



STATEMENT OF ECONOMIC INTERESTS COVER PAGE AMENDMENT

Date Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Calderon Ian Charles

1. Office, Agency, or Court

Agency Name State Assembly Division, Board, Department, District, if applicable Your Position Field Representative

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

Agency: Position:

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

- State Multi-County City of Judge or Court Commissioner (Statewide Jurisdiction) County of Other

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

- Annual: The period covered is January 1, 2011, through December 31, 2011. Leaving Office: Date Left (Check one) The period covered is January 1, 2011, through the date of leaving office. The period covered is through the date of leaving office. Assuming Office: Date assumed The period covered is through the date of leaving office.

Candidate: Election Year 2012 Office sought, if different than Part 1: State Assembly 57th District

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None. No reportable interests on any schedule.

I certify under penalty of perjury under the laws of the State of California that the facts and information furnished herein and in any attached schedules is true and complete. I acknowledge this is true and complete. I certify under penalty of perjury under the laws of the State of California that the facts and information furnished herein and in any attached schedules is true and complete. I acknowledge this is true and complete. Date Signed 3/28/12 Signature



CALDERON, IAN C.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED BY LOS ANGELES COUNTY
RECEIVED FAIR POLITICAL PRACTICES COMMISSION
Official Use Only

2017 MAR 12 12:23 AM

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Calderon Charles Ian

1. Office, Agency, or Court

Agency Name: State Assembly 57
Division, Board, Department, District, if applicable: _____
Your Position: Field Representative

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
- or-
- The period covered is _____, through December 31, 2011.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Candidate: Election Year 2012 Office sought, if different than Part 1: _____

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
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. Verification

(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 3/8/12 (month, day, year) Signature (d)(5) (for filing official)

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE
Southern CA Edison
 ADDRESS (Business Address Acceptable)
PO Box 800 Rosemead, CA 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 28, 11</u>	<u>\$ 125.00</u>	<u>Meal/Beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
 CA Association of Life+Health Insurance Companies
 ADDRESS (Business Address Acceptable)
1201 K Street Suite 1820 Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 21, 11</u>	<u>\$ 193.65</u>	<u>meal/Beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____