CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION
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Date Received
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1 2010

[redacted]

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Huffman	Jared	D.	[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	OPTIONAL: E-MAIL ADDRESS
[redacted]		

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State Assembly

Division, Board, District, if applicable:

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- ☑ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☑ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ___/___/___, through December 31, 2009.

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

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

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

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☑ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☑ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 3-1-2010

Sig [redacted]

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jared Huffman

► NAME OF BUSINESS ENTITY: Adhesive Coatings Comp. Ltd.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Coatings & Resins

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

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other Ltd. partnership units. (Describe)
- ☐ Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
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- ☐ Partnership
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- ☐ Other (Describe)
- ☐ Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Huffman J.

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Bass for Assembly
ADDRESS (Business Address Acceptable): 777 S. Figueroa St, Suite 4050
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Los Angeles, Ca 90017

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2009 Policy Summit		
1/8/09	$ 72.57	Jacket
1/8/09	$ 11.95	Breakfast
1/9/09	$ 11.95	Breakfast

▶ NAME OF SOURCE: California Democratic Party
ADDRESS (Business Address Acceptable): 1401 21st Street, Suite 200
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, Ca 95811

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2009 Policy Summit.		
1/8/09	$ 73.29	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE: California Tribal Business Alliance
ADDRESS (Business Address Acceptable): 1530 J Street, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Back to Session Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/14/09	$ 88.77	reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Family Winemakers of Ca.
ADDRESS (Business Address Acceptable): 520 Capitol Mall, Suite 260
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sac, 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/26/09	$ 72.20	Leg. Reception.
/ /	$	
/ /	$	

▶ NAME OF SOURCE: C-line Express.
ADDRESS (Business Address Acceptable): 75 Mezetta Ct.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: American Canyon, Ca 94559

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/23/09	$ 87.50	Kings Ticket.
/ /	$	
/ /	$	

▶ NAME OF SOURCE: The Wine Institute
ADDRESS (Business Address Acceptable): 425 Market Street, Suite 1000
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Francisco, CA 94105

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/9/09	$ 59.11	reception.
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Huffman, J.

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Friends of Judy Arnold
ADDRESS (Business Address Acceptable): 465 Ridge Road.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Novato, Ca 94947

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/17/09	$ 50 -	birthday fiesta
/ /	$	
/ /	$	

► NAME OF SOURCE: Friends of Petaluma River
ADDRESS (Business Address Acceptable): 260 Water Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Petaluma, Ca 94952

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/8/09	$ 225.00	Fandango fundraiser
/ /	$	
/ /	$	

► NAME OF SOURCE: The Ca. Cable & Telecommunications Association
ADDRESS (Business Address Acceptable): 1001 K Street, 2nd floor
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, Ca 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/4/09	$ 63.23	Dinner Event
/ /	$	
/ /	$	

► NAME OF SOURCE: Marin County Bar Associatio
ADDRESS (Business Address Acceptable): 30 North San Pedro Rd.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Rafael, Ca 94903

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/24/09	$ 125 -	Dinner Event
/ /	$	
/ /	$	

► NAME OF SOURCE: JFCS (Jewish family & Children's Services)
ADDRESS (Business Address Acceptable): 2150 Post Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Francisco, Ca 94115

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/31/09	$ 180 -	Gala
12/15/09	$ 100	dinner event
/ /	$	

► NAME OF SOURCE: Amazon Watch
ADDRESS (Business Address Acceptable): 221 Pine Street, 4th floor
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Francisco, CA 94104

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/15/09	$ 143 -	Dinner/Fundraiser
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
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Name: Huffman J.

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: New Isreal Fund
ADDRESS (Business Address Acceptable): 703 Market St #1503
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Francisco, Ca 94103

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/16/09	$100 -	Dinner event
/ /	$	
/ /	$	

▶ NAME OF SOURCE: UC Santa Barbara
ADDRESS (Business Address Acceptable): Government Relations.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 1205 Cheadle Hall Santa Barbara, ca 93106

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/10/09	$60 -	dinner event
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Marin Farmers Market
ADDRESS (Business Address Acceptable): 7e San Pablo Ave
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Rafael, Ca 94903

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/25/09	$50 -	luncheon
/ /	$	
/ /	$	

▶ NAME OF SOURCE: North Bay Business Journal.
ADDRESS (Business Address Acceptable): 427 Mendocino Ave.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Santa Rosa, Ca 94901

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/30/09	$70 -	Gala
/ /	$	
/ /	$	

▶ NAME OF SOURCE: US Green Building Council
ADDRESS (Business Address Acceptable): 130 Sutter Street, #600
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Francisco, Ca 94104

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/30/09	$150 -	Gala
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Resources legacy Fund
ADDRESS (Business Address Acceptable): 555 Capitol Mall, Suite 675
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, Ca 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/2/09	$64 -	Dinner event
/ /	$	
/ /	$	

Comments:

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Name: Huffman J.

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Marin Office of Education	1111 Las Gallinas Avenue	San Rafael, Ca 94903	1/14/09	$ 163.55	Dinner event
National Caucus of environmental legislature	1920 L Street, NW Suite 800	Washington, DC 20036	11/5/09	$ 80 -	Dinner event
The Nature Conservancy	201 Mission Street, 4th floor	San Francisco, Ca 94109	5/27/09	$ 80 -	dinner event
			12/4/09	$ 31.25	dinner event
Marin Conservation League	1623 5th avenue	San Rafael, Ca 94901	4/17/09	$ 65 -	reception
Cal trout	870 Maret Street	San Francisco, Ca 94102	5/8/09	$ 125 -	Gala
Berkeley Programs	914 Mission ave, 3rd floor	San Rafael, Ca 94901	7/2/09	$ 150 -	opening gala

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Arde.
ADDRESS *(Business Address Acceptable)*
111 Sutter st, 20th floor
BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Francisco, Ca 94104

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 4, 09	$60	reception
/ /	$	
/ /	$	

▶ 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: _____

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BY: [illegible]

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE
Natural Resources Defense Council
ADDRESS (Business Address Acceptable)
111 Sutter Street, 20th Floor
BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Francisco, CA 94101

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 4 / 09	$ 60.00	recepition
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

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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)
/ /	$	
/ /	$	
/ /	$	

Verification

Print Name Jared Huffman

Office, Agency or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ ____ 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.

D[redacted] March 25, 2010 [redacted]

Si[redacted]

Comments: