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CALIFORNIA LEVINE ACT DISCLOSURE STATEMENT

In 2022, California SB1439 extended requirements under Government Code Section 84308, also known as the "Levine Act", to prohibit members of county boards of supervisors from participating in any action related to a contract if such member receives political contributions totaling more than \$250 within the previous twelve months, and for three months following the date a final decision concerning the contract has been made, from the person or company awarded the contract. The Levine Act also requires disclose of such contribution by a party to be awarded a specific contract.

A list of Stanislaus County Board Members can be found online at: <u>Board of Su</u> Proposers are responsible for accessing this link to review the names prior to an	
1. Have you, your company, or any agent on behalf of you or your compant than \$250 to any Member of the Board of Supervisors for Stanislaus County, preceding the date of the submission of your proposals or the anticipation contract?	or their alternate, in the twelve (12) months
YESNO	
- If YES, please identify the person(s) or agent(s) making the contribution:	
- If YES, please identify the Board Member(s) / Alternate(s) receiving the c	ontribution:
2. Do you, or your company, or any agency on behalf of you or your company, anticipate or plan to make any political contribution of more than \$250 to any Member of the Board of Supervisors for Stanislaus County, or their alternate, in the three (3) months following any Board action related to this contract?	
YESNO	
- If YES, please identify the person(s) or agent(s) making the contribution:	
- If YES, please identify the Board Member(s) / Alternate(s) receiving the c	ontribution:
Answering YES to either of the above questions above does not preclude Stryour firm or any taking any subsequent action related to the contract. It do Member(s) from participating in any actions related to such contract.	
I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ACCURATE TO THE BEST OF MY KNOWLEDGE.	ABOVE INFORMATION IS TRUE AND
Signature:	Date Signed:
Print Name:	
Title:	
Company:	