 33410 Powers Drive		Amount of Each Disbursement this Period 92.40
City Kettleman City	State CA Zip Code 93239	
Purpose of Disbursement Hotel	Category/Type 002	Transaction ID : EDTB25EXPB1739
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Hilton Anaheim		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 777 West Convention Way		Amount of Each Disbursement this Period 410.90
City Anaheim	State CA Zip Code 92802	
Purpose of Disbursement Hotel	Category/Type 002	Transaction ID : EDTB24EXPB1739
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	503.30
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 11	
	<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. Shasta County Clerk- Registrar of Voters			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015	
Mailing Address 1643 Market Street			Amount of Each Disbursement this Period 888.00	
City Redding	State CA	Zip Code 96001	Transaction ID : EXPB1721	
Purpose of Disbursement Filing Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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		
Purpose of Disbursement		Category/ Type		
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		
Purpose of Disbursement		Category/ Type		
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).....	888.00
TOTAL This Period (last page this line number only).....	2940.40

**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 11 OF 11	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Vote Heidi Hall

Full Name (Last, First, Middle Initial) A. Emerge California		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 1624 Franklin Street, # 1001		Amount of Each Disbursement this Period 500.00
City Oakland State CA Zip Code 94612	Purpose of Disbursement Civic donation <input type="checkbox"/> 012 Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Transaction ID : EXPB1742

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	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
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	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00