

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

**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 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 California that the foregoing is true and correct.

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

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.

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

▶ NAME OF BUSINESS ENTITY  
**Last item**

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

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