

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVERPAGE

Statement covers period from <u>Oct 1, 2008</u> through <u>Oct 15, 2008</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 4, 2008</u>	Date Stamp RECEIVED CITY OF GARDEN CITY CLERK'S OFFICE 2008 OCT 22 P 4:43 Page <u>1</u> of <u>12</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)

Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information I.D. NUMBER 1225968

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

BILL DALTON FOR MAYOR

STREET ADDRESS (NO P.O. BOX)
9862 CATHERINE AVE

CITY GARDEN STATE CA ZIP CODE 92841 AREA CODE/PHONE 539-1592

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

NAME OF TREASURER
WILLIAM J. DALTON

MAILING ADDRESS
9862 CATHERINE AVE

CITY GARDEN STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-539032

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on Oct 21, 2008 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on Oct 21, 2008 Date

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BILL DARTON FOR MAYOR

Statement covers period from <u>Oct. 1, 2008</u> through <u>Oct. 18, 2008</u>	Page <u>2</u> of <u>12</u>
CALIFORNIA FORM 460	
I.D. NUMBER <u>1225268</u>	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>25,647.00</u>	\$ <u>52,597.00</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>25,647.00</u>	\$ <u>52,597.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>25,647.00</u>	\$ <u>52,597.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 <u>0</u>	\$ <u>21,963.23</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>6,927.50</u>	\$ <u>21,963.23</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>6,927.50</u>	\$ <u>21,963.23</u>

Current Cash Statement

	Previous Summary Page, Line 16	Column A, Line 3 above	Column A, Line 4 above	Column A, Line 8 above
12. Beginning Cash Balance	\$ <u>96,537.19</u>	\$ <u>25,647.00</u>	\$ <u>0</u>	\$ <u>6,927.50</u>
13. Cash Receipts	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
14. Miscellaneous Increases to Cash	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
15. Cash Payments	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>115,256.69</u>			

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 <u>0</u>
18. Cash Equivalents	See instructions on reverse <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above <u>0</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
	/ /	\$ _____
	/ /	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from lines 2, 7, and 9 (if any).

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct 1, 2008
through Oct 18, 2008

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NAME OF FILER BILL DALTON FOR MAYOR

ID. NUMBER
1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/08	GAE SUNG RESTAURANT 9567 GARDEN GROVE GARDEN GROVE, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 ⁰⁰	100 ⁰⁰	
10/5/08	GARDEN GROVE HOSPITAL 10822 GARDEN GROVE BLVD GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 ⁰⁰	1500 ⁰⁰	
10/10/08	HENNESSEY GROUP 17300 17TH ST. TUSTIN, CA. 92780	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 ⁰⁰	1000 ⁰⁰	
10/10/08	BASIC ELECTRONICS 11371 MONARCH ST GARDEN GROVE, CA. 92841	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	750 ⁰⁰	
10/10/08	MARK KELTON 2716 OCEAN PARK SANTA MONICA, CA. 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHOPPING CENTER CENTER	250 ⁰⁰	250 ⁰⁰	
SUBTOTAL \$				1700⁰⁰		

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals.) \$ 25,647⁰⁰
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 25,647⁰⁰

*Contributor Codes
IND - Individual
COM - Recipient Committee
(Other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from Oct. 1, 2008
 through Oct. 18, 2008

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CALIFORNIA FORM 460

SCHEDULE A (CONT.)

NAME OF FILER
Bill Dalton For Mayor

I.D. NUMBER
1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/08	RICHARD KEETON 2716 Ocean Park SANTA MONICA CA. 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHOPPING CENTER OWNER	250 ⁰⁰	250 ⁰⁰	
10/10/08	DAVID KEETON FAMILY 2716 Ocean Park Trust SANTA MONICA, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHOPPING CENTER OWNER	250 ⁰⁰	250 ⁰⁰	
10/10/08	RONNIE LAM 1095 ROSALIND RD. SAN MARINO, CA. 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOTEL DEVELOPER	1000 ⁰⁰	1000 ⁰⁰	
10/10/08	CAROLYN WUSTIGAND 11622 JEWEL GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100 ⁰⁰	100 ⁰⁰	
10/10/08	GABRIEL AUTO BODY 1519 FAIRVIEW SANTA ANA, CA. 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AUTO BODY REPAIR	250 ⁰⁰	650 ⁰⁰	
SUBTOTAL \$				1850⁰⁰		

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from Oct 1, 2008
 through Oct 19, 2008

SCHEDULE A (CONT)

CALIFORNIA 460
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NAME OF FILER

BILL DALTON FOR MAYOR

I.D. NUMBER

1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/10/08	WIDICOMBE ENTERPRISES 10900 KATECCA AWAHEIM, CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 ⁰⁰	200 ⁰⁰	
10/10/08	CAEDEN GRAVE MCD LLC 2725 Rocket Mountain Lowland, Co. 80538	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 ⁰⁰	1000 ⁰⁰	
10/10/08	INTERNATIONAL BOOKS 12051 GILBERT GARDEN GROVE, CA 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400 ⁰⁰	400 ⁰⁰	
10/10/08	GLEN HAVEN MOBIL 13181 LAMPSON GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
10/10/08	JDOSPH VOLTHAERL 4895 SUNBEAM TOROSA LINDA, CA 92887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER NICHOLAS CHEVROLET	250 ⁰⁰	250 ⁰⁰	
SUBTOTAL \$				2350⁰⁰		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from Oct 1, 2008
 through Oct 19, 2008

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SCHEDULE A (CONT)

NAME OF FILER

ID NUMBER
1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/08	JAMES BAELISIC 16580 ASTON FELUING, CA. 92606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER Beady wine Houses	1000 ⁰⁰	1000 ⁰⁰	
10/10/08	GIULIANO FAMILY TRUST P.O. Box 5056 GARDEN GROVE, CA. 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	300 ⁰⁰	300 ⁰⁰	
10/10/08	VISTA COMMUNITIES 19800 MACARTHUR FELUING, CA. 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249 ⁰⁰	249 ⁰⁰	
10/10/08	REPUBLIC WASTE SVS 1131 W. BLUE GUM ANAHEIM, CA. 92815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 ⁰⁰	1000 ⁰⁰	
10/10/08	GARDEN GROVE SECURED 3700 CAMPUS DR. NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	250 ⁰⁰	
SUBTOTAL \$				2799⁰⁰		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Oct. 1, 2008
through Oct. 18, 2008

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I.D. NUMBER
17225968

**CALLIFORNIA
FORM
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NAME OF FILER

Bill Dutton For Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/08	DAVE APFS, 16509 BROOKHURST FOUNTAIN VALLEY, CA. 92728	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
10/10/08	ANTHONY'S BODY SHOP 10242 GARDEN GROVE GARDEN GROVE, CA. 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TECHNICIAN PARKER-DUNN	500 ⁰⁰	500 ⁰⁰	
10/10/08	ORANGE COUNTY REACHES 12921 A HAPMAN GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
10/10/08	AMERICAN PROMOTIONAL 555 N. GILBERT FULLERTON, CA. 92833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249 ⁰⁰	249 ⁰⁰	
10/10/08	GINA SELVAGGI 12201 TUNSTALL GARDEN GROVE, CA. 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				1849⁰⁰		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

Statement covers period
 from Oct. 1, 2008
 through Oct. 18, 2008

SCHEDULE A (CONT.)
CALIFORNIA
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NAME OF FILER: BILL DALTON FOR MAYOR I.D. NUMBER: 1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/08	DINH NGUYEN 10212 WESTMINSTER GARDEN GROVE, CA 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER REX PLAZA	500 ⁰⁰	500 ⁰⁰	
10/10/08	CARE AMBUCLANCE 1517 W - BRANDON ORANGE, CA 92868	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 ⁰⁰	1000 ⁰⁰	
10/10/08	SHELDON SINGER 12672 KONA LN. GARDEN GROVE, CA 92844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	249 ⁰⁰	249 ⁰⁰	
10/10/08	SUNNY REALTY 9944 GARDEN GROVE GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 ⁰⁰	1000 ⁰⁰	
10/10/08	KIM VU NGUYEN 10631 PALADIN GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER JAMES AUTO	5000 ⁰⁰	5000 ⁰⁰	
SUBTOTAL \$				7749⁰⁰		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from Oct 1, 2008
 through Oct 18, 2008

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CALIFORNIA FORM 460

NAME OF FILER: BILL DALTON FOR MAYOR I.D. NUMBER: 1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/08	GREENFIELD SPORT PETS 2004 YALE ST. SANTA ANA, CA 92704	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	250 ⁰⁰	
10/15/08	SIMPLE PE 12505 BEACH BLVD. STANTON, CA 90680	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 ⁰⁰	200 ⁰⁰	
10/16/08	R.C. WIDDICOMBE 10900 KATELLA AVAREHUT, CA 92804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER NE DOWNS	100 ⁰⁰	100 ⁰⁰	
10/16/08	GARDEN GELVE LODGING 9100 E. PAVONA ENGLEWOOD, CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350 ⁰⁰	350 ⁰⁰	
10/16/08	HARBOR SUITES LLC 9100 E. PAVONA ENGLEWOOD, CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350 ⁰⁰	350 ⁰⁰	
SUBTOTAL \$				<u>1250⁰⁰</u>		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from Oct 1, 2008
 through Oct 18, 2008

CALIFORNIA
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SCHEDULE A (CONT)

NAME OF FILER: BILL DALTON FOR MAYOR I.D. NUMBER: 1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/08	WEST COAST LODGING 9100 E. PANORAMA ENGLEWOOD, CO 80112	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350 ⁰⁰	350 ⁰⁰	
10/17/08	ORANGE CO. AUTO DEALERS 125 BAKER ST COSTA MESA, CA. 92626	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	250 ⁰⁰	
10/17/08	MARCOLIN, PEGGY 12171 GILBERT ST. GARDEN GROVE, CA. 92844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500 ⁰⁰	500 ⁰⁰	
10/17/08	GARDEN GROVE FIRE FIGHTERS 12866 MARLIN ST. PH# 780696 GARDEN GROVE, CA. 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000 ⁰⁰	5,000 ⁰⁰	
SUBTOTAL \$				<u>6100⁰⁰</u>		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DUTTON FOR MAYOR

Statement covers period from <u>Oct. 1, 2008</u> through <u>Oct. 18, 2008</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>12</u>	I.D. NUMBER <u>1225968</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- ONS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GARDEN GROUND SECURED STORAGE 13632 EUCALID ST GARDEN GROUND, CA. 92842	CMP		240.00
JAY'S CATERING 10581 GARDEN GROUND BLVD. GARDEN GROUND, CA. 92843	FND		350.00
COSTCO 11000 GARDEN GROUND BLVD GARDEN GROUND, CA. 92843	FND		311.55
SUBTOTAL \$			901.55

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals) \$ 6826.55
2. Unitemized payments made this period of under \$100 \$ 100.95
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 6927.50

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dutton For Mayor

Statement covers period
from Oct 1, 2008
through Oct 18, 2008

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMF campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ST COLUMBIAN FESTIVAL 10841 STANFIELD AVE Garden Grove, CA.	CMF			425.00
DAVID LO JACKSON 500 N. MILFORD Orange, CA. 92867	FND			500.00
DESNOO & DESNOO P.O. BOX 11426 SANTA ANA, CA. 92711	LH			5,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5,925.00