7

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

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

1. Office, Agency, or Court

RR

Agency Name *(Do not use acronyms)*
CA State Assembly

Division, Board, Department, District, if applicable: 57th District

Your Position: Assemblymember

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

Agency: _____ Position: _____

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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, 2014, through December 31, 2014.
-or-
The period covered is ___/___/_____ through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
- ○ The period covered is January 1, 2014, 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:*** 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. Verification

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

Date Signed 02/26/2015 *(month, day, year)*

Signatu

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ian C. Calderon

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Toni Atkins for Assembly 2014
ADDRESS *(Business Address Acceptable)*
330 Encinitas Blvd, Ste 101 Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 14	$ 44.31	Framed print
11 / 30 / 14	$ 33.45	Reception
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Foundation for Commerce & Education
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste 1400 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	$ 234.72	Lunch w/ Gov & Pres
/ /	$	of Mexico
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
AT&T
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste 1800 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunications company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 10 / 14	$ 440.00	Basketball tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I St. Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	$ 95.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th Street Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	$ 131.24	Meals
11 / 06 / 12	$ 73.63	Policy Conference
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Professional Firefighters
ADDRESS *(Business Address Acceptable)*
1780 Creekside Oaks Dr Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 14	$ 151.27	Fire helmet
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ian C. Calderon

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
CA Tribal Business Alliance
ADDRESS *(Business Address Acceptable)*
1530 J Street, Ste 410 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 14	$ 22.67	Food and Beverage
07 / 25 / 14	$ 192.99	Meal and golf
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Fox Entertainment Group
ADDRESS *(Business Address Acceptable)*
2121 Avenue of the Stars Los Angeles, CA 90067
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 14	$ 39.00	Movie tickets
07 / 11 / 14	$ 109.76	Movie tickets
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Dart Container Corporation
ADDRESS *(Business Address Acceptable)*
515 S. Figueroa St, Ste 1110 Los Angeles, CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Container manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 23 / 14	$ 267.03	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Internet Association
ADDRESS *(Business Address Acceptable)*
1115 11th Street Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 17 / 14	$ 140.60	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Dell, Inc
ADDRESS *(Business Address Acceptable)*
1225 I St, NW Ste 300 Washington, DC 20005
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electronics manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	$ 127.59	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Latino Legislative Caucus Leadership PAC
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St. Ste 4050 Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	$ 198.84	Framed poster
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ian C. Calderon

SCHEDULE D
Income – Gifts

NAME OF SOURCE *(Not an Acronym)*: Elevate CA: Marc Levine Ballot Issue Committee
ADDRESS *(Business Address Acceptable)*: PO Box 150084 San Rafael CA 94915
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/13/14	$ 107.10	Dinner
/ /	$	
/ /	$	

NAME OF SOURCE *(Not an Acronym)*: University of Southern California
ADDRESS *(Business Address Acceptable)*: 3551 Trousdale Pkwy, # 110 Los Angeles, CA 90089
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Higher Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/22/14	$ 280.00	Football tickets
/ /	$	
/ /	$	

NAME OF SOURCE *(Not an Acronym)*: NBCUniversal
ADDRESS *(Business Address Acceptable)*: 100 Universal City Plaza Universal City CA 91608
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Entertainment company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/19/14	$ 261.00	Theme park tickets
/ /	$	
/ /	$	

NAME OF SOURCE *(Not an Acronym)*: Walt Disney Company
ADDRESS *(Business Address Acceptable)*: 500 S. Buena Vista St, Burbank, CA 91521
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Entertainment company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/10/14	$ 72.00	Movie tickets
12/06/14	$ 324.86	Candlelight Ceremony tickets
/ /	$	

NAME OF SOURCE *(Not an Acronym)*: John A Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*: 777 S Figueroa St, Ste 4050 Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/22/14	$ 35.80	Food and beverage
05/08/14	$ 26.75	Food and beverage
08/17/14	$ 42.86	Food and beverage

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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ian C. Calderon

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

- **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)*
CA Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95811
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 12/08/14 - 12/09/14 *(If gift)* AMT: $ 334.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Ed Voice
ADDRESS *(Business Address Acceptable)*
1107 9th Street, Suite 680
CITY AND STATE
Sacramento, CA 95814
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 02/13/14 - 02/13/14 *(If gift)* AMT: $ 144.94
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
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $
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
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
CA Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th Street Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	$131.24	Meals
05 / 20 / 14	$67.73	Food and Drink
11 / 06 / 14	$73.63	Policy Conference

► 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Ian C. Calderon

Office, Agency or Court State Assembly

Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual (yr) ☐ 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 04/14/2015

(c)(1)

Filer's Signa

Comments: