

Please type or print in ink.

NAME OF FILER (LAST) **LEVINE** (FIRST) **MARC** (MIDDLE) **BENJAMIN**
2014 FEB 26 PM 2:38

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CALIFORNIA STATE LEGISLATURE
Division, Board, Department, District, if applicable
ASSEMBLY
Your Position
ASSEMBLYMEMBER

► 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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____, through December 31, 2013.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- 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: 9

- Schedule A-1 - Investments** - schedule attached
- Schedule A-2 - Investments** - schedule attached
- Schedule B - Real Property** - schedule attached
- Schedule C - Income, Loans, & Business Positions** - schedule attached
- Schedule D - Income - Gifts** - schedule attached
- Schedule E - Income - Gifts - Travel Payments** - schedule attached
- or-
- None** - No reportable interests on any schedule

5. (c)(1) [Redacted]

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

Date Signed 2/25/14
(month, day, year)

(c)(1) [Redacted Signature]

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	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME SAINT MARKS SCHOOL	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 39 TRELIS DR., SAN RAFAEL, CA 94903	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE K-8 SCHOOL	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION DEVELOPMENT	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	<small>Street address</small>
<input type="checkbox"/> \$1,001 - \$10,000		<small>City</small>
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
MARC B LEVINE

▶ **NAME OF SOURCE (Not an Acronym)**
Assemblymember John Perez

ADDRESS (Business Address Acceptable)
777 Figueroa Street., #1450, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the Assembly/political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 13	\$ 16.20	food/beverage
02 / 26 / 13	\$ 74.75	jacket
08 / 06 / 13	\$ 44.60	wine

▶ **NAME OF SOURCE (Not an Acronym)**
Assemblymember John Perez

ADDRESS (Business Address Acceptable)
777 Figueroa Street., #1450, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the Assembly/political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	\$ 34.37	meal expense
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st Street, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 123.94	meal expense
12 / 05 / 13	\$ 95.19	meal expense
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
Consumer Attorney's Association

ADDRESS (Business Address Acceptable)
770 L Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
legal association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 16 / 13	\$ 200.00	awards dinner tx
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
Marin County of Mayor's/Councilmembers

ADDRESS (Business Address Acceptable)
525 San Anselmo, San Anselmo, CA 94960

BUSINESS ACTIVITY, IF ANY, OF SOURCE
local government association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 23 / 13	\$ 55.00	meal expense
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
California Chamber of Commerce

ADDRESS (Business Address Acceptable)
1215 K Street, Ste 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
business organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 13	\$ 30.67	meal expense
03 / 13 / 13	\$ 29.39	meal expense
05 / 21 / 13	\$ 1.28	reception expense

Comments: _____

SCHEDULE D Income – Gifts

Name
MARC B LEVINE

▶ **NAME OF SOURCE (Not an Acronym)**
California Newspaper Publisher Association

ADDRESS (Business Address Acceptable)
2000 Q Street, Ste 120, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
multimedia news publication organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 13	\$ 52.18	food/beverage
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
California Justice Association CA (CJAC)

ADDRESS (Business Address Acceptable)
1201 K Street, #1850, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
legal association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 27.20	food/beverage
08 / 14 / 13	\$ 50.56	food/beverage
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
Jewish Public Affairs CommIttee (JPAC)

ADDRESS (Business Address Acceptable)
1127 11th Street, #400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
religious organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 13	\$ 56.12	food/beverage
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
California Healthcare Institute

ADDRESS (Business Address Acceptable)
1201 K Street, Ste 1840, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
healthcare organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 13	\$ 43.80	gift bag
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
AT&T Park

ADDRESS (Business Address Acceptable)
1215 K Street # 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
sporting events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 13	\$ 367.58	2 tx Giants game/prk
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
California New Car Dealers

ADDRESS (Business Address Acceptable)
1415 L Street, Ste 700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
automobile dealers association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 70.98	meal expense
03 / 13 / 13	\$ 21.19	reception expense
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
MARC B LEVINE

▶ **NAME OF SOURCE (Not an Acronym)**
 California Trout

ADDRESS (Business Address Acceptable)
 360 Pine Street, 14th Fl, San Francisco, CA 94109

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 fishery/stream conservation organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 13 / 13	\$ 130.00	food/beverage
05 / 10 / 13	\$ 300.00	awards dinner tx
09 / 19 / 13	\$ 90.00	food/beverage

▶ **NAME OF SOURCE (Not an Acronym)**
 Trout Unlimited

ADDRESS (Business Address Acceptable)
 2239 5th Street, Berkly, CA 94710

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 fishery/stream conservation organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 13	\$ 90.00	food/beverage
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Klamath Alliance

ADDRESS (Business Address Acceptable)
 PO Box 1234, Yreka, CA 96097

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 natural resources/environmental organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 13	\$ 36.14	photo album
05 / 16 / 13	\$ 10.50	hat
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Wine Institute

ADDRESS (Business Address Acceptable)
 915 L Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 advocacy/public policy association for CA wine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 58.80	food/beverage
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 California Cattlements Association

ADDRESS (Business Address Acceptable)
 1221 H Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 non-profit trade assoc of ranchers/beef producers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 13	\$ 40.00	meal expense
03 / 19 / 13	\$ 20.00	hat
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 California Poultry Association

ADDRESS (Business Address Acceptable)
 4640 Spyres Way, Ste 4, Modesto, CA 95430

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 trade association for poultry industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 13	\$ 242.30	food/beverage
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
MARC B LEVINE

▶ NAME OF SOURCE *(Not an Acronym)*
California Rice Commission

ADDRESS *(Business Address Acceptable)*
1231 I Street, Ste 205, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
agriculture association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 13	\$ 27.37	gift box
06 / 19 / 13	\$ 23.72	meal expense
02 / 27 / 13	\$ 1.55	rice chips

▶ NAME OF SOURCE *(Not an Acronym)*
Sierra Pacific Industry

ADDRESS *(Business Address Acceptable)*
PO Box 496028, Redding, CA 96049

BUSINESS ACTIVITY, IF ANY, OF SOURCE
timber industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 13	\$ 400.00	transportation
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Grape & Tree Fruit League

ADDRESS *(Business Address Acceptable)*
978 W Alluvial, Ste 107, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE
agriculture association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 13	\$ 10.00	hat
06 / 19 / 13	\$ 82.60	meal expense
02 / 19 / 13	\$ 78.88	meal expense

▶ NAME OF SOURCE *(Not an Acronym)*
California Trucking Association

ADDRESS *(Business Address Acceptable)*
4148 E. Commerce Way, Sacramento, CA 98834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
commercial transportation/goods movement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 13	\$ 160.00	charity golf toumney bx
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Grape & Tree Fruit League

ADDRESS *(Business Address Acceptable)*
978 W Alluvial, Ste 107, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE
agriculture association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 15 / 13	\$ 15.00	fruit pail
01 / 07 / 13	\$ 38.00	meal expense
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Citrus Mutual

ADDRESS *(Business Address Acceptable)*
512 North Kaweah Ave, Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE
agriculture association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 13	\$ 1.96	citrus fruit
04 / 10 / 13	\$ 58.48	meal expense
04 / 10 / 13	\$ 8.65	fruit

Comments: _____

SCHEDULE D
Income – Gifts

Name
MARC B LEVINE

▶ **NAME OF SOURCE (Not an Acronym)**
 California Cotton Growers

ADDRESS (Business Address Acceptable)
 1785 North Fine Ave, Fresno, CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 association of cotton producers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 13	\$ 249.53	meals/expense
02 / 27 / 13	\$ 16.25	handkerchiefs
02 / 27 / 13	\$ 5.28	reusable cotton bag

▶ **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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Western Growers

ADDRESS (Business Address Acceptable)
 1415 L Street, Ste 1060, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 agriculture trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 35.00	meal expense
07 / 31 / 13	\$ 20.00	tour transportation
/ /	\$	

▶ **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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 California Charter Schools

ADDRESS (Business Address Acceptable)
 1107 9th Street, Ste 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 01 / 13	\$ 19.70	food/beverage
01 / 15 / 13	\$ 35.66	food/beverage
/ /	\$	

▶ **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: _____

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

Name
 MARC B LEVINE

- 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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Klamath Alliance

ADDRESS (Business Address Acceptable)
 PO Box 1234

CITY AND STATE
 Yreka, CA 96097

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 natural resources/environmental education

DATE(S): 05 / 16 / 13 05 / 17 / 13 AMT: \$ 298.06
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 EdVoice

ADDRESS (Business Address Acceptable)
 1107 Ninth St, # 680

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 education

DATE(S): 08 / 01 / 13 08 / 02 / 13 AMT: \$ 36.07
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
 CalChamber

ADDRESS (Business Address Acceptable)
 1215 K Street, # 1400

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 business organization

DATE(S): 10 / 16 / 13 10 / 17 / 13 AMT: \$ 1,101.65
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 meals/lodging - guest panelist/speaker

▶ NAME OF SOURCE (Not an Acronym)
 Agricultural Council of California

ADDRESS (Business Address Acceptable)
 1000 G St., # 230

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 agricultural trade association

DATE(S): 03 / 18 / 13 03 / 18 / 13 AMT: \$ 336.88
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 meal/lodging - guest speaker annual Ag Council mtg

Comments: _____

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

Name
 MARC B LEVINE

- 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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
EdVoice
 ADDRESS (Business Address Acceptable)
1107 9th Street, # 680
 CITY AND STATE
Sacramento, CA 95820
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education
 DATE(S): 08 / 01 / 13 08 / 02 / 13 AMT: \$ 551.27
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
travel/meals/lodging

▶ NAME OF SOURCE (Not an Acronym)
California Health Institute
 ADDRESS (Business Address Acceptable)
1201 K St., Ste 1840
 CITY AND STATE
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education Health organization
 DATE(S): 12 / 05 / 13 12 / 06 / 13 AMT: \$ 488.94
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
meals/lodging

▶ NAME OF SOURCE (Not an Acronym)
California Foundation for the Environment (CFEE)
 ADDRESS (Business Address Acceptable)
Pier 35, Ste. 202,
 CITY AND STATE
San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Environment/Ecology organization
 DATE(S): 10 / 29 / 13 10 / 30 / 13 AMT: \$ 309.35
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
meals/lodging

▶ NAME OF SOURCE (Not an Acronym)
California Foundation for the Environment (CFEE)
 ADDRESS (Business Address Acceptable)
Pier 35, Ste. 202,
 CITY AND STATE
San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Environment/Ecology organization
 DATE(S): 12 / 09 / 13 12 / 10 / 13 AMT: \$ 431.59
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
meals/lodging

Comments: _____

RECEIVED

MAR 3 2014

BY: BTH

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
Income - Gifts
2014 MAR -3 PM 2:02

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
Wine Institute
ADDRESS (Business Address Acceptable)
915 L Street, Ste 1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
advocacy/public policy association for CA wine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 11 / 13</u>	<u>\$ 120</u>	<u>meal expense</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Planned Parenthood
ADDRESS (Business Address Acceptable)
400 West 30th Street, Los Angeles CA 90007
BUSINESS ACTIVITY, IF ANY, OF SOURCE
advocacy /policy association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 28 / 13</u>	<u>\$ 54</u>	<u>meal expense</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>

▶ 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>

▶ 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>

Filer's Verification

Print Name Marc B Levine

Office, Agency or Court California State Assembly

Statement Type 2013/2014 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 03/03/2013
(c)(1)

Filer's Signature [Redacted]

Comments: SEE ATTACHED



Planned Parenthood Advocacy Project Los Angeles County

February 25, 2014

The Honorable Marc Levine
State Capitol, Room 2137
Sacramento, CA 95814

Dear Assemblymember Levine,

Thank you for attending our 2013 Leadership Event on August 28, 2013 at the Citizen Hotel. Your pro rata share of cost of the event is **\$53.64**. We are not asking for reimbursement, but if you choose to reimburse us for this gift, please send a check made out to Planned Parenthood Advocacy Project Los Angeles to 400 West 30th Street, Los Angeles, CA 90007.

If you have any questions, please contact Erica Root at 916-446-5247 x127 or Erica.root@ppacca.org.

Sincerely,

Celinda Vazquez, Vice President of Public Affairs
Planned Parenthood Advocacy Project Los Angeles

Schapiro, Patty

To: Root, Erica
Subject: RE: FPPC Filing Assemblymember Marc Levine

From: Root, Erica [<mailto:erica.root@PPACCA.ORG>]
Sent: Thursday, February 27, 2014 10:49 AM
To: Schapiro, Patty
Cc: Kneprath, Paul
Subject: RE: FPPC Filing Assemblymember Marc Levine

Dear Patty,

Attached please find the gift letter for the 2013 Leadership Event. The event was hosted by an affiliate, the Planned Parenthood Advocacy Project Los Angeles County, a non-lobbying entity. They were given advice that stated that **IF** they hit the \$5,000 reporting trigger, **THEN** gift letters would need to go out to reportable persons who attended the event. They did not hit the \$5,000 amount, and therefore did not file a Form 645 with the Secretary of State, nor did gift letters go out to the attendees. New advice was just recently provided to the affiliate, so we then sent out the gift letters to the appropriate persons as soon as we received their updated advice.

We apologize for the inconvenience and assure you that this will not happen again in the future.

Best,

Erica

Erica Root, Legislative Assistant | Planned Parenthood Affiliates of California
555 Capitol Mall, Suite 510 | Sacramento, CA 95814
Phone: [916.446.5247](tel:916.446.5247) ext. 127 | Fax: [916.441.0632](tel:916.441.0632)
erica.root@ppacca.org | www.ppactionca.org



February 26, 2014

The Honorable Marc Levine
California State Assembly
State Capitol, Room 2137
Sacramento, California 95814

Re: Gift Notification

Dear Assemblymember Levine:

This letter is sent to notify you that the Wine Institute plans to report a gift to you on its Lobbyist Employer Report for the first quarter of 2013, as follows:

Donor: Wine Institute
425 Market Street, Suite 1000
San Francisco, CA 94105

Date: March 11, 2013

Description: Dinner

Amount: \$119.63

While we certainly do not request reimbursement for the gift, if you would like to send a payment, please send it to Steve Hayes, Director of Finance & Administration, Wine Institute, 425 Market Street, Suite 1000, San Francisco, CA 94105.

If you have any questions, please contact me at frealin@wineinstitute.org or 916-441-6974.

Sincerely,

Fely Realin
Administrative Assistant

cc: Steve Hayes

RECEIVED

MAR 24 2014

BY: [Signature]

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 MAR 26 PM 12:05
SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
WINE INSTITUTE

ADDRESS (Business Address Acceptable)
915 L ST, SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADVOCACY/PUBLIC POLICY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 11 / 13</u>	<u>\$ 119</u>	<u>MEAL</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CA CUT FLOWERS ASSOCIATION

ADDRESS (Business Address Acceptable)
PO BOX 90225, SANTA BARBARA, CA 93190

BUSINESS ACTIVITY, IF ANY, OF SOURCE
GROWERS ADVOCACY ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 27 / 13</u>	<u>\$ 49</u>	<u>FLOWERS</u>
<u>02 / 27 / 13</u>	<u>\$ 5</u>	<u>WATER BOTTLE</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>
<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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Filer's Verification

Print Name MARC B LEVINE

Office, Agency or Court CALIFORNIA STATE ASSEMBLY

Statement Type 2013/2014 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 03/24/2014
(c)(1)

Filer's Signature [Redacted]

Comments: _____