

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

MAR - 3 2014

Please type or print in ink.

NAME OF FILER: CALDERON, RONALD S
2014 MAR - 3 PM 5:05 (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CA STATE SENATE

Division, Board, Department, District, if applicable

30TH DISTRICT

Your Position

SENATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (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, 2013, through December 31, 2013. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2013. The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 12

- 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

5. [Redacted area]

I have used all reasonable diligence in preparing this statement. I have reviewed and herein and in any attached schedules is true and complete. I acknowledge this is a I certify under penalty of perjury under the laws of the State of California that

Date Signed 02/28/2014 Signature _____
(month, day, year)

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

| |
|---|
| CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name RON CALDERON |
|---|

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
O'Melveny & Meyers

ADDRESS (Business Address Acceptable)
400 S. Hope Street, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Office

YOUR BUSINESS POSITION
Secretary

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

**SCHEDULE D
Income – Gifts**

Name

RON CALDERON

▶ **NAME OF SOURCE (Not an Acronym)**
CA TRIBAL BUSINESS ALLIANCE
 ADDRESS (Business Address Acceptable)
1530 J STREET SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 16 / 13 | \$ 25.26 | FOOD/BEVERAGE |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ **NAME OF SOURCE (Not an Acronym)**
CA LATINO CAUCUS LEADERSHIP PAC
 ADDRESS (Business Address Acceptable)
400 Capitol Mall, 22nd Floor SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 24 / 13 | \$ 131.76 | Personal Wooden Box |
| 02 / 28 / 13 | \$ 86.74 | PORTFOLIO |
| 05 / 02 / 13 | \$ 115.00 | TIE |

▶ **NAME OF SOURCE (Not an Acronym)**
FARMERS GROUP, INC.,
 ADDRESS (Business Address Acceptable)
1201 K STREET, SUITE 190 SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 25 / 13 | \$ 440.00 | ADMISSION/MEALS |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ **NAME OF SOURCE (Not an Acronym)**
CA DEMOCRATIC PARTY
 ADDRESS (Business Address Acceptable)
1401 21st Street, Suite 200 Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 05 / 13 | \$ 51.64 | Meals/Event Catering |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ **NAME OF SOURCE (Not an Acronym)**
Personal Insurance Federation (PIFC)
 ADDRESS (Business Address Acceptable)
1201 K Street, Suite 950 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 26 / 13 | \$ 365.94 | DINNER |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ **NAME OF SOURCE (Not an Acronym)**
ZUFFA, LLC
 ADDRESS (Business Address Acceptable)
P.O. BOX 26959 LAS VEGAS, NV 89126
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 23 / 13 | \$ 424.00 | UFC 157 |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income – Gifts

Name
RON CALDERON

▶ NAME OF SOURCE *(Not an Acronym)*
LIBERTY DENTAL PLAN

ADDRESS *(Business Address Acceptable)*
340 COMMERCE, SUITE 100 IRVINE, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 23 / 13 | \$ 68.85 | UFC 157 RECEPTION |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
WESTERN GROWERS

ADDRESS *(Business Address Acceptable)*
1415 L STREET, SUITE 1060, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 12 / 13 | \$ 33.00 | FOOD/BEVERAGE |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
STEINBERG for SENATE 2010 COMMITTEE

ADDRESS *(Business Address Acceptable)*
555 CAPITOL MALL, suite 1450, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 05 / 13 | \$ 64.00 | DINNER |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
CAL FORESTS

ADDRESS *(Business Address Acceptable)*
1215 K STREET, SUITE 1830, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 13 / 13 | \$ 35.20 | FOOD/BEVERAGE |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
CalTax

ADDRESS *(Business Address Acceptable)*
1215 K STREET, SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 18 / 13 | \$ 15.03 | FOOD/BEVERAGE |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
SEMPRA ENERGY

ADDRESS *(Business Address Acceptable)*
101 ASH STREET, SAN DIEGO, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 03 / 13 | \$ 60.22 | DINNER |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
RON CALDERON

▶ NAME OF SOURCE (Not an Acronym)
CA CITRUS MUTUAL

ADDRESS (Business Address Acceptable)
512 N. KAWEAH AVE., EXETER, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 10 / 13 | \$ 8.65 | Fresh Fruit Basket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
PHILLIPS 66

ADDRESS (Business Address Acceptable)
1201 K STREET, SUITE 1930, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 26 / 13 | \$ 90.43 | DINNER |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
STATE FARM

ADDRESS (Business Address Acceptable)
1201 K STREET, SUITE 920, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 16 / 13 | \$ 87.30 | FOOD/BEVERAGE |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
MERCURY PUBLIC AFFAIRS

ADDRESS (Business Address Acceptable)
444 S. flowers street, suite 1530, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 25 / 13 | \$ 100.00 | DINNER |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
PHILLIPS 66

ADDRESS (Business Address Acceptable)
1201 K STREET, SUITE 1930, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 22 / 13 | \$ 157.50 | DINNER |
| 05 / 23 / 13 | \$ 16.74 | FOOD/BEVERAGE |
| 05 / 23 / 13 | \$ 114.25 | DINNER |

▶ NAME OF SOURCE (Not an Acronym)
CONSUMER ATTORNEYS OF CALIFORNIA

ADDRESS (Business Address Acceptable)
770 L STREET, SUITE 1200, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 07 / 13 | \$ 13.32 | FOOD/BEVERAGE |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
CA AUTOMATIC VENDOR'S COUNCIL
 ADDRESS (Business Address Acceptable)
 150 S.Los Robles Ave.,Ste 830,Pasadena,CA 91101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 15 / 13 | \$ 20.00 | SNACK ITEMS |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
CA RETAILERS ASSOCIATION
 ADDRESS (Business Address Acceptable)
 980 9TH STREET, SUITE 2100, SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 18 / 13 | \$ 40.18 | LUNCH |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
CHECK INTO CASH
 ADDRESS (Business Address Acceptable)
 515 KING ST.,SUITE 300, ALEXANDRIA ,VA 22314
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 07 / 24 / 13 | \$ 44.84 | CAR RENTAL |
| 07 / 23 / 13 | \$ 32.93 | DINNER |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
CA GRAPE & FRUIT TREE LEAGUE
 ADDRESS (Business Address Acceptable)
 978 W. ALLUVIAL, SUITE 107,FRESNO,CA 93711
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08 / 14 / 13 | \$ 15.00 | lunch pail/fresh fruit |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
WESTERN STATES PETROLEUM
 ADDRESS (Business Address Acceptable)
 2350 Kerner Blvd., Suite 250, San Rafael, CA 94901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 09 / 04 / 13 | \$ 330.54 | DINNER |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
FACEBOOK,INC.
 ADDRESS (Business Address Acceptable)
 561 GARDEN STREET, SACRAMENTO, CA 95815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08 / 21 / 13 | \$ 31.25 | MEAL/BEVERAGES |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income – Gifts

Name
RON CALDERON

▶ NAME OF SOURCE (Not an Acronym)
DEL MAR THOROUGHBRED CLUB

ADDRESS (Business Address Acceptable)
PO BOX 700 DEL MAR, CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 07 / 17 / 13 | \$ 345.00 | Admission/Parking |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
BRIDGEPOINT EDUCATION

ADDRESS (Business Address Acceptable)
135000 EVENING CREEK DRIVE NORTH

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 20 / 13 | \$ 440.00 | CONCERT TICKETS |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
RECORDING INDUSTRY ASSOC. of AMERICA

ADDRESS (Business Address Acceptable)
3400 W. Olive Ave, 5th floor Burbank, CA 91505

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 10 / 13 | \$ 440.00 | Concert Tickets/Dinner |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
PACIFIC LIFE

ADDRESS (Business Address Acceptable)
P.O. Box 9000 Newport Beach, CA 92658

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 25 / 13 | \$ 341.63 | DINNER/PLAY |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
CA PAWNBROKERS ASSOCIATION

ADDRESS (Business Address Acceptable)
One Capitol Mall, Suite 320, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 25 / 13 | \$ 25.00 | FOOD/BEVERAGE |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIANS FOR DIVERSITY

ADDRESS (Business Address Acceptable)
925 L Street, Suite, 1490 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 09 / 19 / 13 | \$ 265.00 | GOLF |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income – Gifts

Name
RON CALDERON

▶ NAME OF SOURCE *(Not an Acronym)*
 Assoc. of CA Life & Health Insurance Companies

ADDRESS *(Business Address Acceptable)*
 1201 K STREET, SUITE 1820 SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 09 / 25 / 13 | \$ 440.00 | ROOM/MEALS |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

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

Name
 RON CALDERON

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 CALIFORNIA ISSUES FORUM

ADDRESS (Business Address Acceptable)
 1717 I STREET

CITY AND STATE
 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 02 / 08 / 13 - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

TRAVEL, LODGING, AND MEALS ASSOCIATED
WITH THE PANEL DISCUSSIONS

▶ NAME OF SOURCE (Not an Acronym)
 Assoc. of CA Life & Health Insurance Companies

ADDRESS (Business Address Acceptable)
 1201 K STREET, SUITE 1820

CITY AND STATE
 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

INSURANCE

DATE(S): 09 / 25 / 13 - 09 / 27 / 13 AMT: \$ 1,963.69
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

TRAVEL

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____



Karen Roberts
Chief Financial Officer

October 23, 2013

The Honorable Ron Calderon
Member, California Senate
State Capitol
Sacramento, CA 95814

RE: Value of Gift(s) from ACLHIC

Dear Senator Calderon,

For FPPC reporting and compliance purposes, below is information regarding the expenses ACLHIC incurred on your behalf in connection with your participation in its 36th Annual Round Table at The Resort at Pelican Hill September 25-27, 2013.

Travel-related payments reportable, but not subject to the FPPC's gift limits related to your September 26th and 27th participation in the program:

| | | |
|---------------------------------|-------------------------|----------------------|
| 9/25/2013 | Lodging at Pelican Hill | \$ 423.89 |
| 9/25/2013 | Conference Reception | \$ 248.16 #/ |
| 9/25/2013 | In Room Dining | \$ 49.46 |
| 9/26/2013 | Lodging at Pelican Hill | \$ 423.89 |
| 9/26/2013 | In Room Dining | \$ 20.52 |
| 9/26/2013 | Conference Dinner | \$ 320.76 #/ |
| 9/27/2013 | Lodging at Pelican Hill | \$ 423.89 |
| 9/27/2013 | Brunch | \$ 53.12 |
| REPORTABLE TRAVEL TOTAL: | | \$ 1963.69 #/ |

#/ Please advise us if you consumed only minimal appetizers or drinks at the reception and/or dinner, and we will modify the pro-rata value of your participation accordingly.

Gifts subject to the FPPC's \$440 annual gift limit:

| | | |
|---|---|--------------------------|
| 9/25/2013 | Golf at Pelican Hill Ocean South Course | \$ 290.00 |
| 9/26/2013 | In Room Dining (Ana Calderon) | \$ 17.28 |
| 9/26/2013 | Conference Dinner (Ana Calderon) | \$ 320.76 |
| 9/26/2013 | In Room Movie | \$ 16.99 |
| 9/27/2013 | Brunch (Ana Calderon) | \$ 83.36 |
| 9/27/2013 | In Room Movie | \$ 15.99 |
| SUBTOTAL: | | \$ 744.38 |
| Plus Gift Made on 8/12/13: | | \$ 60.76 |
| SUBTOTAL: | | \$ 805.14 |
| ALLOWABLE GIFT TOTAL: | | <\$ 440.00> |
| AMOUNT OVER ALLOWABLE GIFT TOTAL: | | \$ 365.14 |
| PLUS 9/28/2013 Brunch w/Family (personal) | | \$ 295.16 |
| AMOUNT WHICH MUST BE REIMBURSED: | | \$ 660.30 |

The Honorable Ron Calderon
October 23, 2013
Page 2

ACLHIC truly appreciates your participation in the 2013 event, and it is our pleasure to host your travel related costs. **Please send ACLHIC a reimbursement check for \$ 660.30 no later than October 25, 2013.**

Should you have any questions regarding this letter, please contact Dottie Johnson in my office at (916) 930-7715. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Karen L. Roberts". The signature is written in a cursive style with a large initial "K".

Karen L. Roberts
Chief Financial Officer

cc: Brad Wenger
John Shirikian



February 28, 2013

1717
I Street
Sacramento

The Honorable Ron Calderon
California State Senate
State Capitol, Room 5066
Sacramento, CA 95814

CA

Dear Senator Calderon:

95811

Thank you for taking time from your busy schedule to participate in the Biopharmaceutical Industry Visit & Panel Discussion in the San Francisco Bay Area on February 7 and 8.

916.444.5701

While it is always interesting to learn about what other people do all day, there really is something truly special about California's biotechnology industry. I think we were all fascinated by the science and the promise of the research that this industry conducts. Amgen, Gladstone and QB3 were all spectacular.

fax

916.444.0382

Pursuant to FPPC regulations, the cost of travel, lodging and meals associated with panel discussions, such as the one you participated on, is reportable on your Form 700 annually, but is not subject to gift limits. Accordingly, we are providing you with the following information for you to report on your Form 700's Schedule E.

Name of Source: California Issues Forum
Address: 1717 I Street
City and State: Sacramento, CA 95811
Business Activity: Nonprofit organization
Dates: 02/08/13
Amt: \$465
Type of Payment: Gift
 Made a Speech/Participated in a Panel

Please note that the California Issues Forum, a 501(c)(4) nonprofit organization, is not required to separately disclose the details of this event or the value of the gift. If you have any questions or concerns, please contact me at (916) 444-5428.

Again, thank you for your participation.

Sincerely,

A handwritten signature in black ink that reads "Chris Tapio". The signature is written in a cursive, slightly slanted style.

Chris Tapio