

2009 SEP -8 PM 1:58

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BERRYHILL FOR CONGRESS

ADDRESS (number and street)

1842 EAST TAYLOR ROAD

PO BOX 1939

(Check if address
is changed)

CERES

CA

95307

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

BYOUNG@CBCPAS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

N/A

2. DATE

08 24 2009

3. FEC IDENTIFICATION NUMBER

C PENDING

4. 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.

Type or Print Name of Treasurer MARYANNE FRANCESCA WOODRUFF

Signature of Treasurer

Date

09 04 2009

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

29030154392

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: MICHAEL CLARE BERRYHILL, SR.

Candidate Party Affiliation: REP Office Sought: House Senate President State: CA District: 18

- (c) This committee supports/opposes only one candidate, and is NOT an authorized 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 on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock 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 NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number: C _____
2. _____ FEC ID number: C _____
3. _____ FEC ID number: C _____
4. _____ FEC ID number: C _____

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Write or Type Committee Name

BERRYHILL FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N/A

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name WILLIAM YOUNG

Mailing Address 1300 10TH STREET STE C

[Empty address line]

MODESTO CA 95354

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER, CPA Telephone number 209 526 3091

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer MARRYANNE FRANCESCA WOODRUFF

Mailing Address 1165 FARGO CT

[Empty address line]

TURLOCK CA 95382

Title or Position

CITY

STATE

ZIP CODE

TREASURER Telephone number 209 656 1483

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Full Name of Designated Agent

WILLIAM YOUNG

Mailing Address

1300 10TH STREET, STE C

MODESTO

CITY

CA

STATE

95354

ZIP CODE

Title or Position

ASSISTANT TREASURER, CPA

Telephone number

209-526-3091

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

OAK VALLEY COMMUNITY BANK

Mailing Address

1201 I STREET

MODESTO

CITY

CA

STATE

95354

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030154395

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

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): **FEDEX** Shipping Date
9/4/09
 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

EH 9/8/09
PREPARER **DATE PREPARED**

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