

COVER PAGE

FEB 12 2020

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) **Water Conservation District**  
Henriques-McDonald Melody Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Bernardino Valley Water Conservation District

Division, Board, Department, District, if applicable

Division 5

Your Position

Director/Member of the Board

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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.
- 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: 6

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 ) 793-2503 dcozad@sbnwcd.org

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 February 4, 2020  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM **700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
Melody Henriques-McDonald

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Association of California Water Agencies Joint Powers Insurance Authority	San Bernardino Valley Water Conservation District	JPIA Director	County of Multi-county	Annual	01/01/19 - 12/31/19
Association of California Water Agencies Joint Powers Insurance Authority	San Bernardino Valley Water Conservation District	Personnel Committee	County of Multi-county	Annual	01/01/19 - 12/31/19
Association of California Water Agencies Joint Powers Insurance Authority	San Bernardino Valley Water Conservation District	Liability Program Committee	County of Multi-county	Annual	01/01/19 - 12/31/19
Association of California Water Agencies Joint Powers Insurance Authority	San Bernardino Valley Water Conservation District	Employee Benefits Program Committee	County of Multi-county	Annual	01/01/19 - 12/31/19





**SCHEDULE D**  
**Income – Gifts**

Name  
Melody Henriques-McDonald

▶ NAME OF SOURCE *(Not an Acronym)*  
Dave Cosgrove/ Rutan & Tucker, LLP  
 ADDRESS *(Business Address Acceptable)*  
611 Anton Blvd. Costa Mesa, CA 92626  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 19</u>	<u>\$ 125.00</u>	<u>dinner</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
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<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>

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

## SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)  
Dave Cosgrove/ Rutan & Tucker, LLP  
 ADDRESS (Business Address Acceptable)  
611 Anton Blvd. Costa Meas, CA 92626  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 19</u>	<u>\$ 340.00</u>	<u>dinner for me &amp; guest</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ 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)
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<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>

**Filer's Verification**

Print Name Melody Henriques-McDonald

Office, Agency or Court Association of California Water Agencies Joint Powers Insurance Authority

Statement Type  2018/2019 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/07/2020 04:07 PM  
(month, day, year)

Filer's Signature Electronic Submission

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