2010 AN amend.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

EB

Date Received
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MAR 3 - 2011
BY: (d)(5)

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Huffman	Jared	W

1. Office, Agency, or Court

Agency Name
State Assembly

Division, Board, Department, District, if applicable

Your Position
Assemblymember

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

Agency: _____ Position: _____

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

- [x] State
- [ ] Judge (Statewide Jurisdiction)
- [ ] Multi-County _____
- [ ] County of _____
- [ ] City of _____
- [ ] 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 ____/____/____
- [ ] **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- [ ] **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.

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 have used all reasonable diligence in preparing this statement. I have reviewed t
herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed 3-3-11 (month, day, year)

Signatu

SCHEDULE D
Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE
Association of California Water Agencies
ADDRESS *(Business Address Acceptable)*
910 K Street , Suite 100
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814-3577

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 28 / 10	$ 59.12	dinner
/ /	$	
/ /	$	

► 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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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

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Verification

Print Name Jared Huffman

Office, Agency or Court State Assembly

Statement Type ☒ 2010/2011 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 3-3-11

Signature (d)(5)

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

EB

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BY: TE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Huffman	Jared	W

1. Office, Agency, or Court

Agency Name
California State Assemby
Division, Board, Department, District, if applicable

Assemblymember
Your Position

► 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 (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2010, through December 31, 2010.

  -or-

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

- [ ] **Assuming Office:** Date ___/___/___
- [ ] **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ___/___/___ *(Check one)*
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  - ○ The period covered is ___/___/___, through the date of leaving office.

2011 MAR 1 PM 12:57

4. Schedule Summary

Check applicable schedules or "None."

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

- [x] **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
- [x] **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)

DAYTIME TELEPHONE NUMBER (d)(5) | E-MAIL ADDRESS (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 2-28-2011 *(month, day, year)*

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

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: Huffman, Jared

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Coating and 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 Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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: (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other: (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
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- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other: (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other: (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jared Huffman

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 County Office of Education	111 Las Gallinas Avenue	San Rafael, Ca 94903	1/13/10	$70.06	Dinner
Novato Chamber of Commerce	807 De Long Avenue	Novato, CA 94945	1/22/10	$50-	Board Installation & Volunteer recognition
Sonoma Valley Chamber of Commerce	651 Broadway #A	Sonoma, CA 95476	1/22/10	$50	2010 State of the Valley Conference
San Rafael Chamber of Commerce	817 Mission ave.	San Rafael, Ca 94901	1/29/10	$50	Dinner
Fireman's Fund Insurance	777 San Marin Drive #2160	Novato, CA 94945	2/6/10	$370	Marin Valentines Ball
Sonoma Valley Vinters & Growers Allian	17964 Sonoma Highway	Sonoma, CA 95476	2/12/10	$170-	reception

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jared Huffman

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)
California Farm Bureau Federation	2300 River Plaza Drive, Sacramento, CA 95833		3/2/10	$52.49	food, beverage name badge invitation, postage
California Labor Federation	1600 Grand avenue, Suite 410, Oakland, CA 94610		3/8/10	$50	awards dinner
Jewish Family & Children Services	1600 5th avenue, San Rafael, CA 94901		3/20/10	$200	Gala & Dinner
Monterey Bay Aquarium Foundation	886 Cannery Row, Monterey, CA 93940		4/16/10	$53.79	Reception
Cathleen Galgiani for Assembly	Federal tax ID # 1313458, 1852 W. 11th Street, Tracy, CA 95376		4/20/10	$64.22	High-Speed rail Dinner
Resources Legacy Fund	555 Capitol Mall, Suite 675, Sacramento, CA 95814		5/11/10	$102.62	Dinner

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jared Huffman.

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)
Verizon	1201 K Street, Suite 960 / Sacramento, Ca 95814	6/1/10	$200	ticket to California roast
Marin County Council of Mayors & Councilmembers	40 Mitchell Blvd. / San Rafael, CA 94903	6/23/10	$50	Community United program
Marin Realtors	40 Mitchell Blvd. / San Rafael, CA 94903	9/21/10	$50	luncheon
Marin Bar Association	30 N. San Pedro #140 / San Rafael, Ca 94903	9/22/10	$50	Luncheon
John A. Perez for Assembly	777 South Figueroa St, #4050 / Los Angeles, CA 90017	12/6/10	$110-	leather portfolio
American Israel Public Affairs Committee.	P.O. Box 207 / San Francisco, Ca 94104	12/14/10	$125	Dinner

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jared Huffman

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Wine Institute.
ADDRESS (Business Address Acceptable): 425 Market street, #1000
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Francisco, CA 94105

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/27/10	$75.98	dinner
3/8/10	$59.11	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:

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Huffman, J

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the $420 gift limit.**

▶ NAME OF SOURCE: CFee (California Foundation on the Environment & 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)

DATE(S): 10/3/10 - 10/5/10 (If applicable) AMT: $ 459.89

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

DESCRIPTION: Roundtable Workshop

▶ NAME OF SOURCE: California Foundation of 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)

DATE(S): 12/9/10 - 12/10/10 (If applicable) AMT: $ 631.81

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

DESCRIPTION: Energy Roundtable Summit

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ (If applicable) AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ (If applicable) AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

Comments: