

RECEIVED

COVER PAGE

MAR 1 - 2011

EB

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BY: (MIDDLE)
Calderon Charles M.

1. Office, Agency, or Court

Agency Name
CA State Assembly
Division, Board, Department, District, if applicable
58th District
Your Position
Assembly Member

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

Agency: _____ Position: _____

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

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.

2011 MAR -1 PM 2:50
FAIR POLITICAL PRACTICES COMMISSION

4. Schedule Summary

Check applicable schedules or "None."
► Total number of pages including this cover page: 5
 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. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have reviewed the herein and in any attached schedules is true and complete. I acknowledge this is true. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 02/28/2011 (month, day, year)
Signature _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

Name
 Charles M. Calderon

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME So. CA Edison	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 2244 Walnut Grove Ave., Rosemead, CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Public Utility Company	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Corporation Representative	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	_____
_____		<small>Street address</small>
HIGHEST BALANCE DURING REPORTING PERIOD		_____
<input type="checkbox"/> \$500 - \$1,000		<small>City</small>
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
		<small>(Describe)</small>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Charles M. Calderon

▶ NAME OF SOURCE
 Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
 1095 Barona Rd., Lakeside, CA 92040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Resort & Casino

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 16 / 10	\$ 27.75	Meal
10 / 11 / 10	\$ 39.92	Meal
/ /	\$	

▶ NAME OF SOURCE
 Cathleen Galgiani for Assembly 2010
 ADDRESS (Business Address Acceptable)
 1852 W. Eleventh St., Tracy, CA 95376
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 10	\$ 351.17	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 CA Democratic Party
 ADDRESS (Business Address Acceptable)
 1401 21st Street, Ste. 200, Sacramento, CA 98511
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 10	\$ 84.80	Reception
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 CA Building Industry Assoc.
 ADDRESS (Business Address Acceptable)
 1215 K Street, Ste. 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Home Builders Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 05 / 10	\$ 79.55	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 CA Independent Voter Project (CAIVP)
 ADDRESS (Business Address Acceptable)
 2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 20	\$ 2,027.97	Accommodations,meal
11 / 18 / 10	\$	and beverages***
/ /	\$	

▶ NAME OF SOURCE
 Personal Insurance Federation of Ca
 ADDRESS (Business Address Acceptable)
 1201 K Street, Ste. 1220, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 10	\$ 232.43	Dinner
/ /	\$	
/ /	\$	

Comments: ***Accommodations, meals and beverages, in connection with making a speech, which is not subject to gift limits.

SCHEDULE D
Income – Gifts

Name
Charles M. Calderon

▶ NAME OF SOURCE
PricewaterhouseCoopers
 ADDRESS (Business Address Acceptable)
1415 L Street, Ste. 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 06 / 10</u>	<u>\$ 95.17</u>	<u>Food and beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
John A. Perez for Assembly
 ADDRESS (Business Address Acceptable)
777 S. Figueroa Street, Ste. 4050, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 10</u>	<u>\$ 110.00</u>	<u>Leather portfolio</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Pacific Research Foundation
 ADDRESS (Business Address Acceptable)
101 Parkshore Dr., Ste. 100, Folsom, CA 95630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit public benefit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 07 / to -</u>	<u>\$1,350.96</u>	<u>Accommodations, **</u>
<u>11 / 11 / 10</u>	<u>\$ —</u>	<u>meals & beverages**</u>
<u>11 / 07 / 10-</u>		
<u>11 / 11 / 10</u>	<u>\$ 390.00</u>	<u>Meals & receptions</u>

▶ NAME OF SOURCE
So. CA Edison
 ADDRESS (Business Address Acceptable)
2244 Walnut Grove Ave., Rosemead, CA 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 03 / 10</u>	<u>\$ 13.49</u>	<u>Meal</u>
<u>11 / 16 / 10</u>	<u>\$ 81.20</u>	<u>Meal and beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Assoc. of Health Underwriters
 ADDRESS (Business Address Acceptable)
1127 11th St., Ste.523, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Underwriters Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 22 / 10</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Chamber
 ADDRESS (Business Address Acceptable)
1215 K Street, Ste. 1400, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 28 / 10</u>	<u>\$ 80.61</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: ***Accommodation, meals and beverages, in connection with making a speech, which is not subject to gift limits.

SCHEDULE D Income – Gifts

Name
Charles M. Calderon

▶ NAME OF SOURCE
Majestic Realty Company
ADDRESS (Business Address Acceptable)
3191 Crossroads Pkwy N #6, Industry, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Realty

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 15 / 10</u>	<u>\$ 400.00</u>	<u>Basketball tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
State Legislative Leaders Foundation
ADDRESS (Business Address Acceptable)
1645 Falmouth Road, Centerville, MA 02632-2932
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 30 / to</u>	<u>\$ 2,143.61</u>	<u>Accommodations,</u>
<u>10 / 03 / 10</u>	<u>\$ —</u>	<u>meals & beverages****</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

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 Address Acceptable)

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 Address Acceptable)

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 Address Acceptable)

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: **** Accommodations, meals and beverages, in connection with making a speech, is not subject to the gift limits.