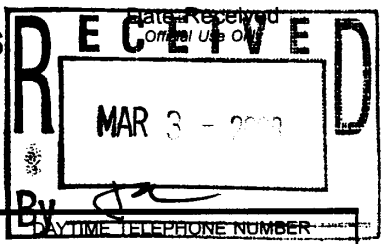


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2008 MAR -3 PM 6:40 Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Huff	Robert	S	(916) 319-2060
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
P. O. Box 4243	Diamond Bar	CA	91765

1. Office, Agency, or Court

Name of Office, Agency, or Court:
State Assembly

Division, Board, District, if applicable:
60th District

Your Position:
Assemblyman

➔ 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, 2007, through December 31, 2007.

-or-

The period covered is ____/____/____, through December 31, 2007.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-or-

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

Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 5

➔ 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 - 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 March 3, 2008
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

SCHEDULE D
Income - Gifts

> NAME OF SOURCE
Altria
 ADDRESS
1415 L.St. STE 1150 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Parent Company of Phillip Morris, Inc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 18 / 07</u>	<u>\$ 90.09</u>	<u>meal</u>
<u>10 / 19 / 07</u>	<u>\$ 10.95</u>	<u>refreshments</u>
<u>3 / 20 / 07</u>	<u>\$ 162.20</u>	<u>meal</u>

> NAME OF SOURCE
Portland Cement Company
 ADDRESS
2025 E. Financial Way Glendora, CA 91741
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cement Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 27 / 07</u>	<u>\$ 179.73</u>	<u>meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
AT & T, Inc., and Its Affiliates
 ADDRESS
400 Capitol Mall, STE 1700 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 16 / 07</u>	<u>\$ 41.03</u>	<u>meal</u>
<u>10 / 16 / 07</u>	<u>\$ 39.57</u>	<u>transportation</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Orange County Transportation Authority
 ADDRESS
550 South Main Street Orange, CA 92863
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Transportation Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 6 / 07</u>	<u>\$ 60.77</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
The Calif. Institute for Federal Policy Research
 ADDRESS
1608 Rhode Is. Ave., NW STE 213 Wash. DC 20036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy Research and Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 19 / 07</u>	<u>\$ 40.80</u>	<u>meal</u>
<u>3 / 19 / 07</u>	<u>\$ 136.82</u>	<u>reception</u>
<u>3 / 20 / 07</u>	<u>\$ 48.00</u>	<u>meal</u>

> NAME OF SOURCE
Orange County Fair & Exposition Center
 ADDRESS
88 Fair Drive Costa Mesa, CA 92626
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 13 / 08</u>	<u>\$ 45.00</u>	<u>Concert Ticket</u>
<u>7 / 13 / 08</u>	<u>\$ 45.00</u>	<u>Concert Ticket</u>
<u>7 / 13 / 08</u>	<u>\$ 10.00</u>	<u>Parking Pass</u>

Comments: _____

SCHEDULE D
Income - Gifts

Name

Robert Huff

NAME OF SOURCE
Paskenta Band of Nomlaki Indians

ADDRESS
1012 South Street Orland, CA 95963

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Native American Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 17 / 07</u>	<u>\$ 53.12</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

NAME OF SOURCE
Santa Ana Watershed Project Authority

ADDRESS
11615 Sterling Ave. Riverside, CA 92503

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 26 / 07</u>	<u>\$ 78.61</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

NAME OF SOURCE
California Tribal Business Alliance

ADDRESS
1530 J St., STE 250 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Gaming Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 22 / 07</u>	<u>\$ 283.00</u>	<u>Reception/Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

NAME OF SOURCE
CTIA - The Wireless Association

ADDRESS
1400 16th St. NW, STE 600 Wash. DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 21 / 07</u>	<u>\$ 92.44</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

NAME OF SOURCE
Family Winemakers of California

ADDRESS
1400 K Street STE 304 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wine Promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 22 / 07</u>	<u>\$ 59.05</u>	<u>Food/wine</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

NAME OF SOURCE
Farmers Group, Inc.

ADDRESS
4680 Wilshire Blvd. Los Angeles, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 20 / 07</u>	<u>\$ 57.41</u>	<u>meal</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
Robert Huff

> NAME OF SOURCE
French Ministry of Foreign Affairs (French Embassy)
ADDRESS
4101 Reservoir Rd., NW Wash D.C. 20007
BUSINESS ACTIVITY, IF ANY, OF SOURCE
French Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 8 / 07</u>	<u>\$ 2,906.34</u>	<u>hotel, meals, transport</u>
<u> / / </u>	<u>\$</u>	<u>Legislative trip to study</u>
<u> / / </u>	<u>\$</u>	<u>High-Speed Rail</u>

> NAME OF SOURCE
ALSTOM
ADDRESS
3, Avenue Andre Malraux Levallois-Perret FR 92309
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation Equipment Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 2 / 07</u>	<u>\$ 125.11</u>	<u>meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE
French-American Foundation
ADDRESS
21, Boulevard Grenelle Paris, FR 75015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 2 / 07</u>	<u>\$ 115.66</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____