

COVER PAGE

A PUBLIC DOCUMENT

FEB 20 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) E
Raley David E Water Conservation District

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 Conservation Trust

Position: President

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

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of San Bernardino

City of _____

Other _____

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

Annual: The period covered is January 1, 2019, through December 31, 2019.

Leaving Office: Date Left _____ (Check one circle.)

-or-

The period covered is _____ through December 31, 2019.

The period covered is January 1, 2019, through the date of leaving office.

-or-

Assuming Office: Date assumed _____

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

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

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

-or- None - No reportable interests on any schedule

5. Verification

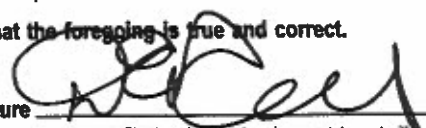
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1630 W. Redlands Blvd., Ste. A Redlands CA 92373

DAYTIME TELEPHONE NUMBER EMAIL 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 2-20-2020
(month, day, year)

Signature 
(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.

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:
 _____/_____/19 _____/_____/19
 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:
 _____/_____/19 _____/_____/19
 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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IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Last Item

GENERAL DESCRIPTION OF THIS BUSINESS

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 ACQUIRED DISPOSED

Comments: _____