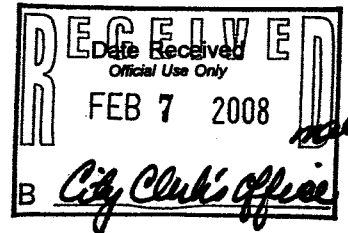


STATEMENT OF ECONOMIC INTERESTS

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 |
| 4678 W. Hoffer Street, Banning, CA 92220 | | | OPTIONAL: FAX / E-MAIL ADDRESS barbarafhanna@yahoo.com |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City Council

Division, Board, District, if applicable:

Your Position:
Council Member

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of BANNING

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.

-or-

The period covered is ____/____/____, through December 31, 2007.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-or-

The period covered is ____/____/____ through the date of leaving office.

Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 3

➔ 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 Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Travel Payments

-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 2/6/08
(month, day, year)

Signature Barbara Hanna
(File the originally signed statement with your filing official.)

**SCHEDULE D
Income - Gifts**

Name
HANNA, Barbara

> NAME OF SOURCE
Burke, Williams & Sorensen, LLP

ADDRESS
2280 Market Street, Ste. 300, Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|-------------------------|
| 9 / / 07 | \$ 126.04 | League of Calif. Cities |
| 12 / / 07 | \$ 39.00 | Chocolate Pizza |
| / / | \$ | |

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

> NAME OF SOURCE
Edward Del La Rosa - Del La Rosa & Associates

ADDRESS
10866 Wilshire Blvd., Ste. 1650, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Underwriters - Investment Bankers

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 11 / 28 / 07 | \$ 30.00 | Bottle of Wine |
| / / | \$ | |
| / / | \$ | |

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments: League of California Cities (Dinner); Chocolate Pizza (Christmas Gift)

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

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: _____
Position: _____

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

- 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.
- or-
- The period covered is ____/____/____, through December 31, 2007.
- Leaving Office Date Left: ____/____/____ (Check one)
- The period covered is January 1, 2007, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate

4. Schedule Summary

- ➔ Total number of pages including this cover page: 3
- ➔ 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 Yes - schedule attached
Real Property
Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes - schedule attached
Income - Gifts
Schedule E Yes - schedule attached
Income - Travel Payments

-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 2/6/08
(month, day, year)

Signature Barbara Hanna
(File the originally signed statement with your filing official)

mailed 2/13/08

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

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| 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 Street, | Banning, CA 92220 | | barbarafhanna@yahoo.co |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Southern California Association of Governments

Division, Board, District, if applicable:

Your Position:
Member

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of BANNING

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.

-OR-

The period covered is ____/____/____, through December 31, 2007.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-OR-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary

→ Total number of pages including this cover page: 3

→ 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 Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Travel Payments

-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 2/6/08
(month, day, year)

Signature Barbara Hanna
(File the originally signed statement with your filing official.)

mailed 3/13/08

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| 4678 W. Hoffer Street, Banning, CA 92220 | | | OPTIONAL: FAX / E-MAIL ADDRESS |
| | | | barbarafhanna@yahoo.co |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Riverside County Transportation Commission (RCTC)

Division, Board, District, if applicable:

Your Position:
Commissioner - Alternate

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

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.

-OR-

The period covered is ____/____/____, through December 31, 2007.

Leaving Office Date Left: 1 / 8 / 08
(Check one)

The period covered is January 1, 2007, through the date of leaving office.

-OR-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary

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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 Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Travel Payments

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No reportable interests on any schedule

5. Verification

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Date Signed 2/6/08
(month, day, year)

Signature Barbara Hanna
(File the originally signed statement with your filing official.)

mailed 3/13/08

STATEMENT OF ECONOMIC INTERESTS

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| HANNA, Barbara F. | | | (951) 922-0856 |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE |
| OPTIONAL: FAX / E-MAIL ADDRESS | barbarafhanna@yahoo.co | | |
| 4678 W. Hoffer Street, Banning, CA 92220 | | | |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Western Riverside Regional Conservation Authority

Division, Board, District, if applicable:

Your Position:
Member - Alternate

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

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.

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(month, day, year)

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(File the originally signed statement with your filing official.)

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| MAILING ADDRESS (May use business address) | STREET | CITY | STATE | ZIP CODE |
| 4678 W. Hoffer Street, Banning, CA 92220 | | | | OPTIONAL: FAX / E-MAIL ADDRESS barbarafhanna@yahoo.co |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Community Action Commission

Division, Board, District, if applicable:

Your Position:
Member - Alternate

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

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.

-OR-

The period covered is ____/____/____, through December 31, 2007.

Leaving Office Date Left: ____/____/____ (Check one)

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-OR-

The period covered is ____/____/____, through the date of leaving office.

Candidate

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Signature Barbara Hanna
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mailed 3/13/08