



RECEIVED STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

2013 MAR - 5 AM 9:26 COVER PAGE



MAR - 4

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BERRYHILL THOMAS C.

1. Office, Agency, or Court

Agency Name CALIFORNIA STATE SENATE

Division, Board, Department, District, if applicable DISTRICT 14 Your Position SENATOR

If filling for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County of, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012. Leaving Office: Date Left (Check one) The period covered is January 1, 2012, through the date of leaving office. Assuming Office: Date assumed The period covered is through the date of leaving office. Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

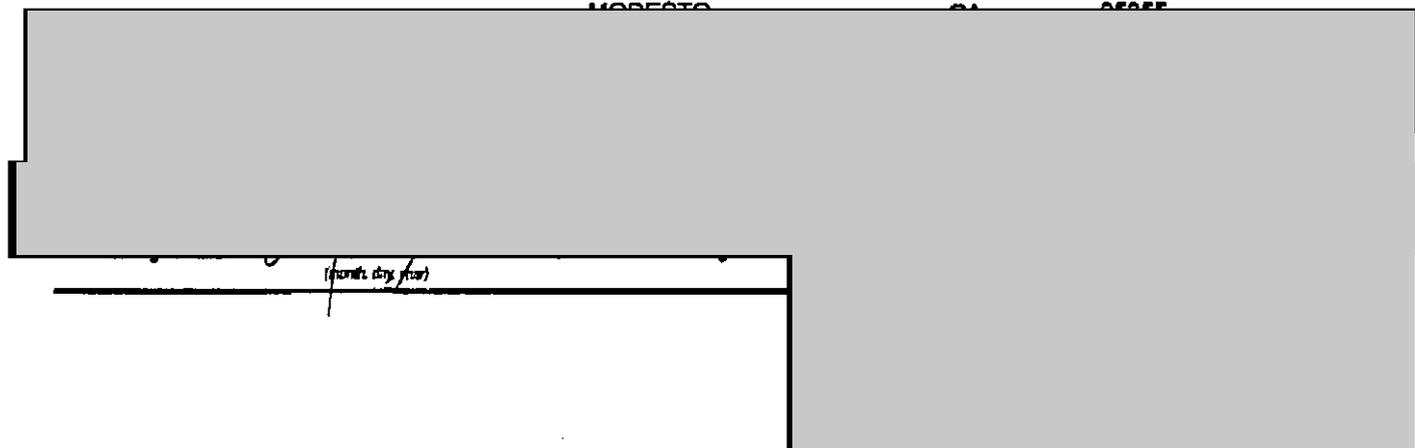
Total number of pages including this cover page: 9

- Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Received
Official Use Only

MAY 20 2013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BERRYHILL THOMAS C

1. Office, Agency, or Court

Agency Name
CALIFORNIA STATE SENATE
Division, Board, Department, District, if applicable
DISTRICT 14
Your Position
SENATOR

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
 The period covered is _____ through December 31, 2012.
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2012, through the date of leaving office.
 - The period covered is _____ through the date of leaving office.
- Assuming Office: Date assumed _____
- Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 11
- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
 None - No reportable interests on any schedule

5. Verification

(d)(5)

I certify under penalty of perjury under the laws of the State of California that

✓ Date Signed 5/9/13
(month, day, year)

✓ Signat (d)(5)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

TOM BERRYHILL RANCH
 Name
EAST TAYLOR RD, CERES, CA 95307
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FARMING GRAPES & ALMONDS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,899	____/____/12	____/____/12
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION OWNER

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None
ALLIED GRAPE GROWERS, CONSELLATION WINE,
ALLDRIN BROTHERS

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY
STANISLAUS, #022-011-000, #041-050-006-000
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

FARMING GRAPES & ALMONDS

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/12	____/____/12
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
 Check box if additional schedules reporting investments or real property are attached

Comments: _____

Filer's Verification

Print Name THOMAS C. BERRYHILL
 Office, Agency or Court CALIFORNIA STATE SENATE
 Statement Type 2012/2013 Annual 2012 Annual (yr) Assuming Leaving Candidate
 I have used all reasonable diligence in preparing this statement. I have contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.
 Date Signed 5/9/13 FILED
 (month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

PAIVA BERRYHILL ORCHARDS
 Name
PMB 344, 20908 WHITMORE, STE H, CERES, CA
 Address (Business Address Acceptable)
 Check one:
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FARMING ALMONDS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership **PASS THROUGH**
 Other
 YOUR BUSINESS POSMON 12.3% INTEREST THRU BFLP

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY
13193 CARMEN LANE
 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property
CHICO, CA 95973
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 12 / / 12
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

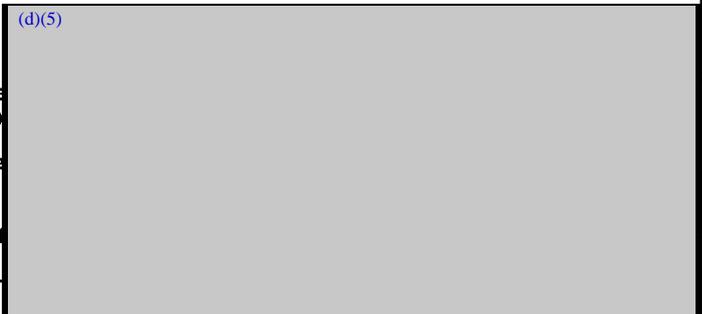
NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs remaining Other

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Filer's Verification

Print Name THOMAS C. BERRYHILL
 Office, Agency or Court CALIFORNIA STATE SENATE
 Statement Type 2012/2013 Annual 2012 Annual (yr)
 I have used all reasonable diligence in preparing this statement. I have
 contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California
 Date Signed 5/9/13 (month, day, year)



SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

WOODY'S ON THE RIVER
 Name
 1912 E. TAYLOR RD., CERES, CA 95307
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
DUCK HUNTING BLINDS SALE

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,988	____/____/12 ____/____/12
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Sole Proprietorship Partnership **LLC** Other _____

YOUR BUSINESS POSITION **MEMBER**

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY
 11751, 12625, 13499 W. 8 MILE ROAD
 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

STOCKTON, CA
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/12 ____/____/12
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining _____ Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Filer's Verification

Print Name THOMAS C. BERRYHILL
 Office, Agency or Court CALIFORNIA STATE SENATE
 Statement Type 2012/2013 Annual 2012 Annual Assuming Leaving Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 5/9/13 Filer
(month, day, year)

(d)(5)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest Is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

BERRYHILL FAMILY LIMITED PARTNERSHIP
 Name
PMB 344 2908 E. WHITMORE STE H, CERES, CA
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FARMING ALMONDS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,000	____/____/12	____/____/12
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION PARTNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

PAIVA BERRYHILL ORCHARDS
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

FARMING ALMONDS

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/12	____/____/12
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

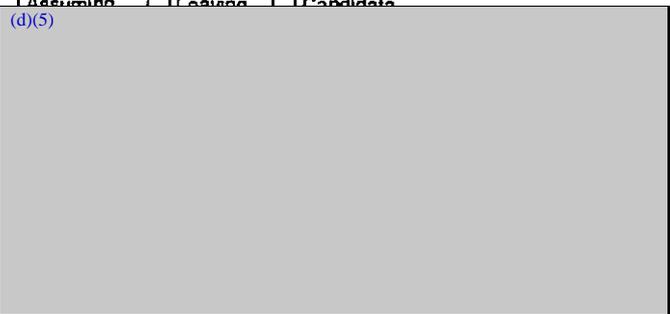
NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____
 Check box if additional schedules reporting investments or real property are attached

Comments: BERRYHILL FAMILY LIMITED PARTNERSHIP IS PARTNER IN PAIVA BERRYHILL

Filer's Verification

Print Name THOMAS C. BERRYHILL
 Office, Agency or Court CALIFORNIA STATE SENATE
 Statement Type 2012/2013 Annual 2012 Annual (yr) Assuring Leaving Candidate

I have used all reasonable diligence in preparing this statement. I believe the information contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.
 Date Signed 5/9/13 (month, day, year)



SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)



▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
TOM BERRYHILL RANCH

ADDRESS (Business Address Acceptable)
660 GEER CT., MODESTO, CA 95354

BUSINESS ACTIVITY, IF ANY, OF SOURCE
FARMING

YOUR BUSINESS POSITION
MANAGER

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's Income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's Income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

Comments: _____

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 _____% None

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Filer's Verification

Print Name THOMAS C. BERRYHILL Office, Agency or Court CALIFORNIA STATE SENATE

Statement Type 2012/2013 Annual 2012 Annual Assumed
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed and verified the information contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 5/9/13 Filer's _____
(month, day, year)



SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
ASTRA ZENECA PHARMACEUTICALS LLP
 ADDRESS (Business Address Acceptable)
22 FLR. 400 CAPITAL MALL, SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
PHARMACEUTICALS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 12</u>	<u>\$ 79.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA BUILDING INDUSTRY ASSOCIATION
 ADDRESS (Business Address Acceptable)
1215 K ST., SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 02 / 12</u>	<u>\$ 61.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA CATTLEMEN'S ASSOCIATION
 ADDRESS (Business Address Acceptable)
1221 H ST, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 20 / 12</u>	<u>\$ 105.00</u>	<u>FOOD & BEVERAGE</u>
<u>03 / 21 / 12</u>	<u>\$ 20.00</u>	<u>COWBOY HAT</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA CITRUS MUTUAL
 ADDRESS (Business Address Acceptable)
512 N. KAWEAH AVE., EXETER, CA 93221
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 20 / 12</u>	<u>\$ 17.00</u>	<u>FRUIT BOXES</u>
<u>03 / 20 / 12</u>	<u>\$ 86.00</u>	<u>FOOD & BEVERAGE</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA CORRECTIONAL PEACE OFFICERS
 ADDRESS (Business Address Acceptable)
755 RIVERPOINT DR. W. SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 12</u>	<u>\$ 308.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Filer's Verification

Print Name THOMAS C. BERRYHILL

Office, Agency or Court CALIFORNIA STATE SENATE

Statement Type 2012/2013 Annual Assuming Leaving
 2012 Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/9/13
 (d)(5)

Filer's Signature 

Comments: _____

SCHEDULE D
Income – Gifts

AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA FORESTRY ASSOCIATION
ADDRESS (Business Address Acceptable)
1215 K ST., STE. 1830, SACRAMENTO, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 22 / 12</u>	<u>\$ 54.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
HUMBOLDT REDWOOD COMPANY, LLC
ADDRESS (Business Address Acceptable)
ONE MARITIME PLAZA, STE 1400, S.F. CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MANAGED FORESTLANDS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 17 / 12</u>	<u>\$ 420.00</u>	<u>FOOD & LODGING</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA HOSPITAL ASSOCIATION
ADDRESS (Business Address Acceptable)
1215 K ST., STE. 800, SACRAMENTO, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 18 / 12</u>	<u>\$ 116.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA MANUFACTURERS & TECH. ASSOC
ADDRESS (Business Address Acceptable)
1115 11TH ST., SACRAMENTO, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 13 / 12</u>	<u>\$ 143.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA NEWSPAPER PUBLISHERS ASSOC.
ADDRESS (Business Address Acceptable)
2000 O ST., STE. 120, SACRAMENTO, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 01 / 12</u>	<u>\$ 69.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Filer's Verification

Print Name THOMAS C. BERRYHILL

Office, Agency or Court CALIFORNIA STATE SENATE

Statement Type 2012/2013 Annual Assuming Leaving
 2012 Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/9/13
✓ (d)(5)

Filer's Signature 

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
FEDEX CORPORATION
 ADDRESS (Business Address Acceptable)
1201 K ST., STE. 727, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
SHIPPING SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 06 / 12	\$ 99.00	FOOD & BEVERAGES
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
THE WALT DISNEY COMPANY
 ADDRESS (Business Address Acceptable)
500 SOUTH BUENA VISTA ST, BURBANK CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	\$ 400.00	PARK TICKETS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
MORONGO BAND OF MISSION INDIANS
 ADDRESS (Business Address Acceptable)
12700 PUMARRA RD, BANNING, CA 92220
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 12	\$ 157.00	FOOD & BEVERAGES
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA TROUT AT CASTING CALL
 ADDRESS (Business Address Acceptable)
360 PINE ST., 4TH FLOOR, SAN FRANCISCO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
PROTECTING FISH

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 12	\$ 25.00	T-SHIRT
06 / 19 / 12	\$ 25.00	HAT
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
PERSONAL INSURANCE FEDERATION OF CA
 ADDRESS (Business Address Acceptable)
1201 K ST., STE. 1220, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 12	\$ 98.00	FOOD & BEVERAGES
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Filer's Verification

Print Name THOMAS C. BERRYHILL

Office, Agency or Court CALIFORNIA STATE SENATE

Statement Type 2012/2013 Annual Assuming Leaving
 2012 Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/9/13

Filer's Signature (d)(5)

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
THE DEL MAR THOROUGHbred CLUB
 ADDRESS (Business Address Acceptable)
P.O. BOX 700, DEL MAR, CA 92014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 18 / 12</u>	<u>\$ 420.00</u>	<u>ADMISSION & ROOM</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
WINE INSTITUTE
 ADDRESS (Business Address Acceptable)
915 L ST, STE. 1400, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 12 / 12</u>	<u>\$ 66.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
PACIFIC GAS & ELECTRIC
 ADDRESS (Business Address Acceptable)
1415 L ST, STE. 280, SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
GAS & ELECTRIC UTILITIES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 12</u>	<u>\$ 56.00</u>	<u>FOOD & BEVERAGES</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Filer's Verification

Print Name THOMAS C. BERRYHILL

Office, Agency or Court CALIFORNIA STATE SENATE

Statement Type 2012/2013 Annual Assuming Leaving
 2012 Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/9/13
 (d)(5)

Filer's Signature 

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest Is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
BERRYHILL, THOMAS C.

1. BUSINESS ENTITY OR TRUST

TOM BERRYHILL RANCH

Name
EAST TAYLOR RD, CERES, CA 95307

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FARMING GRAPES & ALMONDS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

None

**ALLIED GRAPE GROWERS, CONSELLATION WINE
 ALLDRIN BROTHERS**

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

STANISLAUS, #022-011-000, #041-050-006-000

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
FARMING GRAPES & ALMONDS, CERES, CA 95307

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: **BLFP IS PARTNER IN PAIVA BERRYHILL**

1. BUSINESS ENTITY OR TRUST

BERRYHILL FAMILY LIMITED PARTNERSHIP

Name
PMB 344 2908 E, WHITMORE STE H, CERES, CA

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION **PARTNER**

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

None

PAIVA BERRYHILL ORCARDS

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

PAIVA BERRYHILL ORCHARDS

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
FARMING ALMONDS-CHICO, CA 95973

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest Is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
BERRYHILL, THOMAS C.

1. BUSINESS ENTITY OR TRUST

WOODY'S ON THE RIVER

Name
 1912 E TAYLOR RD, CERES, CA 95307

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
DUCK HUNTING BLINDS SALE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

None

PHIL O'CONNELL GRAIN COMPANY, INC

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box
 INVESTMENT REAL PROPERTY

11751, 12825, 13499 W 8 MILE RD

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
STOCKTON, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

1. BUSINESS ENTITY OR TRUST

PAIVA BERRYHILL ORCHARDS

Name
 PMB 344 20908 WHITMORE, STE H, CERES 95307

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FARMING ALMONDS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship PASS THROUGH Other

YOUR BUSINESS POSITION 12.5% INTEREST THRU BFLP

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box
 INVESTMENT REAL PROPERTY

13193 CARMEN LANE

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
CHICO, CA 95973

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
BERRYHILL, THOMAS C

▶ NAME OF SOURCE (Not an Acronym)
AstraZeneca Pharmaceuticals LLP
 ADDRESS (Business Address Acceptable)
22 Floor, 400 Capital Mall, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 12	\$ 79	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Building Industry Association
 ADDRESS (Business Address Acceptable)
1215 K ST, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 12	\$ 61	Food & Beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Cattlemen's Association
 ADDRESS (Business Address Acceptable)
1221 H ST, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 12	\$ 105	Food & Beverage
03 / 21 / 12	\$ 20	Cowboy Hat
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Citrus Mutual
 ADDRESS (Business Address Acceptable)
512 N Kaweah Ave, Exeter, CA 93221
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 12	\$ 17	Fruit Boxes
03 / 20 / 12	\$ 86	Food & Beverage
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Correctional Peace Officers Association
 ADDRESS (Business Address Acceptable)
756 Riverpoint DR, West Sacramento, CA 95606
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 12	\$ 308	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Forestry Association
 ADDRESS (Business Address Acceptable)
1215 K ST, STE1830, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 12	\$ 54	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BERRYHILL, THOMAS C

▶ NAME OF SOURCE (Not an Acronym)
California Hospital Association

ADDRESS (Business Address Acceptable)
1215 K ST, STE 800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 18 / 12	\$ 116	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Manufacturers & Technology Association

ADDRESS (Business Address Acceptable)
1116 11TH ST, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 13 / 12	\$ 143	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Newspaper Publishers Association

ADDRESS (Business Address Acceptable)
2000 O ST, STE 120, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 12	\$ 69	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
FedEx Corporation

ADDRESS (Business Address Acceptable)
1201 K ST, STE 727, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 06 / 12	\$ 99	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Humboldt Redwood Company LLC

ADDRESS (Business Address Acceptable)
One Maritime Plaza, STE 1400, San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 12	\$ 420	Food & Lodging
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Morongo Band of Mission Indians

ADDRESS (Business Address Acceptable)
12700 Pumarra RD, Banning, CA 92220

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 12	\$ 157	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BERRYHILL, THOMAS

▶ NAME OF SOURCE (Not an Acronym)
Personal Insurance Federation of California
ADDRESS (Business Address Acceptable)
1201 K ST, STE 1220, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 12	\$ 98	Food & Beverages
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
The Walt Disney Company
ADDRESS (Business Address Acceptable)
500 South Buena Vista ST, Burbank, CA 91521
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	\$ 400	Park Tickets
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
California Trout at Casting Call
ADDRESS (Business Address Acceptable)
360 Pine ST, 4th Floor, San Francisco, CA 94104
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 12	\$ 25	Tee Shirt
06 / 19 / 12	\$ 25	Hat
	\$	

▶ NAME OF SOURCE (Not an Acronym)
The Del Mar Thoroughbred Club
ADDRESS (Business Address Acceptable)
PO BOX 700, Del Mar, CA 92014
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 12	\$ 420	Admission and Room
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Wine Institute
ADDRESS (Business Address Acceptable)
916 L ST, STE 1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 12 / 12	\$ 66	Food & Beverages
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Pacific Gas & Electric
ADDRESS (Business Address Acceptable)
1415 L ST, STE 280, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 12	\$ 56	Food & Beverages
	\$	
	\$	

Comments: _____

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
BERRYHILL, THOMAS C

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

- You must mark either the gift or Income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Independent Voters Project

ADDRESS (Business Address Acceptable)
 101 West Broadway, STE 1460

CITY AND STATE
 San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11 / 12 / 12 - 11 / 16 / 12 AMT: \$ 2,860.93
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Business And Leadership Policy Conference

▶ NAME OF SOURCE (Not an Acronym)
 California Foundation on the Environment & Economy

ADDRESS (Business Address Acceptable)
 Pler 35, STE 202

CITY AND STATE
 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 09 / 27 / 12 - 09 / 28 / 12 AMT: \$ 493.69
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Information & Communication Technologies Workshop

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only



Please type or print in ink.

NAME OF FILER (LAST) BERRYHILL (FIRST) THOMAS (MIDDLE) C.

1. Office, Agency, or Court

Agency Name: CALIFORNIA STATE SENATE
Division, Board, Department, District, if applicable: DISTRICT 14
Your Position: SENATOR

- If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed _____
- The period covered is _____ through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 9
- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached
- None - No reportable interests on any schedule

5. Verification

(d)(5)

I certify under penalty of perjury under the laws of the State of California that

Date Signed: 2/28/13

(d)(5)