CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

RECEIVED FAIR POLITICAL PRACTICES COMMISSION

FEB 15 2013

2013 FEB 19 PM 3:43

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
LEVINE	BENJAMIN	

1. Office, Agency, or Court

Agency Name
CALIFORNIA STATE LEGISLATURE

Division, Board, Department, District, if applicable: ASSEMBLY

Your Position: ASSEMBLYMEMBER

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

Agency: _____ Position: _____

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

- [x] State
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] Multi-County _____
- [ ] County of _____
- [ ] City of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ___/___/_____, through December 31, 2012.
- [ ] **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2012, through the date of leaving office.
  - ○ The period covered is ___/___/_____, through the date of leaving office.
- [ ] **Assuming Office:** Date assumed ___/___/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 7

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5.

I have used all reasonable diligence in preparing this statement. I have reviewed th
herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California th

Date Signed 02/04/2013 (month, day, year)

Signel

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MARC B LEVINE

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Beyond Lucid Technologies, Inc

ADDRESS (Business Address Acceptable)
1411 Creekside Dr., # 13 Walnut Creek, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care Technology

YOUR BUSINESS POSITION
Business Development

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ (Real property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, list each source of $10,000 or more
- [ ] Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Saint Marks School

ADDRESS (Business Address Acceptable)
39 Trellis Dr., San Rafael, CA 94903

BUSINESS ACTIVITY, IF ANY, OF SOURCE
K-8 School

YOUR BUSINESS POSITION
Development

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ (Real property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, list each source of $10,000 or more
- [ ] Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____% [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ Street address
  _____ City
- [ ] Guarantor _____
- [ ] Other _____ (Describe)

Comments: _____

CALIFORNIA FORM 700
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Name
MARC B LEVINE

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Civil Justice Association of California
ADDRESS (Business Address Acceptable)
1201 K St., Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/25/12	$ 75	Board lunch/dinner
08/28/12	$ 79	Board dinner
11/20/12	$ 18	Lunch

► NAME OF SOURCE (Not an Acronym)
TechNet
ADDRESS (Business Address Acceptable)
5050 El Camino Real, Ste # 106, Los Altos, CA 9402
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/12/12	$ 48	Gift bag
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
CA Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st St., # 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/08/12	$ 82	New members lunch
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
John A Perez for Assembly 2012
ADDRESS (Business Address Acceptable)
777 So Figueroa St., Ste # 4050
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, CA 90017

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/02/12	$ 65	Personalized bowl
12/02/12	$ 49	Asm Welcome Recep
11/14/12	$ 13	Breakfast

► NAME OF SOURCE (Not an Acronym)
Sonoma Raceway
ADDRESS (Business Address Acceptable)
29355 Arnold Dr Sonoma, CA 95476
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Auto Racing Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/28/12	$ 300	2 event tickets
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MARC B LEVINE

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **You must mark either the gift or income box.**
- **Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE
TechNet
ADDRESS *(Business Address Acceptable)*
5050 El Camino Real, # 106
CITY AND STATE
Los Altos, CA 94022
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Technology Development
DATE(S): 12 / 12 / 12 - 12 / 13 / 12 *(if gift)* AMT: $ 394.66
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meals/Lodging

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

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BY:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2013 FEB 22 PM 3:01

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. INCOME RECEIVED

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YOUR BUSINESS POSITION
Business Development

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☒ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
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NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Filer's Verification

Print Name MARC B LEVINE **Office, Agency or Court** CA STATE LEGISLATURE

Statement Type ☒ 2012/2013 Annual ☐ _____ Annual *(yr)* ☐ Assuming ☐ Leaving ☐ Candidate

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 tha

(d)(5)

Date Signed 02/21/2013 *(month, day, year)* **Filer's Signa**