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FAIR POLITICAL PRACTICES COMMISSION  
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STATEMENT OF ECONOMIC INTERESTS  
PRACTICES COMMISSION

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COVER PAGE  
12 MAR 29 PM 1:12

MARIN COUNTY  
ELECTIONS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
LEVINE MARC B

TP

1. Office, Agency, or Court

Agency Name: CITY OF SAN RAFAEL  
Your Position: COUNCILMEMBER  
Division, Board, Department, District, if applicable: [blank]

► If filing for multiple positions, list below or on an attachment.

Agency: CENTRAL MARIN SANITATION AGENCY Position: DIRECTOR  
MARIN TELECOMMUNICATIONS AGENCY Position: DIRECTOR

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of MARIN  
 City of SAN RAFAEL  Other

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

Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or- The period covered is \_\_\_\_\_ through December 31, 2011.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2011, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.

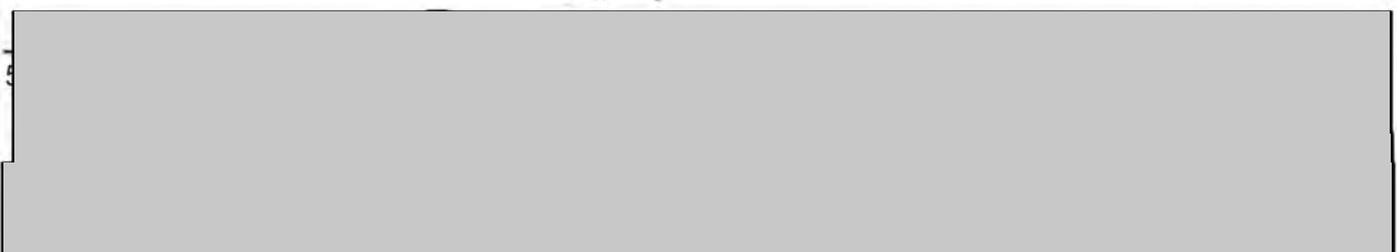
Candidate: Election Year 2012 Office sought, if different than Part 1: STATE ASSEMBLY 110TH DISTRICT

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: \_\_\_\_\_

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-



I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/7/12  
(month, day, year)

Signature

Name \_\_\_\_\_

**SCHEDULE D  
Income – Gifts**

▶ NAME OF SOURCE  
PAUL NAVE

ADDRESS (Business Address Acceptable)  
5000 ANSELMO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
BOOKING MATCH AT MOUNT PAINO

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/17/11</u>	<u>\$ 700</u>	<u>2 TICKETS</u>
	\$	
	\$	

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

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

▶ NAME OF SOURCE  
DOVE MARLIN, FFLC

ADDRESS (Business Address Acceptable)  
MARINO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
MARINO VACATIONES BATE-FUNDAISON

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/11/11</u>	<u>\$ 200</u>	<u>2 TICKETS</u>
	\$	
	\$	

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

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

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

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

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

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

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