

497 Contribution Report

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

RECEIVED
CITY OF GARDEN
Date Stamp LEVIN
2010 OCT 22
CALIFORNIA
FORM 497
For Official Use Only

NAME OF FILER: BILL DALTON FOR MAYOR
 AREA CODE/PHONE NUMBER: 714-539-1592
 STREET ADDRESS: 9862 CATHERINE AVE. CA.
 CITY: GARDEN GROVE STATE: CA ZIP CODE: 92841
 I.D. NUMBER (if applicable): 1225968
 Date of This Filing: 10/22/10
 Report No.: 1
 Amendment to Report No. _____ (explain below)
 No. of Pages: 1

1. Contribution(s) Received

| 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 |
|---------------|--|---|--|--|
| 10/22/10 | MILAN CAPITAL MGMT TRUST 888 S. DISNEYLAND DRIVE ANAHEIM, CALIF 92802 \$8250.00 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1000.00 <input type="checkbox"/> Check if Loan Provide Interest rate: _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan Provide Interest rate: _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan Provide Interest rate: _____% |

*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

Reason for Amendment: _____