CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Ban Bernardino Valley
Date Initial Filing Received Official Use Only MAR 1 3 2017
Water Conservation

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		Willens
CORNEILLE	RICHARD		
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)		In the Comment of D	
Division, Board, Department, District, if applicab		YOUR Position	STRICT
DIVISION 1		DIRECTOR	
▶ If filing for multiple positions, list below or or	-		
Agency: SAN BEENA EDING VALLY MU	NICIBOL WATER DISTR	Position: MEMBER ADVISOR	Y GOMM ISSION ON WATER
2. Jurisdiction of Office (Check at least	one head		
·	one box)	Judge or Court Commissioner (Sta	touido lurisdiction)
☐ State		County of SAN BERNAR	
Multi-County		Other SPECIAL DIST	
City of	**************************************	Other SPECIAL UIST	(CE)
B. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2016.		Leaving Office: Date Left (Check one)	<i></i>
The period covered is/ December 31, 2016.	, through	 The period covered is January leaving office. 	1, 2016, through the date of
Assuming Office: Date assumed		The period covered is/. the date of leaving office.	, through
Candidate: Election year	and office sought, if d	ifferent than Part 1:	
Schedule Summary (must comple	ete) ► Total number (of pages including this cover pag	re:
Schedules attached		,	
Schedule A-1 - Investments – schedule	•	Schedule C - Income, Loans, & Business	
Schedule A-2 - Investments ~ schedule □ Schedule B - Real Property – schedule	_	Schedule D - Income — Gifts — schedule a Schedule E - Income — Gifts — Travel Pay	
-Or-		outside a mount of the material	
☐ None - No reportable interests on	any schedule		
. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY	STATE	ZIP CODE
834 EAS TWOOD		OS CA.	92374
DAYTIME TELEPHONE NUMBER	· · · · · · · · · · · · · · · · · · ·	E-MAIL ADDRESS	
(909) 793-7809		PCORNEILLE & SBVWCD. O	
I have used all reasonable diligence in preparing herein and in any attached schedules is true ar			wledge the information contained
I certify under penalty of perjury under the l	aws of the State of Californi	a that the foregoing is true and correct.	
Date Signed 3/8/16	Sig	nature Richard Corner	ille
(month, day, year)		(File the originally signed statement	nt with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	SEREIVE DESCRIPTION OF THIS BUSINESS
CONSULTING ENGINEERING	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLIÇABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
VACIOUS 16 6/16/16	/ / 16 / / 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
distribution and the state of t	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O modifie Necessed of \$500 of More (nepor on scriedure of	O mounte Necelved of \$500 of Note (Report of Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_16	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	// 16// 16
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Commontos	
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
RICHARD (ORNEINE

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Name	Name
834 EASTWOOD ST. DEDLANDS CA. 92374	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CONSULTING ENGINEEUNG	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole ProprietorshipOther
YOUR BUSINESS POSITION OWN RE / CONSULTANT	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 X \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet it necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if nacessary) None or Names listed below
GUNDALE RESPONDENTS GROUP, ILC	
BUEK, WILLIAMS + SORENSEN, LLP	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
	Description of Decision Articles
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
•	EDDC Form 700 (2016/2017) Sch. A.2

Comments:_

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
RICHARD CORNEILLE		

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
COM SMITH		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
SO HAM BHIRE ST. CAMBRIDGE, MA.		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
CONSULTING ENDINERSING		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
CONSULTANT		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000	\$500 - \$1,000 S1,001 - \$10,000	
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Loan repayment	Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
- Characteria	(Describe)	
Mother Housely Consulting PEL	(Describe)	
Other House (Describe)	Other(Describe)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD	
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a elender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
	% None	
ADDRESS (Business Address Acceptable)		
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address	
\$500 - \$1,000	City	
\$1,001 - \$10,000	_	
	Guarantor	
OVER \$100,000	C 04	
	Other(Describe)	
Octobra contra		
Comments:		