CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Received
Official Use Only

TM

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Huff	Bob	S.

1. Office, Agency, or Court

Agency Name
State Senate

Division, Board, Department, District, if applicable: District 29

Your Position: Senator

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

Agency: _____ Position: _____

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County 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.
- [ ] **Assuming Office:** Date assumed ____/____/_____
- [ ] **Candidate:** Election Year _____ and office sought, if different than Part 1: _____
- [ ] **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.

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
- [x] **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 4/2/13 *(month, day, year)* **Signatur**

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
(Office use only)

FEB 25 2013

2013 FEB 27 PM 3:49

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Huff	Robert	S

1. Office, Agency, or Court

Agency Name
State Senate

Division, Board, Department, District, if applicable: 29th SD

Your Position: Senator

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

Agency: _____ Position: _____

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County 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.
- [ ] **Assuming Office:** Date assumed ____/____/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **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.

4. Schedule Summary

Check applicable schedules or "None."

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

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [ ] **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. Verification

(d)(5)

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California th (d)(5)

Date Signed 2/25/13 (month, day, year)

Signat

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Received
Official Use Only

2013 MAR 14 PM 1:31

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Huff	Bob	S.

1. Office, Agency, or Court

Agency Name
State Senate

Division, Board, Department, District, if applicable
State Capitol, Room 305, Sacramento, CA 95814

Your Position
State Senator, District 29

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

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, 2012, through December 31, 2012.
-or-
The period covered is ____/____/_____, through December 31, 2012.

☐ **Assuming Office:** Date assumed ____/____/_____

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

☐ **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.

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

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
(d)(5)				

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/12/13 (month, day, year)

Signature (d)(5)
(File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Robert Huff

---

1. BUSINESS ENTITY OR TRUST

Ray S. French Company
Name

PO Box 4243, Diamond Bar, CA 91765
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☑ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

Mei Mei Ho Consulting
Name

PO Box 4243 Diamond Bar, CA 91765
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ LLC Other

YOUR BUSINESS POSITION Spouse of Prinicpal

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☑ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

Pacific Palms Resort/Majestic Industry Hills, LLC,
Famwoods Printing, Inc.

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

Comments:_____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Robert Huff

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
John Wayne Airport
ADDRESS *(Business Address Acceptable)*
3160 Airway Avenue, Costa Mesa, CA 92626
BUSINESS ACTIVITY, IF ANY, OF SOURCE
airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 10 / 12	$ 100	Parking
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Entertainment Software Association
ADDRESS *(Business Address Acceptable)*
575 7th Street, Suite 300, Washington, DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE
US software association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 06 / 12	$ 102	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Newspaper Publishers Association
ADDRESS *(Business Address Acceptable)*
2000 O Street, Suite 120, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
newspaper publishers association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 12	$ 69	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Tech America
ADDRESS *(Business Address Acceptable)*
5201 Great America Pkwy, Ste 400, Santa Clara, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
95054- trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 12	$ 61	Dinner
06 / 11 / 12	$ 25	Reception and Dinner
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Dental Association
ADDRESS *(Business Address Acceptable)*
1201 K Street, 14th Floor, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dental Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 12	$ 689	Hotel, food and drink-
/ /	$	spoke on panel
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
CTIA- The Wireless Association
ADDRESS *(Business Address Acceptable)*
1400 16th Street, Ste 600, Washington, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
wireless industry trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 29 / 12	$ 82	Reception
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Robert Huff

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: Western States Petroleum Association
ADDRESS *(Business Address Acceptable)*: 1415 L Street, Suite 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: non-profit trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/12/12	$ 55	Lunch
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: CalChamber
ADDRESS *(Business Address Acceptable)*: 1215 K Street, Suite 1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: chamber of commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/12/12	$ 58	Reception
05/21/12	$ 83	Dinner
05/21/12	$ 37	Reception

▶ NAME OF SOURCE *(Not an Acronym)*: California New Car Dealers Association
ADDRESS *(Business Address Acceptable)*: 1415 L Street, Suite 700, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: car dealers association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/20/12	$ 93	Reception and Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Fieldstead and Company
ADDRESS *(Business Address Acceptable)*: PO Box 19599, Irvine, CA 92623
BUSINESS ACTIVITY, IF ANY, OF SOURCE: holding company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/16/12	$ 53	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: US Borax, Inc.
ADDRESS *(Business Address Acceptable)*: 14486 Borax Road, Boron, CA 93516
BUSINESS ACTIVITY, IF ANY, OF SOURCE: mineral company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/11/12	$ 135	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: California Building Industry Association
ADDRESS *(Business Address Acceptable)*: 1215 K Street, Suite 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: building association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/02/12	$ 61	Reception
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Robert Huff

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: California Hospital Association
ADDRESS *(Business Address Acceptable)*: 1215 K Street, Suite 800, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: hospital association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/18/12	$ 116	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Barona Band of Mission Indians
ADDRESS *(Business Address Acceptable)*: 1095 Barona Road, Lakeside, CA 92040
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Native American Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/17/12	$ 94	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Cal Trout
ADDRESS *(Business Address Acceptable)*: 360 Pine Street, 4th Floor, San Francisco, CA 94104
BUSINESS ACTIVITY, IF ANY, OF SOURCE: trout association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/19/12	$ 50	T-shirt and Hat
/ /	$	
/ /	$	

▶ 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)*: Pechanga Band of Luiseno Mission Indians
ADDRESS *(Business Address Acceptable)*: PO Box 1477, Temecula, CA 92593
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Native American Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/16/12	$ 107	Hotel Accomodations
08/17/12	$ 19	Breakfast
/ /	$	

▶ 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
Robert Huff

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 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)*
Council of State Governments WEST
ADDRESS *(Business Address Acceptable)*
1107 Ninth Street, Suite 730
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Non profit organization
DATE(S): 09 / 30 / 12 - 10 / 04 / 12 *(If gift)* AMT: $ 1,157.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Hotel accommodations, ground transportation, meals and interpreting services

---

▶ NAME OF SOURCE *(Not an Acronym)*
Legislative Council- Parliament of New South Wales
ADDRESS *(Business Address Acceptable)*
NSW Parliament, Macquarie Street
CITY AND STATE
Sydney, NSW 2000
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 11 / 10 / 12 - 11 / 15 / 12 *(If gift)* AMT: $ 1,189.50
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Ground transportation, meals and beverage, cultural activities

---

▶ NAME OF SOURCE *(Not an Acronym)*
California-Mexico Studies Center
ADDRESS *(Business Address Acceptable)*
1551 N Studebaker Road
CITY AND STATE
Long Beach, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Non profit organization
DATE(S): 10 / 02 / 12 - / / AMT: $ 53.00 *(If gift)*
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Dinner

▶ NAME OF SOURCE *(Not an Acronym)*
New Zealand Parliament
ADDRESS *(Business Address Acceptable)*
Parliament Buildings, Private Bag 18041
CITY AND STATE
Wellington 6160 New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 11 / 15 / 12 - / / AMT: $ 130.00 *(If gift)*
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Dinner

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Robert Huff

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 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)*
Canterbury Earthquake Recovery Authority (CERA)
ADDRESS *(Business Address Acceptable)*
CERA, Private Bag 4999,
CITY AND STATE
Christchurch 8140, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 11 / 16 / 12 - ___/___/___ *(If gift)* AMT: $ 52.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Transportation, lunch, souvenir

▶ NAME OF SOURCE *(Not an Acronym)*
Auckland Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
Level 3, 100 Meyoral Drive
CITY AND STATE
Auckland 1010, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Business promotion
DATE(S): 11 / 20 / 12 - ___/___/___ *(If gift)* AMT: $ 41.70
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Breakfast

▶ NAME OF SOURCE *(Not an Acronym)*
Christchurch International Airport Limited
ADDRESS *(Business Address Acceptable)*
PO Box 14001, Christchurch Airport
CITY AND STATE
Christchurch New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Public/Private Partnership
DATE(S): 11 / 16 / 12 - ___/___/___ *(If gift)* AMT: $ 113.50
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Dinner and beverage

▶ NAME OF SOURCE *(Not an Acronym)*
Villa Maria Estate
ADDRESS *(Business Address Acceptable)*
118 Montgomerie Road, PO Box 43046, Mangere
CITY AND STATE
Manukau 2153, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Business
DATE(S): 11 / 20 / 12 - ___/___/___ *(If gift)* AMT: $ 50.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Dinner and beverage

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
The Santa Ynez Band of Chumash Indians
ADDRESS *(Business Address Acceptable)*
3400 E. Hwy 248, Santa Ynez, CA 93460
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Tribe Casino

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 07 / 12	$ 186.50	hotel, dinner
/ /	$	concert ticket
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Bob Huff

Office, Agency or Court State Senate

Statement Type ☒ 2012/2013 Annual ☐ Assuming ☐ Leaving
☐ _____ (yr) Annual ☐ 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** that the **foregoing** is **true** and **correct.**

Date Signed 3/12/13

(d)(5)

Filer's Signat

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Metropolitan Water District of So Cal
ADDRESS *(Business Address Acceptable)*
700 N. Alameda Street, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water District

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 12	$ 264.31	Hotel, bus, food for
09 / 29 / 12	$	state water/ag
/ /	$	Inspection and tour.

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Bob Huff

Office, Agency or Court State Senate

Statement Type ☒ 2012/2013 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual (yr) ☐ 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 that the foregoing is true and correct.

Date Signed 4/2/13

Filer's Signature (d)(5)

Comments: