



**San Bernardino Valley  
Water Conservation District**

Helping Nature Store Our Water

May 8, 2019

Michelle Moreno, Deputy Clerk of the Board  
Clerk of the Board of Supervisors  
County of San Bernardino  
385 North Arrowhead Avenue, Second Floor  
San Bernardino, CA 92415-0130

Dear Ms. Moreno:

Please find enclosed the amended Statement of Economic Interests - Form 700 for the Board member and staff for the year 2018, listed below:

**BOARD MEMBERS TITLE**  
David E. Raley      Director

If you have any questions, please contact me at (909) 793-2503 or by email at [athena@sbvwcd.org](mailto:athena@sbvwcd.org).

Sincerely,

  
Athena L. Monge  
Administrative Services Specialist

1630 W. Redlands Blvd, Suite A  
Redlands, CA 92373  
Phone: 909.793.2503  
Fax: 909.793.0188  
[www.sbvwcd.org](http://www.sbvwcd.org) Email: [info@sbvwcd.org](mailto:info@sbvwcd.org)

**BOARD OF  
DIRECTORS**

Division 1:  
Richard Corneille

Division 2:  
David E. Raley

Division 3:  
Robert Stewart

Division 4:  
John Longville

Division 5:  
Melody McDonald

**GENERAL  
MANAGER**

Daniel B. Cozad

San Bernardino Valley  
 Date Initial Filing Received  
 MAY -7 2019  
 Water Conservation

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Please type or print in ink.

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

**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 Conservation Trust Position: President

**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, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2018.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, 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: \_\_\_\_\_**

**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 W. Redlands Blvd., Ste. A, Redlands, CA 92373  
 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 5-7-19  
 (month, day, year)

Signature *D. Raley*  
 (File the originally signed paper statement with your filing official!)

# SCHEDULE A-1

## Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM <b>700</b> 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:  
       /        / 18             /        / 18  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Metlife Policy Trust

GENERAL DESCRIPTION OF THIS BUSINESS  
Life

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:  
       /        / 18             /        / 18  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

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  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 18             /        / 18  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

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)

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▶ NAME OF BUSINESS ENTITY  
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GENERAL DESCRIPTION OF THIS BUSINESS  
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FAIR MARKET VALUE  
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 \$100,001 - \$1,000,000       Over \$1,000,000

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(Describe)

Partnership       Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
       /        / 18             /        / 18  
ACQUIRED                      DISPOSED

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

## SCHEDULE D Income – Gifts

Name  
**Raley, David E**

▶ **NAME OF SOURCE (Not an Acronym)**  
 Redlands Chamber

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**ADDRESS (Business Address Acceptable)**  
 47 N 1st St., Redlands, CA 92373

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**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
 Chamber of Commerce

---

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 8 / 18	\$ 100	Gift Card
	\$	
	\$	

▶ **NAME OF SOURCE (Not an Acronym)**

---

**ADDRESS (Business Address Acceptable)**

---

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

---

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ **NAME OF SOURCE (Not an Acronym)**

---

**ADDRESS (Business Address Acceptable)**

---

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

---

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ **NAME OF SOURCE (Not an Acronym)**

---

**ADDRESS (Business Address Acceptable)**

---

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

---

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ **NAME OF SOURCE (Not an Acronym)**

---

**ADDRESS (Business Address Acceptable)**

---

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

---

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ **NAME OF SOURCE (Not an Acronym)**

---

**ADDRESS (Business Address Acceptable)**

---

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

---

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

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