

497 Contribution Report

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

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

487 CONTRIBUTION REPORT

NAME OF FILER: **BILL DALTON FOR MAYOR**

AREA CODE/PHONE NUMBER: **714 39-1592**

I.D. NUMBER (if applicable): **1225968**

STREET ADDRESS: **9862 CATHERINE AVE.**

CITY: **GARDEN GROVE** STATE: **CALIF** ZIP CODE: **92841**

Date of This Filing: **10/24/10** Date Stamp: **2010 OCT 25 P 1:45**

Report No.: **2**

Amendment to Report No. _____ (explain below)

No. of Pages: **1**

CALIFORNIA FORM **497**
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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
10/24/10	MO ALAM 8799 SUN BIRD AVE. FOUNTAIN VALLEY, CALIF 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAKER SELF EMPLOYED	\$1,000 <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: _____