

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Statement covers period from OCT-1-2010 through OCT-16-2010

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CALIFORNIA
FORM
460

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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BILL DALTON FOR MAYOR

I.D. NUMBER 1225968

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

CITY GARDEN GROVE, CA. STATE CA. ZIP CODE 92841 AREA CODE/PHONE 7539-1592

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX GARDEN GROVE, CA. 92841

MAILING ADDRESS 9862 CATHERINE AVE.

Treasurer(s)
 NAME OF TREASURER WILLIAM T. DALTON
 MAILING ADDRESS GARDEN GROVE, CA. 92841 STATE CA. ZIP CODE 92841 AREA CODE/PHONE 7539-1592

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, 2010 By William T. Dalton
 Date Signature of Treasurer or Assistant Treasurer

Executed on Oct 21, 2010 By William T. Dalton
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

OPTIONAL: FAX / E-MAIL ADDRESS _____

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from OCT-1-2010

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FORM

through OCT-16-2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

I.D. NUMBER

1225968

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions	Schedule A, Line 3	\$	<u>5000.00</u>	\$	<u>5000.00</u>
2. Loans Received	Schedule B, Line 3	\$	<u>0</u>	\$	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	<u>5000.00</u>	\$	<u>5000.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$	<u>0</u>	\$	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	<u>0</u>	\$	<u>0</u>

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

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$	<u>5000.00</u>
21. Expenditures Made	\$	<u>0</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	<u>2982.58</u>	\$	<u>12441.21</u>
7. Loans Made	Schedule H, Line 3	\$	<u>0</u>	\$	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	<u>2982.58</u>	\$	<u>12441.21</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$	<u>0</u>	\$	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$	<u>0</u>	\$	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	<u>2982.58</u>	\$	<u>12441.21</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	_____	Total to Date	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	<u>107780.83</u>
13. Cash Receipts	Column A, Line 3 above	\$	<u>5000.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	<u>0</u>
15. Cash Payments	Column A, Line 8 above	\$	<u>2982.58</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	<u>109798.25</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	<u>0</u>
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Cash Equivalents and Outstanding Debts

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>

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).

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

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

**Schedule A
Monetary Contributions Received**

SCHEDULE A

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

I.D. NUMBER

1225968

Statement covers period

from OCT-1, 2010
through OCT-16, 2010

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)
10/4/10	TIP TOE SANDWICHES 14094 BROOKHURST 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	
10/8/10	SEHUN OH 224 VINTAGE IRVINE, CA. 92620	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	
10/13/10	JAMES ROSE 12462 MORRIS LN. GARDEN GROVE, CA. 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETURNED	\$100.00	\$100.00	
10/14/10	SOUTH COAST ART. ASSN. 18552 MACARTHUR IRVINE, CA. 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000.00	\$1000.00	
10/14/10	CLEAR CHANNEL 19320 HARBOR GATE TERRANCE, CA. 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000.00	\$1000.00	
SUBTOTAL \$				3250.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5000.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5000.00

*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

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A

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Statement covers period
from OCT-1, 2010
through OCT-19, 2010

SEE INSTRUCTIONS ON REVERSE
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)
10/15/10	MIKET 30151 TOMAS ST. RANCHO SANTA MARGARITA 92288	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 750.00	\$ 750.00	
10/16/10	SUNNY REALTY & MGMT 9944 GARDEN GROVE BLVD. GARDEN GROVE, CALIF. 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000.00	\$ 1000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$ 1750.00		

Schedule A Summary

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

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (other than PTY or SCC)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period
from OCT-1, 2010

through OCT-16, 2010

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I.D. NUMBER

1225968

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSE | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | 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
DEMOCRATICS FOR BETTER CALIF. 1218 EL PRADO AVE. # 122-0515	LIT		SLATE MAILER	\$ 172.00
TORRANCE, CALIF. 90501 CALIF. VETERAN VOTERS #598002 1218 EL PRADO AVE.	LIT		SLATE MAILER	\$ 138.00
TORRANCE, CALIF. 90501 WOMENS VOTER GUIDE # 1326222 10625 ALABAMA AVE. CHATSWORTH, CALIF. 91311	LIT		SLATE MAILER	\$ 136.00
SUBTOTAL \$				446.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2898.52
- Unitemized payments made this period of under \$100 \$ 83.09
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 2982.52

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

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

SCHEDULE E (CONT.)

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DACTON FOR MAYOR

Statement covers period
from 09-13-2010
through 09-14-2010

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I.D. NUMBER
1225968

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
POSTMASTER 10441 STANFORD AVE. GARDEN GROVE, CALIF 92842	POS			\$ 132.00
ST-COLUMBAN FESTIVAL 10801 STANFORD AVE. GARDEN GROVE, CALIF 92840	PRT			\$ 425.00
INTEGRITY FUNDRAISING 12151 BROOKHURST ST. GARDEN GROVE, CALIF 92841	FND			\$ 1000.00
PRINTMASTERS 85 15311 SPAR ST. GARDEN GROVE, CA. 92843	CMP			\$ 649.89
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CALIF. 92843	CMP			\$ 246.00

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

SUBTOTAL \$ 2452.89