

497 Contribution Report

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

RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE
CALIFORNIA FORM 497
NOV 09 9 52 AM '08

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

AREA CODE/PHONE NUMBER: **714-539-1592** I.D. NUMBER (if applicable): **1225968**

STREET ADDRESS: **9862 CATHERINE AVE** STATE: **CALIF** ZIP CODE: **92844**

CITY: **GARDEN GROVE**

Date of This Filing: **11/10** Report No.: **3**

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
11/11/10	VAN HANH ASSEMBLY DBA CHUA LUEN HOA 9561 BIXBY AVE. GARDEN GROVE, CA 92845-3708	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2000.00 <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: _____