## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

San Bernardino Valley						
-Date Initia		Recei	red			
O.I.	-	n'ily				

MAR 2 7 2017

NAME OF FILER (LAST)	(FIRST)	Availat (MIDOLE) et varion					
Raley	David	District					
1. Office, Agency, or Court							
Agency Name (Do not use acronyms)							
San Bernardino Valley Water Conservation District							
Division, Board, Department, District, if applicable		Your Position					
Division 2		Director					
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
Agency: San Bernardino Valley Municipal Water	er District	Position: Alternate Advisory Committee Member					
2. Jurisdiction of Office (Check at least one box)							
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)					
Multi-County		⊠ County of San Bernardino County					
☐ City of		Other					
3. Type of Statement (Check at least one box)							
Annual: The period covered is January 1, 2016, throu December 31, 2016.	ıgh	Leaving Office: Date Left//(Check one)					
The period covered is	, through	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> </ul>					
Assuming Office: Date assumed	-	The period covered is/, through the date of leaving office.					
Candidate: Election year and	office sought, if	different than Part 1:					
4. Schedule Summary (must complete) ► Total number of pages including this cover page:2							
	_						
Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached					
<ul> <li>Schedule A-2 - Investments – schedule attached</li> <li>Schedule B - Real Property – schedule attached</li> </ul>	-	Schedule D - Income – Gifts – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached					
-Or-	Ĺ						
☐ None - No reportable interests on any scheen	dule						
5. Verification							
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE					
1630 West Redlands Boulevard Suite A	Redland	ls CA 92374					
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS					
( 909 ) 335-7050							
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 acknowledge this is a public document.							
i certify under penalty of perjury under the laws of the	State of Califor	nia that the foregoing is true and correct.					
Data Signad 04/22/2017		1) of hall					
Date Signed (month, day, year)	S	(File the originally signed statement 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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
David E. Raley				

<b></b>	NAME OF BUSINESS ENTITY	<b>•</b>	NAME OF BUSINESS ENTITY
	Manulife Financial Corporation		Metlife Policy Trust
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Life Insurance		Life Insurance
	FAIR MARKET VALUE		FAIR MARKET VALUE
	<b>X</b> \$2,000 - \$10,000		<b>X</b> \$2,000 - \$10,000 <b>S</b> \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other(Describe)	ı	Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership () 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:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Last Item	`	Last Item
	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
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT  Stock Other		NATURE OF INVESTMENT  Stock Other
	(Describe)		(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ / 16 / / 16		
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
<b>•</b>	NAME OF BUSINESS ENTITY	<b>P</b>	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	*		CENTER DESCRIPTION OF THIS DOGNESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$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 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)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ / 16 / / 16		/ / 16 / / 16
	ACQUIRED DISPOSED	1	ACQUIRED DISPOSED
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Co	omments:		