

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

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 Date Initial Filing
 MAR 12 2015
 By *[Signature]*

Please type or print in ink.

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

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: _____

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 FAIR POLITICAL PRACTICES COMMISSION
 2015 MAR - 2 PM 5:51

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

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

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
 -or- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2014, 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: 7
- 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



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

Date Signed 3/2/15 Signature _____
(month, day, year)

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

Name
 MARC B. LEVINE

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 MARK DAY SCHOOL

ADDRESS (Business Address Acceptable)
 39 TRELIS 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
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address

		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income – Gifts

Name
MARC B. LEVINE

▶ NAME OF SOURCE *(Not an Acronym)*
Marin County Bar Association

ADDRESS *(Business Address Acceptable)*
101 Lucas Valley Road, Suite 326, San Rafael

BUSINESS ACTIVITY, IF ANY, OF SOURCE
attorney business organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 14	\$ 130.00	meal expense
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Rural County Representatives of California

ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1650, Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Board of Supervisors membership organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 14	\$ 58.16	food/beverage
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Women for Agriculture

ADDRESS *(Business Address Acceptable)*
1521 I Street, Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE
agriculture membership organization

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

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

ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 131.24	meal expenses
08 / 18 / 14	\$ 36.17	meal expense
11 / 06 / 14	\$ 73.63	meal expense

▶ NAME OF SOURCE *(Not an Acronym)*
San Manuel Band of Mission Indians

ADDRESS *(Business Address Acceptable)*
26569 Community Center Drive, Highland

BUSINESS ACTIVITY, IF ANY, OF SOURCE
tribal government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 50.00	meal expense
	\$	
	\$	

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

ADDRESS *(Business Address Acceptable)*
180 Westridge Drive, Suite 101, Watsonville

BUSINESS ACTIVITY, IF ANY, OF SOURCE
state government entity

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 14	\$ 241.36	meal expense
02 / 19 / 14	\$ 5.28	reusable bag
	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
MARC B. LEVINE

▶ NAME OF SOURCE *(Not an Acronym)*
Assemblymember Toni Atkins

ADDRESS *(Business Address Acceptable)*
330 Encinitas Blvd, Suite 101, Encinitas

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 14	\$ 27.64	food/beverage
03 / 21 / 14	\$ 31.66	food/beverage
05 / 12 / 14	\$ 44.31	framed print

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

ADDRESS *(Business Address Acceptable)*
978 W. Alluvial, Suite 107, Fresno

BUSINESS ACTIVITY, IF ANY, OF SOURCE
agriculture association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 14	\$ 78.98	meal expense
06 / 18 / 14	\$ 104.40	meal expense
08 / 13 / 14	\$ 14.00	fresh fruit

▶ NAME OF SOURCE *(Not an Acronym)*
Assemblymember Toni Atkins (con't)

ADDRESS *(Business Address Acceptable)*
(see above)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 14	\$ 116.46	meal expense
11 / 30 / 14	\$ 33.45	meal expense
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Fresh Fruit Association (con't)

ADDRESS *(Business Address Acceptable)*
(see above)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 07 / 14	\$ 3.07	meal
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
American Federation of State & Municipal Employees

ADDRESS *(Business Address Acceptable)*
1121 L Street, Suite 904

BUSINESS ACTIVITY, IF ANY, OF SOURCE
labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 14	\$ 10.90	food/beverage
03 / 24 / 14	\$ 109.57	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: _____

Name

MARC B. LEVINE

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
Dianne Harrison

ADDRESS (Business Address Acceptable)
18111 Nordhoff Street, Northridge

BUSINESS ACTIVITY, IF ANY, OF SOURCE
college president

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 14	\$ 70.00	coasters
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Pepsico Inc. & Affiliated Entities

ADDRESS (Business Address Acceptable)
17717 Aliso Creek Road, Aliso Viejo

BUSINESS ACTIVITY, IF ANY, OF SOURCE
food and beverage corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 17 / 14	\$ 37.82	food, beverage & book
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Foundation for Commerce & Education

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1400, Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE
advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 234.72	meal expense
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Coca-Cola Refreshments

ADDRESS (Business Address Acceptable)
2503 Camino Ramon, Suite 550, San Ramon

BUSINESS ACTIVITY, IF ANY, OF SOURCE
manufacture and market Coca-Cola products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 10 / 14	\$ 14.00	commemorative coke
___ / ___ / ___	\$ _____	bottle
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
United Nurses Assn of California/Union of Healthcare

ADDRESS (Business Address Acceptable)
955 Overland Court, San Dimas

BUSINESS ACTIVITY, IF ANY, OF SOURCE
labor group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 12 / 14	\$ 44.80	meal expense
08 / 19 / 14	\$ 64.25	meal expense
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Association of Realtors

ADDRESS (Business Address Acceptable)
525 So. Virgil Avenue, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
trade organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 14	\$ 54.53	meal expenses
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
 Fox Entertainment Group

ADDRESS *(Business Address Acceptable)*
 2121 Avenue of the Stars, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 entertainment industry company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 14	\$ 250.00	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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Michael Kadel

ADDRESS *(Business Address Acceptable)*
 1016 Irwin Street, San Rafael

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 01 / 14	\$ 250.00	ticket for Hospice by the Bay Dinner/Ball
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*

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)*

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

- 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)
 California Foundation for the Environment (CFEE)

ADDRESS (Business Address Acceptable)
 Pier 35, Suite 202

CITY AND STATE
 San Francisco, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 environment/ecology organization

DATE(S): 11/07/14 - 11/19/14 AMT: \$ 11,849.49
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
participated in educational group dialogues on energy,
transportation and environment

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

2015 MAY -8 PM 1:38

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▶ NAME OF SOURCE (Not an Acronym)
California Women for Agriculture
 ADDRESS (Business Address Acceptable)
1521 I Street, Sacramento
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
agriculture membership organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 11 / 14</u>	<u>\$ 108</u>	<u>gift bag</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party
 ADDRESS (Business Address Acceptable)
1830 9th Street, Sacramento
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
political organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 14</u>	<u>\$ 68</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 CA State Legislature (Assembly)

Statement Type 2013/2014 Annual Assuming Leaving
 2014 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 4/20/15 (c)(1)

File _____

Comments: _____