CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION

Date Received
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
State Senate, District 29

Division, Board, Department, District, if applicable

Your Position
State Senator

► 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)*

- [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, 2013, through December 31, 2013.
  -or-
  The period covered is ___/___/_____, through December 31, 2013.
- [ ] **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, 2013, 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:*** 8

- [ ] **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

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

Date Signed 02/27/2014
(month, day, year)

Signature

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 Co
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 THIS BUSINESS
Commodity Wholesaler

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:
___/___/13 ACQUIRED ___/___/13 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:
___/___/13 ACQUIRED ___/___/13 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 THIS BUSINESS
Business Consulting

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:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ LLC Other

YOUR BUSINESS POSITION Spouse of Principal

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

Majestic Industry Hills LLC
Jiangsu Highhope Int'l Group Business Co, LTD
~~Palm Pacific Realty~~

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:
___/___/13 ACQUIRED ___/___/13 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
California Contract Cities Association
ADDRESS (Business Address Acceptable)
11027 Downey Avenue Downey, CA 90241
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government Partnership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 6 / 13	$ 42	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Apartment Assoc. of Greater LA
ADDRESS (Business Address Acceptable)
621 Westmoreland Ave, West LA, CA 90005
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Apartment Building Owners Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 13 / 13	$ 20	Breakfast
12 / 6 / 13	$ 96	Dinner- Bob & Mei Mei
/ /	$	

► NAME OF SOURCE
Women in California Leadership
ADDRESS (Business Address Acceptable)
400 Capitol Mall, 22nd Floor, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's Leadership Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 21 / 13	$ 70.52	Catering Event
/ /	$	
/ /	$	

► NAME OF SOURCE
California Cattlemen's Association
ADDRESS (Business Address Acceptable)
1221 H Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 20 / 13	$ 40	Breakfast
3 / 20 / 13	$ 20	Cowboy Hat
/ /	$	

► NAME OF SOURCE
US Borax, Inc.
ADDRESS (Business Address Acceptable)
14486 Borax Rd, Boron, CA 93516
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mineral Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 8 / 13	$ 126.35	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Morongo Band of Mission Indians
ADDRESS (Business Address Acceptable)
12700 Pumarra Road, Banning, CA 92220
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Native American Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 5 / 13	$ 227.61	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Robert S. Huff

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
California Association of REALTORS
ADDRESS (Business Address Acceptable)
525 S. Virgil Avenue Los Angeles, CA 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 1 / 13	$ 59	Reception food & drink
/ /	$	
/ /	$	

► NAME OF SOURCE
Orange County Business Council
ADDRESS (Business Address Acceptable)
2 Park Plaza, Suite 100 Irvine, CA 92614
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 18 / 13	$ 200	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Citrus Mutual
ADDRESS (Business Address Acceptable)
512 N. Kaweah Ave, Exeter, CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 27 / 13	$ 249.53	Meal
2 / 27 / 13	$ 5.28	Reusable Bag
4 / 10 / 13	$ 58.58	Dinner

► NAME OF SOURCE
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)
8 / 15 / 13	$ 72.26	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Steinberg for Senate 2010 Committee
ADDRESS (Business Address Acceptable)
555 Capitol Mall, Ste 1450 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 5 / 13	$ 64.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Edison International
ADDRESS (Business Address Acceptable)
2244 Walnut Grove Avenue, Rosemead, CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electric Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 15 / 13	$ 52.77	Meal and beverage
/ /	$	
/ /	$	

Comments:

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE
CH2MHill
ADDRESS *(Business Address Acceptable)*
2485 Natomas Prk Dr, Ste 600, Sacramento CA95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Global Project Delivery Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 8 / 13	$ 64.20	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
California State Protocol Foundation
ADDRESS *(Business Address Acceptable)*
11355 West Olympic Blvd, LA, CA 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 11 / 13	$ 55.29	Dinner
5 / 6 / 13	$ 80.50	Dinner
/ /	$	

► NAME OF SOURCE
Los 32 Por Mexico
ADDRESS *(Business Address Acceptable)*
2323 W. 1st Street, Santa Ana, CA 92705
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cultural Preservation Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 27 / 13	$ 80	Engraved Chair
/ /	$	
/ /	$	

► 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:

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Name
Robert Huff

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
CA National Indian Gaming Association
ADDRESS *(Business Address Acceptable)*
2150 River Plaza Dr, Suite 120, Sac 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 13	$ 200.00	Registration fee
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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:

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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. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE
California Contract Cities Association
ADDRESS *(Business Address Acceptable)*
11027 Downey Avenue
CITY AND STATE
Downey, CA 90241
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Local Government Partnership
DATE(S): 5/17/13 - 5/18/13 *(If gift)* AMT: $ 366
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Hotel and meals

► NAME OF SOURCE
Republican State Leadership Committee
ADDRESS *(Business Address Acceptable)*
1201 F St NW, Suite 675
CITY AND STATE
Washington, DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
National Republican Organization
DATE(S): 7/21/13 - 7/23/13 *(If gift)* AMT: $ 1337.86
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Attended meetings and briefings for elected officials- travel, hotel and meals

---

► NAME OF SOURCE
CA Foundation for the Environment and the Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Educational foundation
DATE(S): 12/9/13 - 12/10/13 *(If gift)* AMT: $ 431.59
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Briefings on Energy and Climate Change- hotel and meals

► NAME OF SOURCE
CA Foundation for the Environment and the Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Educational Foundation
DATE(S): 3/21/13 - 3/30/13 *(If gift)* AMT: $ 8862.41
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Study Travel Project to Poland- Airfare, hotel and meals

Comments:

CALIFORNIA FORM **700**
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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. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE
CA Foundation for the Environment and the Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Educational Foundation
DATE(S): 3 / 21 / 13 - 3 / 30 / 13 *(If gift)* AMT: $ 420
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Study Travel Project to Poland for Spouse- meals

▶ NAME OF SOURCE
Presence Switzerland
ADDRESS *(Business Address Acceptable)*
Genral Secretariat GS-FDFA, Bundesgasse 32
CITY AND STATE
CH-3003 Bern, Switzerland
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 10 / 6 / 13 - 10 / 11 / 13 *(If gift)* AMT: $ 710.95
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
International Relations Switzerland Trip- Ground transportation, dinner and beverages

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▶ NAME OF SOURCE
Owens-Illinois, Inc.
ADDRESS *(Business Address Acceptable)*
O-I Plaza One, One Michael Owens Way
CITY AND STATE
Perrysburg, OH 43551
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Glass-Packaging Manufacturer
DATE(S): 10 / 8 / 13 - 10 / 8 / 13 *(If gift)* AMT: $ 163.25
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
International Relations Switzerland Trip- Dinner

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): / / - / / *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: