CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Received Date Received (Office Use Only)

RECEIVED FAIR POLITICAL PRACTICES COMMISSION

MAR 23 2011

Time:

City Clerk's Office
City of San Rafael

Please type or print in ink.

11 APR -6 PM 1:

NAME OF FILER (LAST): LEVINE (FIRST): MARC

1. Office, Agency, or Court

Agency Name: CITY OF SAN RAFAEL

Division, Board, Department, District, if applicable: CITY COUNCILMEMBER

Your Position:

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

Agency: CENTRAL MARIN SANITATION AGENCY — Position: ALTERNATE DIRECTOR

Agency: MARIN TELECOMMUNICATIONS AGENCY — Position: DIRECTOR

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of SAN RAFAEL
- ☐ Judge (Statewide Jurisdiction)
- ☒ County of MARIN
- ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2010, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 2

- ☐ **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. Verification

[redacted]

Date Signed 03/23/11 (month, day, year)

Signatu[redacted]

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: MARC LEVINE

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: CONCAST
ADDRESS *(Business Address Acceptable)*: 1455 BAYSHORE BLVD SF CA 94124
BUSINESS ACTIVITY, IF ANY, OF SOURCE: LYNN WOOLSEY FUNDRAISER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/08/10	$125	LUNCH AT CONG. WOOLSEY EVENT
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

▶ 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: