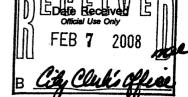
STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

☐ Candidate

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. Isaas Spe at Francisco			Y
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HANNA, Barbara F.		•	(951) 922-0856
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
4678 W. Hoffer Street, Banning, CA 92	220		barbarafhanna@yahoo.cd
1. Office, Agency, or Court		4. Schedule Summa	ry
Name of Office, Agency, or Court:		→ Total number of pages	
City Council		including this cover pag	e: <u>3</u>
Division, Board, District, if applicable:		➡ Check applicable schedu interests."	ules or "No reportable
Your Position:		I have disclosed interests attached schedules:	on one or more of the
Council Member		Schedule A-1 Yes - s	schedule attached
If filing for multiple positions, list add position(s): (Attach a separate shee	litional agency(ies)/	Investments (Less than 10% Own	nership)
Agency:		Schedule A-2 Yes - s Investments (10% or greater Own	
Agency.		Schedule B Yes - s	schedule attached
Position:		Real Property	
2. Jurisdiction of Office (Check	at least one box)	Schedule C Yes - s Income, Loans, & Business P and Travel Payments)	schedule attached Positions (Income Other than Gifts
☐ State		Schedule D X Yes - s	schedule attached
County of		Income – Gifts	10100 and
☑ City of BANNING		Schedule E Yes - s	schedule attached
Multi-County		-or	-
Other			
3. Type of Statement (Check at	least one box)	No reportable interests	on any schedule
	· 1		
Assuming Office/Initial Date:	·	5. Verification	
Annual: The period covered is Janua through December 31, 2007.	ary 1, 2007,		e diligence in preparing this
-Or-			is statement and to the best of n contained herein and in any
O The period covered is/	/, through	attached schedules is true an	
December 31, 2007.		Leartify under penalty of perio	ury under the laws of the State
Leaving Office Date Left:/(Check one)		of California that the forego	
O The period covered is January 1, date of leaving office.	2007, through the	Date Signed 26	5 & (month, day, year)
-or-			(monun, day, year)
O The period covered is/ the date of leaving office.	/, through	Signature Cile the originally sign	ned statement with your filing original.)
	8	•	1

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

HANNA, Barbara

	➤ 1. BUSINESS ENTITY OR TRUST
➤ 1. BUSINESS ENTITY OR TRUST	- Gooding Control
Hanna & Associates	
Name 4678 W. Hoffer Street, Banning, CA 92220	Name
Address	Address
Observations of the Control of the C	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
Trust, go to 2 Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Management Consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
X \$10,001 - \$100,000 DISPOSED	\$100,001 - \$100,000 ACQUIRED DISPOSED
S100,001 - \$1,000,000 Over \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT Sole Progretorship	Sole Proprietorship Partnership Other
Other	
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME IQ THE ENTITY/TRUST)
	S0 - \$499 S10,001 - \$100,000
□ \$0 - \$499	\$500 - \$1,000 OVER \$100,000
S1,001 - \$10,000 S1,001 - \$10,000	S1,001 - \$10,000
> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
NCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
N/A	
TUT	
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
N/A	
Name of Business Entity or	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Street Address or Assessor's Parcel Number of Real Property	Street Address of Assessor's Parcel Indininer of New 1 1999/19
Description of Business Activity of	Description of Business Activity or City or Other Precise Location of Real Property
City or Other Precise Location of Real Property	IN ARRIVANIE LIOT DATE.
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S2,000 - \$10,000 , , O7 , , O7	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
	NATURE OF INTEREST
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
C. Open Comments	U Lessehold Other
Leasehold Other	Yrs. remaining
Yrs. remaining Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
	FPPC Form 700 (2007/2008) Sch. A-2
Comments:	FPPC Toll-Free Helpline: 866/ASK-FPPC

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

HANNA, Barbara

		> NAME OF SOURCE	_	
NAME OF SOURCE		NAME OF SOURCE	=	
Burke, Williams & Sorense	n, LLP			
ADDRESS		ADDRESS		
2280 Market Street, Ste. 3			TY IE ANN OF C	OURCE
BUSINESS ACTIVITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVIT	Y, IF ANY, UF S	OURCE
Law Firm) (A 1 F	DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	
9 , , 07	League of Calif. Cities		\$	
12 , , 07	Chocolate Pizza		\$	
\$			\$	
NAME OF SOURCE		> NAME OF SOURCE	•	
Edward Del La Rosa - Del	La Rosa & Associates			
ADDRESS		ADDRESS		
10866 Wilshire Blvd., Ste.				
BUSINESS ACTIVITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE
Underwriters - Investment	Bankers			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11,28,07 \$ 30.00	Bottle of Wine		\$	
			\$	
			\$	
NAME OF SOURCE		> NAME OF SOURCE		
ADDRESS		ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SC	URCE	BUSINESS ACTIVIT	Y, IF ANY, OF SO	DURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ / \$			\$	
			\$	
\$			\$	
	•			
• • • • • • • • • • • • • • • • • • •				
Comments: League of Califo	rnia Cities (Dinner); Chocolate	e Pizza (Christmas G	Sift)	
Comments.				

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

NAME (LAST)		(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HANNA, Barbara F.		.		(951) 922-0856
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
4678 W. Hoffer Stree	et, Banning, C	CA 92220		barbarafhanna@yahoo.co

4678 W. Hoffer Street, Banning, CA 92220
1. Office, Agency, or Court
Name of Office, Agency, or Court:
Western Riverside Co. Regional Conservation Author.
Division, Board, District, if applicable:
Multi-Species Conservation Plan Committee
Your Position:
Committee Member
➡ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency:
D. allian
Position:
☐ State ☑ County of RIVERSIDE
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2007, through December 31, 2007.
O The period covered is/, through December 31, 2007.
Leaving Office Date Left:/(Check one)
O The period covered is January 1, 2007, through the date of leaving office.
O The period covered is/, through the date of leaving office.
☐ Candidate

4. Schedule Summary				
→ Total number of pages including this cover page:				
➡ Check applicable schedules or "No reportable interests."				
I have disclosed interests on one or more of the attached schedules:				
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)				
Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)				
Schedule B				
Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)				
Schedule D				
Schedule E				
-or-				
No reportable interests on any schedule				

5. Verification

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 2/6/8 (month, day, ye

Signature

File the originally signed statement with your filing official

FPPC Form 700 (2007/2008) FPPC Toli-Free Helpline: 866/ASK-FPPC

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.			
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HANNA, Barbara F.			(951) 922-0856
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
4678 W. Hoffer Street, Banning, CA 92	2220		barbarafhanna@yahoo.co
1. Office, Agency, or Court		4. Schedule Summa	ary
Name of Office, Agency, or Court:		→ Total number of pages	
Southern California Association of G	overnments	including this cover pa	ge:3
Division, Board, District, if applicable:		⇒ Check applicable sched interests."	dules or "No reportable
Your Position:		I have disclosed interests attached schedules:	s on one or more of the
Member		Schedule A-1 Tyes -	- schedule attached
If filing for multiple positions, list adoposition(s): (Attach a separate sheet	ditional agency(ies)/ et if necessary.)	Investments (Less than 10% O)wnership)
Agency:		Schedule A-2 X Yes Investments (10% or greater O	
Position:		Schedule B Yes -	- schedule attached
		J - Schedule C ☐ Yes -	- schedule attached
2. Jurisdiction of Office (Check	k at least one box)	Income, Loans, & Business and Travel Payments)	Positions (Income Other than Gifts
⊠ State		Schedule D X Yes -	- schedule attached
County of		Income - Gifts	
⊠ City of BANNING		Schedule E Yes -	- schedule attached
Multi-County		Income - Travel Payments	
Other		-0	or-
		∬ No reportable interest	ts on any schedule
3. Type of Statement (Check at	t least one box)		
☐ Assuming Office/Initial Date: _		5. Verification	
Annual: The period covered is Januthrough December 31, 2007.	uary 1, 2007,	I have used all reasonat	ble diligence in preparing this
-or-			this statement and to the best of tion contained herein and in any
O The period covered is/	_/, through	attached schedules is true	and complete.
Leaving Office Date Left:/ (Check one)		I certify under penalty of pe of California that the fore	erjury under the laws of the State going is true and correct.
O The period covered is January 1, date of leaving office.	2007, through the	Date Signed <u>A6</u>	(month, day, year)
O The period covered is/	_/, through	Signature Balla	ia Haime

maled 3/13/08

FPPC Form 700 (2007/2008) FPPC Toll-Free Helpline: 866/ASK-FPPC

☐ Candidate

STATEMENT OF ECONOMIC INTERESTS

Date Received

COVER PAGE

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Touse type or print in this	, and the second se
NAME (LAST) (FIRST)	(MIDDLE) DAYTIME TELEPHONE NUMBER
HANNA, Barbara F.	(951) 922-0856
MAILING ADDRESS STREET CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
(May use business address)	
4678 W. Hoffer Street, Banning, CA 92220	barbarafhanna@yahoo.co
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	→ Total number of pages
Riverside County Transportation Commission (RCTC)	including this cover page:3
Division, Board, District, if applicable:	→ Check applicable schedules or "No reportable
	interests."
Your Position:	I have disclosed interests on one or more of the attached schedules:
Commissioner - Alternate	and the second of the second o
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)	Schedule A-1
position(s). (Attack a separate sheet i hesessary.)	Schedule A-2 🗵 Yes – schedule attached
Agency:	Investments (10% or greater Ownership)
	Schedule B
Position:	Real Property
	Schedule C
2. Jurisdiction of Office (Check at least one box)	Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
☐ State	Schedule D 🗵 Yes – schedule attached
⊠ County of RIVERSIDE	Income - Gifts
☐ City of	Schedule E Schedule attached
Multi-County	Income – Travel Payments
☐ Other	-or-
	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	The reportable interests on any screedile
Assuming Office/Initial Date:/	5. Verification
Annual: The period covered is January 1, 2007,	I have used all reasonable diligence in preparing this
through December 31, 2007.	statement. I have reviewed this statement and to the best of
-OF-	my knowledge the information contained herein and in any attached schedules is true and complete.
O The period covered is/, through December 31, 2007.	attached schedules is tide and complete.
	I certify under penalty of perjury under the laws of the State
∠ Leaving Office Date Left: 1 / 8 / 08 (Check one)	of California that the foregoing is true and correct.
The period covered is January 1, 2007, through the date of leaving office.	Date Signed 266 (month, day, year)
-Or-	\Box
O The period covered is/, through the date of leaving office.	Signature (File the originally signed statement with your filing official.)

FPPC Form 700 (2007/2008) FPPC Toll-Free Helpline: 866/ASK-FPPC

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

☐ Candidate

	/FIDCED	(MIDDLE)	DAYTIME TELEPHONE NUMBER
NAME (LAST)	(FIRST)	(MIDDLE)	DAT TIME TELET HONE HOMSEN
HANNA, Barbara F.		·	(951) 922-0856
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
4678 W. Hoffer Street, Banning, CA 9	92220		barbarafhanna@yahoo.co
1. Office, Agency, or Court		4. Schedule Summ	nary
Name of Office, Agency, or Court:		➡ Total number of page	s
Western Riverside Regional Conse	rvation Authority	including this cover p	page:3
Division, Board, District, if applicable:		Chock applicable sch	edules or "No reportable
Division, board, bloard, a spendare.		interests."	edules of the reportable
Your Position:		I have disclosed interes attached schedules:	sts on one or more of the
Member - Alternate		Schedule A-1 Yes	- schedule attached
→ If filing for multiple positions, list act position(s): (Attach a separate she	dditional agency(ies)/ eet if necessary.)	Investments (Less than 10%	•
Agency:		Schedule A-2 X Yes Investments (10% or greater	
Position:		Schedule B Yes	- schedule attached
2. Jurisdiction of Office (Che		Schedule C Yes Income, Loans, & Busines and Travel Payments)	- schedule attached is Positions (Income Other than Gifts
☐ State	·	Schedule D X Yes	- schedule attached
☑ County of RIVERSIDE		Income – Gifts	
☐ City of		Schedule E Yes	- schedule attached
li de la companya de			or-
Other			
3. Type of Statement (Check	at least one hox)	No reportable intere	sts on any schedule
	. 1		
Assuming Office/Initial Date:		5. Verification	
Annual: The period covered is Jar through December 31, 2007.	nuary 1, 2007,	I have used all reasons	able diligence in preparing this
through December 31, 2007.		statement. I have reviewe	d this statement and to the best of ation contained herein and in any
O The period covered is/	_/ through	attached schedules is true	
December 31, 2007.	,		
Leaving Office Date Left:/(Check one)		of California that the for	perjury under the laws of the State regoing is true and correct.
O The period covered is January	1, 2007, through the	~	11.100
date of leaving office.		Date Signed	(month, day, year)
O The period covered is/ the date of leaving office.	/, through	Signature File the original	y signed statement with your filing officially

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prailed 3/13/08

STATEMENT OF ECONOMIC INTERESTS

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☐ Candidate

, 10000 ypr 21 print			
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HANNA, Barbara F.			(951) 922-0856
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
4678 W. Hoffer Street, Banning,	CA 92220		barbarafhanna@yahoo.co
			· · · · · · · · · · · · · · · · · · ·
1. Office, Agency, or Cou	ırt	4. Schedule Summa	ary
Name of Office, Agency, or Court:		➡ Total number of pages	2
Community Action Commission	1	including this cover pa	ge:
Division, Board, District, if applica	ble:	Check applicable sched	dules or "No reportable
		interests."	· ·
Your Position:		I have disclosed interests attached schedules:	s on one or more of the
Member - Alternate		Schedule A-1 Yes -	schodulo attached
➡ If filing for multiple positions, I	list additional agency(ies)/	Investments (Less than 10% O	
position(s): (Attach a separat	e sheet if necessary.)	Schedule A-2 X Yes -	schedule attached
Agency:		Investments (10% or greater O	
3		Schedule B TYes -	schedule attached
Position:		Real Property	
			schedule attached
2. Jurisdiction of Office	(Check at least one box)	Income, Loans, & Business and Travel Payments)	Positions (Income Other than Gifts
☐ State		Schedule D X Yes -	schedule attached
County of RIVERSIDE		Income – Gifts	
☐ City of		Schedule E Yes -	schedule attached
☐ Multi-County		Income - Travel Payments	
☐ Other		-0	r-
	· .	No reportable interest	s on any schedule
3. Type of Statement (Ch	eck at least one box)		
☐ Assuming Office/Initial D		5. Verification	
Annual: The period covered is through December 31, 2007.	s January 1, 2007,	I have used all reasonab	le diligence in preparing this
-Or-	•		this statement and to the best of ion contained herein and in any
O The period covered is	_/	attached schedules is true	
December 31, 2007.			winer, and out the lower of the State
Leaving Office Date Left: (Check one)		of California that the fore	rjury under the laws of the State going is true and correct.
O The period covered is Janu	ary 1, 2007, through the	210	100
date of leaving office.		Date Signed 2 4	(month, day, year)
-or-		Λ.	11
O The period covered is the date of leaving office.	, through	Signature (File the originally s	igned statement with your filing official.)

mailed 3/13/08

FPPC Form 700 (2007/2008) FPPC Toll-Free Helpline: 866/ASK-FPPC