

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM  
NOV -6 AM 9:38

1. (a) Name of Individual, Organization or Corporation <b>Berry Neighbors for Obama</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>5139 Highway P attn: B. Carlson</b>	
(c) City, State and ZIP Code <b>Cross Plains, WI. 53528</b>	
3. FEC Identification Number <b>1st time filer</b>	
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>C</b>
Individual filers only Name of Employer <b>Wisconsin Department of Natural Resources</b>	Occupation <b>Forester</b>

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM  
10 16 2008  
THROUGH  
01 31 2009

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES ..... **\$304.55**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM <b>William L. Carlson</b>	SIGNATURE <b>W.L. Carlson</b>	DATE <b>10/19/2008</b>
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

28039913550

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
*Berry Neighbors for Obama*

Full Name (Last, First, Middle Initial) of Payee <i>Hirsch Jennifer</i>		Date MM / DD / YYYY <i>10 / 19 / 2008</i>
Mailing Address <i>7926 W. Hillpoint Rd.</i>		Amount <i>83.46</i>
City <i>Cross Plains</i>	State <i>WI.</i>	
Purpose of Expenditure <i>Mailing</i>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Category/Type <i>004</i>		State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Obama</i>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>83.46</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Karen Upper</i>		Date MM / DD / YYYY <i>10 / 19 / 2008</i>
Mailing Address <i>8454 Highway 19</i>		Amount <i>84.85</i>
City <i>Cross Plains</i>	State <i>WI</i>	
Purpose of Expenditure <i>Mailing</i>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Category/Type <i>004</i>		State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Obama</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>84.85</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Carlson William L.</i>		Date MM / DD / YYYY <i>10 / 19 / 2008</i>
Mailing Address <i>5139 Highway P</i>		Amount <i>36.24</i>
City <i>Cross Plains</i>	State <i>WI</i>	
Purpose of Expenditure <i>Mailing</i>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Category/Type <i>004</i>		State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Obama</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>36.24</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... *304.55*

(b) SUBTOTAL of Unitemized Independent Expenditures..... *304.55*

(c) TOTAL INDEPENDENT EXP (carry total from last page forward to line 7) *304.55*

28039913551

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

*Berry Neighbors for Obama*

Full Name (Last, First, Middle Initial) of Payee

*Studz, Sue*

Date

MM / DD / YY

Mailing Address

*9310 Turkey Rd*

Amount

City

*Black Earth*

State

*Wis.*

Zip Code

*53515*

50.00

Purpose of Expenditure

*mailing*

Category/Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

*Obama*

Calendar Year-To-Date Per Election for Office Sought

50.00

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....

(b) SUBTOTAL of Unitemized Independent Expenditures.....

see previous pg

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
11/1/08

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jm W* 11/6/08  
 PREPARER DATE PREPARED

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