

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received  
*Official-Use-Only*

**COVER PAGE**

MAR 26 2018

Please type or print in ink.

NAME OF FILER (LAST) Raley (FIRST) David (MIDDLE) E

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

San Bernardino Valley Water Conservation District

Division, Board, Department, District, if applicable

Division 2

Your Position

Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: San Bernardino Valley Municipal Water District

Position: Alternate Advisory Commission Member

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

State

Multi-County \_\_\_\_\_

City of \_\_\_\_\_

Judge or Court Commissioner (Statewide Jurisdiction)

County of San Bernardino

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is \_\_\_\_\_ through December 31, 2017.

Assuming Office: Date assumed \_\_\_\_\_

Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

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

The period covered is January 1, 2017, through the date of leaving office.

-or-

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

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

**Schedules attached**

Schedule A-1 - Investments - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule B - Real Property - schedule attached

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

Schedule D - Income - Gifts - schedule attached

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

-or-

None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

1630 West Redlands Boulevard - Suite A Redlands CA 92374

DAYTIME TELEPHONE NUMBER

( 909 ) 335-7050

E-MAIL ADDRESS

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 California that the foregoing is true and correct.

Date Signed 3/16/2018  
(month, day, year)

Signature [Signature]  
(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

Raley, David E

▶ NAME OF BUSINESS ENTITY  
**Manulife Financial Corporation**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Life Insurance**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/17      \_\_\_\_/\_\_\_\_\_/17  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Metlife Policy Trust**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Life Insurance**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/17      \_\_\_\_/\_\_\_\_\_/17  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Last item**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
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\_\_\_\_\_/\_\_\_\_\_/17      \_\_\_\_/\_\_\_\_\_/17  
ACQUIRED                      DISPOSED

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**Last item**

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ACQUIRED                      DISPOSED

Comments: