CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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MAR 1 5 2021

Please type or print in	nuc.		44.4	Water Conservation		
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	District		
Raley	David		E			
1. Office, Agency	, or Court					
Agency Name (Do	not use acronyms)					
San Bernardino	Valley Water Conservation Distr	ict				
Division, Board, Dep	artment, District, if applicable	Your Pos	sition			
Division 2		Direct	or			
▶ If filling for multip	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
-	San Bernardion Valley Conservation Trust		President			
Agency:	Hardion Valley Conscivation Trac	Position				
2. Jurisdiction o	lurisdiction of Office (Check at least one box)					
State	☐ State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
Multi-County		County	of San Bernardino			
□ en . t						
3. Type of State	ment (Check at least one box)					
Annual: The	period covered is January 1, 2020, through mber 31, 2020.	Leavi	ing Office: Date Left (Check one			
	period covered is/mber 31, 2020.	011000011	ne period covered is January aving office.	, 1, 2020, through the date of		
☐ Assuming Offi	ce: Date assumed		ne period covered is/. e date of leaving office.	through		
Candidate: Da	ate of Election and (	office sought, if different than	Part 1:			
4 Schodulo Sun	many (must complete) . Tot	d number of page in	cluding this cover pag	or 2		
4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2  Schedules attached						
,	The facility of the same of the same					
The second second	-1 - Investments - schedule attached			Positions – schedule attached		
A STATE OF THE PARTY OF THE PAR	-2 - Investments - schedule attached	THE PARTY OF THE P	Income - Gifts - schedule a Income - Gifts - Travel Pay			
Schedule B	- Real Property - schedule attached		uncome - Gus - Haver Fay	Minis - Scientific dilaction		
-or- □ None -	No reportable interests on any sche	dule				
5. Verification	Verification					
MAILING ADDRESS	STREET	СПУ	STATE	ZIP CODE		
	ress Recommended - Public Document) rids Blvd., Suite A	Redlands	CA	92373		
DAYTIME TELEPHONE	NUMBER	EMAIL ADDRESS				
(909) ) 335-7	7050					
I have used all reas herein and in any a	ave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained rein 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 3/15	ly					
Dett Office	(monits, day, year)	Signature	(File the originally signed paper state	ement with your liting 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 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Raley, David e

<b>•</b>	NAME OF BUSINESS ENTITY	► 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			
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000			
	\$1,000 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000			
	NATURE OF INVESTMENT	NATURE OF INVESTMENT			
	Stock Other (Describe)	Stock Cher (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	t on Schedule C)		
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
		/ <b>/20</b> / <b>/20</b>			
	ACQUIRED DISPOSED	ACQUIRED DISPOSED			
	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY			
	Last Item	Last Item			
		GENERAL DESCRIPTION OF THIS BUSINESS			
	GENERAL DESCRIPTION OF THIS BUSINESS	SEREIGE DESCRIPTION OF THIS SOURCES			
	FAIR MARKET VALUE	FAIR MARKET VALUE			
	\$2,000 - \$10,000	\$2,000 - \$10,000\$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	Stock Other			
	(Describe)	(Describe) Partnership () 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	t on Schedule C)		
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
	ACQUIRED DISPOSED	ACQUIRED DISPOSED			
_	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	<del></del>		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
	CAID MADVET VALUE	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			
	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	t on Schedule C)		
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
	, 00 , 00	/ /20 / /20			
	ACQUIRED DISPOSED	ACQUIRED DISPOSED			
C	omments:				