

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

VER PAGE

<b>RECEIVED</b> OCT 6 2008 City Clerk's Office	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>15</u> For Official Use Only

<b>Statement covers period</b> from <u>7/1/08</u> through <u>9/30/08</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/4/08</u>
--	--

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)   | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7)  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement                                       | <input checked="" type="checkbox"/> Quarterly Statement                       |
| <input type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |   |

**3. Committee Information**

I.D. NUMBER  
1305832

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Hanna: Leadership for Banning

STREET ADDRESS (NO P.O. BOX)

4678 W. Hoffer St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Banning</u>	<u>CA</u>	<u>92220</u>	<u>951-922-0856</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

barbarafhanna@yahoo.com

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Robin Calder

MAILING ADDRESS

902 E. Charles St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Banning</u>	<u>CA</u>	<u>92220</u>	<u>951-849-5301</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

rcalder@dc.rr.com

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on	<u>10/04/08</u>
	Date
Executed on	<u>10/04/08</u>
	Date
Executed on	
	Date
Executed on	
	Date

By	<u>[Signature]</u>	Signature of Treasurer or Assistant Treasurer
By	<u>[Signature]</u>	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By	<u>[Signature]</u>	Signature of Controlling Officeholder, Candidate, State Measure Proponent
By		Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 15

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Barbara F. Hanna

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Council Member City of Banning, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

4678 W. Hoffer St Banning CA 92220

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara F. Hanna

Statement covers period from <u>7/1/08</u>	<b>CALIFORNIA FORM 460</b>
through <u>9/30/08</u>	
Page <u>3</u> of <u>15</u>	I.D. NUMBER <u>1305832</u>

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>7,445.</u>	\$ <u>15,119</u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>7,445.</u>	\$ <u>15,119</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>3,627</u>	<u>3,627</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>11,072</u>	\$ <u>18,746</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ <u>3</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>11,521</u>	\$ <u>14,215</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>11,521</u>	\$ <u>14,215</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>3,627</u>	<u>3,627</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>15,148</u>	\$ <u>17,842</u>

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>      </u> / <u>      </u> / <u>      </u>	\$ _____
<u>      </u> / <u>      </u> / <u>      </u>	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>4,980.</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>7,445</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>100</u>
15. Cash Payments ..... Column A, Line 8 above	<u>11,521</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,004</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/08</u> through <u>9/30/08</u>		CALIFORNIA FORM <b>460</b> Page <u>4</u> of <u>15</u>
I.D. NUMBER 1305832		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara F. Hanna

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/08	Robin & Bonnie Calder 902 E. Charles St. Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	banker, Desert Commercial Bank	\$200.	\$200.	
7/3/08	Marion "Rick" and Loretta Jones P.O. Box 453 Beaumont, CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	developer Cherry Ridge Estates, LLC	\$200.	\$200.	
7/14/08	Charlie D. Phan 1215 Garden Road Memphis, TN 38134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	inventor Lovely Nail Salon	\$200.	\$200.	
7/3/08	John & Ann Benfield 10610 Gilman St Banning, CA 9222050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$50	\$200.	
7/3/08	Pat Hughes 18840 Cryer Dr Banning, CA 92220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PR, Marketing Hughes & Co Public Relations	\$50	\$150.	
SUBTOTAL \$				700.		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4,043.00 ✓
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 3,401.50 ✓
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 7,445 ✓

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/08</u> through <u>9/30/08</u>		CALIFORNIA FORM <b>460</b> Page <u>5</u> of <u>15</u>
I.D. NUMBER 1305832		

NAME OF FILER

Barbara F. Hanna

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/08	Patti Hanley 1629 Sunflower Court N. Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Library Administrator Banning Library District	\$165	\$264	
7/03/08	Robert & Claudia Keeling 515 W. Ramsey St Suite B Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Re/Max Consultants	\$300	\$300	
7/05/08	Dr. Amy Berhanu 471 N. San Gorgonio Ave. Banning, CA 92220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Amy Berhanu, DDS, PC	\$300	\$300	
7/03/08	Lee & Don Sax PO Box 517 Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$190	\$390	
7/03/08	Michael & Karin Rose 4709 Elsie Lee Cir Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	college counselor Mt. San Jacinto Comm College	\$200.	\$400	
SUBTOTAL \$				\$1,155		

\*Contributor Codes

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/08</u> through <u>9/30/08</u>		<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>15</u>
I.D. NUMBER 1305832		

NAME OF FILER

Barbara F. Hanna

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/08	DeMario Jackson P.O. Box 206 Banning, CA 92220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	developer Bottom Line Property Mgmt. LLC	\$260	\$460	
8/29/08	Waste Management & affiliated entities 915 L St, Suite 1430 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$500	
7/14/08	Rob Freeman P.O. Box 506 Riverside, CA 92502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	broker G.S.F. Corporation The Freeman Companies	\$175	\$575	
8/5/08	Diana DiMaggio Taylor 12 S. San Gorgonio Banning, CA 92220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self employed Coplin house LLC	\$350	\$650	
9/16/08	David Turch 517 2nd St, Northeast Washington DC	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	political lobbyist David Turch Associates	\$249	\$249	
<b>SUBTOTAL \$</b>				1,284		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/08</u> through <u>9/30/08</u>		<b>CALIFORNIA FORM 460</b> Page <u>7</u> of <u>15</u>
NAME OF FILER Barbara F. Hanna		
		I.D. NUMBER 1305832

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/08	Tina Kummerle 1693 Jade Moon Lane Beaumont, CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Highland Springs Resort	\$148	\$198	
9/6/08	Va Moua 1372 Scott Ave Beaumont, CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Technician Cardinal Healthcare	\$25	\$125	
9/6/08	Clara Thomas 279 E. Repplier Rd Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	student	\$25	\$125	
7/3 & 9/3/08	Ruth Rockey 5144 Rio Bravo Cr. Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$125	\$125	
7/3 & 9/3/08	Richard Sanchez 942 So. 12th St. Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	broker Great American Realty	\$125	\$125	
<b>SUBTOTAL \$</b>				<b>448</b>		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>7/1/08</u>		
through <u>9/30/08</u>		Page <u>8</u> of <u>15</u>

NAME OF FILER

Barbara F. Hanna

I.D. NUMBER

1305832

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/08	Judy Geske 2480 Vista Del Sol LaVerne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	school administrator Banning Unified School District	\$60	\$159	
7/18/08	Paula Hill 1233 Elm Ave. Beaumont, CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	teacher Banning & Beaumont Unified School Districts	\$198	\$198	
9/18/08	Maxine Lewis 55 N. Eighth Street Beaumont, CA 92220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	property management Haskell Real Estate Inc	\$198	\$198	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>\$456</b>		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/08</u> through <u>9/30/08</u>		CALIFORNIA FORM <b>460</b>
		Page <u>9</u> of <u>15</u>
NAME OF FILER  Barbara F. Hanna		I.D. NUMBER  1305832

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/08	Yve Evans 19222 Avenue of the Oaks #D Santa Clarita, CA 91321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	entertainer, performer Yve Evans	one performance	\$500	\$500	
7/3/08	Veronica Histed 10680 Sunset Ave. #B Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	administrative services Betty Ford Center	2 Bob Hope Chrysler Classic golf tournament tickets	\$300	\$300	
7/3/08	Patricia Klimkiewicz 4678 W. Gilman St Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	masseuse Trish Klimkiewicz	2 one-hour massages	\$150	\$150.	
7/3/08	Richard Lopez 1538 Mt View Trail Beaumont, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ceramicist Rich Lopez	original ceramic art	\$300	\$300	
Attach additional information on appropriately labeled continuation sheets.					<b>SUBTOTAL \$</b>	1,250	

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 3,575
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 52
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 3,627

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule C**  
**Nonmonetary Contributions Received**  
*Continuation Page*

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/08</u> through <u>9/30/08</u>		<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>15</u>		
NAME OF FILER  Barbara F. Hanna		I.D. NUMBER  1305832

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/08	Noel Goetz 18778 Deer Trail Banning, CA 92220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of former Pawnderosa	2 necklaces 1 pair earrings	\$550	\$550	
7/3/08	Dr. Michael Norman 219 E. Olive St Redlands, CA 92373	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Inland Medical Spa	cosmetic skin care	\$1,500	\$1,500	
7/3/08	Barbara Hanna 4678 W. Hoffer St Banning, CA 92220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Banning	Pinot Noir wine & Sun Lakes golf lesson	\$275	\$275	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 2,325**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
 (Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 7/1/08 through 9/30/08		CALIFORNIA FORM <b>460</b>
		Page 11 of 15
NAME OF FILER Barbara F. Hanna		I.D. NUMBER 1305832

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara F. Hanna

I.D. NUMBER

1305832

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
A & A Signs 24147 Highway 74 Perris, CA 92570	CMP	250 yard signs	\$592
Banning Chamber of Commerce 60 E. Ramsey St Banning, CA 92220	CMP	bus shelter sign	\$550
City of Banning 99 E. Ramsey St Banning, CA 92220	FIL	Candidate's statement	\$675

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,817**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 11,173
2. Unitemized payments made this period of under \$100	\$ 348
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 11,521</b>

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/08	
through	9/30/08	Page <u>12</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
Barbara F. Hanna		1305832

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees.	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Banning 99 E. Ramsey Banning, CA 92220	PRT	Stagecoach Days program ad	\$300
Elegant Affair 182 W. Ramsey St Banning, CA 92220	FND	Tables, chair, dishware, tablecloths, etc, fir July 3 fundraiser	\$1,123
Highland Springs Resort 10600 Highland Springs Avenue Cherry Valley, CA 92223	FND	food & wine for July 3rd fundraiser	\$2,097
Image Up 33094 Bradcliff Ct Yucaipa, CA 92399	PRT	2 ads in Sun Lakes Lifestyles	\$652
Record Gazette P.O. Box 727 Banning, CA 92220	PRT	ads in weekly newspaper	\$466

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 4,638**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/08	
through	9/30/08	Page 13 of 15
NAME OF FILER		I.D. NUMBER
Barbara F. Hanna		1305832

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Gorgonio Design & Print 515 W. Ramsey St, Ste B Banning, CA 92220	LIT	design & print materials	\$1,067
VistaPrint.com 95 Hayden Avenue Lexington, MA 02421	LIT	promotional magnets	\$1,647
Xenia Pacific Inc P.O. Box 333 Riverside, CA 92550	LIT	Produce & install bus shelter ad	\$178
Habitat for Humanity P.O. Box 269 Banning, CA 92220	CVC	Golf Tournament tee sign	\$100
Lily Applebee  Yucca Valley, CA	FND	fundraiser decorations	\$100

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 3,092** ✓

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>7/1/08</u>		
through <u>9/30/08</u>		Page <u>14</u> of <u>15</u>
NAME OF FILER Barbara F. Hanna		I.D. NUMBER 1305832

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Voter Guide 1954 W. Carson St, Suite B Torrance, CA 90501	LIT		slate mailers	\$1,050
The Valley Messenger 35242 Yucaipa Blvd., Suite E Yucaipa, CA 92399	PRT		ad	\$326
Development Management Corp Michael Bracken 40112 Sagewood Dr., Palm Desert, CA 92260	RFD		returned contribution	\$250

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,626**

**Schedule I**  
**Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period from <u>7/1/08</u> through <u>9/30/08</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>15</u> of <u>15</u>
I.D. NUMBER <b>1305832</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Barbara F. Hanna

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/27/08	Banning Chamber of Commerce 60 E. Ramsey Street Banning, CA 92220	Rebate due to delay in availability of bus shelter frame for ad	\$100

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 100.**

**Schedule I Summary**

1. Itemized increases to cash this period. .... \$ 100.  
 2. Unitemized increases to cash of under \$100 this period. .... \$ 0  
 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0  
 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$ 100**