



MAR - 3 2008

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COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Calderon	Ronald	S.	(323) 890-2790	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
400 N. Montebello Blvd., #100		Montebello	CA	90640
			OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
State Senate

Division, Board, District, if applicable:
30th District

Your Position:
State Senator

➔ 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: 8

➔ 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 02/27/08
(month, day, year)

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

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Ronald S. Calderon

> NAME OF BUSINESS ENTITY
Inter Computer Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Internet Security Systems

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
09 / 01 / 07 _____ / _____ / 07
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 07 _____ / _____ / 07
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 07 _____ / _____ / 07
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 07 _____ / _____ / 07
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 07 _____ / _____ / 07
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 07 _____ / _____ / 07
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Ronald S. Calderon

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME O'Melveny & Meyers	NAME OF SOURCE OF INCOME
ADDRESS 400 S. Hope Street, Los Angeles, CA	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE Law Office	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Secretary	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"/> 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"/> 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. LOAN RECEIVED

* 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	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>
_____	_____	<small>City</small>
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income – Gifts

> NAME OF SOURCE
Assoc. Of CA. Life & Health Insurance Co.
 ADDRESS
1201 K. Street Suite 1820, Sacramento CA. 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 25 / 07</u>	<u>\$ 390.00</u>	<u>Lodging, Meals &</u>
<u>09 / 26 / 07</u>	<u>\$</u>	<u>Drinks</u>
<u> / /</u>	<u>\$</u>	<u></u>

> NAME OF SOURCE
Allergan
 ADDRESS
4535 Missouri Flat Rd. Suite 2-F, Placerville CA 9566
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Government Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 04 / 07</u>	<u>\$ 188.14</u>	<u>Ticket & Drinks</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

> NAME OF SOURCE
California Democratic Party
 ADDRESS
1401 21st Street Suite 200, Sacramento CA. 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA. Democratic Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 07</u>	<u>\$ 50.45</u>	<u>Breakfast</u>
<u>12 / 04 / 07</u>	<u>\$ 50.59</u>	<u>Lunch</u>
<u> / /</u>	<u>\$</u>	<u></u>

> NAME OF SOURCE
CA. State Council Of Laborers Legislative Dept.
 ADDRESS
1121 L. Street, Suite 502, Sacramento CA. 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 07</u>	<u>\$ 62.08</u>	<u>Cocktails &</u>
<u> / /</u>	<u>\$</u>	<u>Hor d' oeuvres</u>
<u> / /</u>	<u>\$</u>	<u></u>

> NAME OF SOURCE
California Cable & Telecommunications Assoc.
 ADDRESS
360 22nd Stree, SUite 750, Oakland CA. 94612
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 07</u>	<u>\$ 100.86</u>	<u>Dinner</u>
<u>08 / 23 / 07</u>	<u>\$ 250.00</u>	<u>Golf Fee</u>
<u> / /</u>	<u>\$</u>	<u></u>

> NAME OF SOURCE
DIAGEO
 ADDRESS
910 River Crest Dr. W. Sacramento, CA. 95605
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 07 / 07</u>	<u>\$ 156.48</u>	<u>Dinner</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

Comments: _____

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ronald S. Calderon

NAME OF SOURCE
First Data Corporation

ADDRESS
6200 South Quebec Street, Greenwood Village, CO

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 09 / 07</u>	<u>\$ 37.89</u>	<u>Dinner</u>
<u>12 / 19 / 07</u>	<u>\$ 21.38</u>	<u>Breakfast</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

NAME OF SOURCE
Fox Entertainment Group

ADDRESS
P.O. Box 900, Beverly Hills, CA 90213

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 26 / 07</u>	<u>\$ 43.00</u>	<u>Reception and movie</u>
<u>07 / 28 / 07</u>	<u>\$ 60.62</u>	<u>Lunch and gift bag</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

NAME OF SOURCE
The Irvine Company

ADDRESS
550 Newport Center Dr., Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 20 / 07</u>	<u>\$ 30.00</u>	<u>Food and beverage</u>
<u>08 / 16 / 07</u>	<u>\$ 23.03</u>	<u>Food and beverage</u>
<u>10 / 12 / 07</u>	<u>\$ 58.05</u>	<u>Food and beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

NAME OF SOURCE
AT & T, Inc. and its Affiliates

ADDRESS
400 Capitol Mall, Ste. Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telephone Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 30 / 07</u>	<u>\$ 255.00</u>	<u>Admission Tickets &</u>
<u> / / </u>	<u>\$ </u>	<u>parking pass</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

NAME OF SOURCE
The Irvine Company

ADDRESS
550 Newport Center Dr., Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 24 / 07</u>	<u>\$ 235.00</u>	<u>Golf Fee</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: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ronald S. Calderon

> NAME OF SOURCE
Pechanga Band of Indians

ADDRESS
45000 Pechanga Parkway, Temecula, CA 92592

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Resort & Casino

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 07</u>	<u>\$ 85.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Citizens for Economic Responsibility

ADDRESS
1415 L Street, Ste. 410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 2 / 07</u>	<u>\$ 77.67</u>	<u>Lunch</u>
<u>09 / 12 / 07</u>	<u>\$ 201.32</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
USAA Government Relations

ADDRESS
915 L Street, Ste. 1100, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 26 / 07</u>	<u>\$ 390.00</u>	<u>Golf Fee</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Pacific Policy Research Foundation

ADDRESS
101 Parkshore Drive, #100, Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Research Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 05 / 07</u>	<u>\$ 94.25</u>	<u>Show & Transportation</u>
<u>11 / 06 / 07</u>	<u>\$ 231.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
The Walt Disney Company

ADDRESS
500 S. Buena Vista Street, Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Amusement park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 31 / 07</u>	<u>\$ 98.32</u>	<u>Reception</u>
<u>10 / 10 / 0</u>	<u>\$ 264.00</u>	<u>Disneyland tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Pacific Life Insurance

ADDRESS
700 Newport Center Dr., Newport, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 27 / 07</u>	<u>\$ 323.00</u>	<u>Ticket, meal,</u>
<u> / / </u>	<u>\$ </u>	<u>berage & hotel</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

Ronald S. Calderon

> NAME OF SOURCE
 Forest Lawn
 ADDRESS
 1712 S. Glendale Ave., Glendale, CA 91205
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Memorial Parks & Mortuaries

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 15 / 07	\$ 99.95	Commemorative book
___ / ___ / ___	\$ _____	& DVD
___ / ___ / ___	\$ _____	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
 ADDRESS
 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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ronald S. Calderon

- **Reminder – you must mark the gift or income box.**
- **You are not required to report “income” from government agencies.**

➤ NAME OF SOURCE
Ministry of Foreign Affairs of Taiwan

ADDRESS
2 Kaitakelan Blvd., 10048

CITY AND STATE
Taipei, Taiwan

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE(S): 03 / 30 / 07 - 04 / 06 / 07 AMT: \$ 1729.26
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Airfare, ground transportation, hotel accommodation and meals

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____