

STATEMENT OF ECONOMIC INTERESTS

Date Received  
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CITY OF NORCO

MAR 21 2011

COVER PAGE  
FAIR POLITICAL  
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) Hanna  
FIRST PM 12:22  
CITY BERK  
Dean

1. Office, Agency, or Court

Agency Name

City of Norco, Ca.

Division, Board, Department, District, if applicable

Your Position

City Council

City Councilman

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

Agency: See Attachment

Position:

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

State

Judge (Statewide Jurisdiction)

Multi-County

County of Riverside

City of Norco, Ca

Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

I have read all applicable schedules in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed 3-21-11  
(month, day, year)

Signature

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <u>Hanna, Berwin Dean</u>
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- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE  
Metropolitan Water District of Southern California  
 ADDRESS (Business Address Acceptable)  
700 N. Alameda St.  
 CITY AND STATE  
Los Angeles, Ca. 90012  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Tour of Delta water system  
 DATE(S): 10 / 22 / 10 - 10 / 23 / 10 AMT: \$ 602.00  
(If applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Transportation, room, food

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_

Attachment to California Form 700  
Berwin Hanna

Other Committees:

- ✓Riverside County Transportation Committee – City Representative
- ✓Northwest Mosquito Abatement District – City Representative
- Four Corners Transportation Coalition – City Representative

Western Riverside Regional Conservation Authority (RCA) – Alternate

- ✓Riverside Transit Agency – Alternate

Western Riverside Regional Wastewater Authority – Alternate