

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
 from OCT 17, 2004
 through DEC 31, 2004

Date of election if applicable:
 (Month, Day, Year)

Date Stamp
RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 2012 OCT -4 P 3:29
 Page 1 of 1
 For Official Use Only

COVER PAGE

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 Candidate/Officeholder Committee *(Also Complete Part 6)*
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored *(Also Complete Part 6)*

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
- AMENDED FORM TO CORRECT CONTRIBUTIONS RECEIVED,
 EXPENDITURES MADE AND CURRENT CASH STATEMENT SECTION

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BILL DALTON FOR MAYOR I.D. NUMBER 1225968

Treasurer(s)

NAME OF TREASURER WILLIAM J DALTON
 MAILING ADDRESS 9862 CATHERINE AVE
 CITY GARDEN GROVE STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592

STREET ADDRESS (NO P.O. BOX) 9862 CATHERINE AVE
 CITY GARDEN GROVE STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592
 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 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 9/22/12 By [Signature]
 Executed on 9/22/12 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM J DALTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHERINE AVE GARDEN GROVE CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
FRIENDS OF BILL DALTON	981807	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER WILLIAM J DALTON		CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 9862 CATHERINE AVE		
CITY STATE ZIP CODE AREA CODE/PHONE GARDEN GROVE CA 92841 714 539-1592		
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
CITY STATE ZIP CODE AREA CODE/PHONE		

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPOSE <input type="checkbox"/>

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

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

Statement covers period
from OCT 17, 2004
through DEC 31, 2004

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 22376.64	126961.64
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 22376.64	126961.84
4. Nonmonetary Contributions	Schedule C, Line 3 0	4451.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 22376.64	131412.64

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 \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 31681.00	95739.24
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 31681.00	95739.24
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 31681.00	95739.24

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 45416.76
13. Cash Receipts	Column A, Line 3 above 22376.64
14. Miscellaneous Increases to Cash	Schedule I, Line 4 1285.32
15. Cash Payments	Column A, Line 8 above 31681.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 37397.72

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).

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0
------------------------------------	-------------------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0

Schedule A Monetary Contributions Received

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

**CALIFORNIA 460
FORM**

SCHEDULE A

Statement covers period
from OCT 17, 2004
through DEC 31, 2004

Page 4 of 7

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 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 TODAY (IF REQUIRED)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 22262.64
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 114.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 22376.64

*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.

SCHEDULE A (CONT)

CALLIFORNIA
FORM 460

Statement covers period
 from OCT 17, 2004
 through DEC 31, 2004

Page 5 of 7

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 ID 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>
10/26/04	NAIOP PAC ID#950520 30151 TOMAS STREET RANCHO SANTA MARGARITA CA 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/26/04	MANUFACTURED HOUSING EDUCATION TRUST PAC ID#820165 30151 TOMAS STREET RANCHO SANTA MARGARITA CA 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
10/28/04	HENNESSEY GROUP 17300 17TH STREET SUITE J-251 TUSTIN CA 92780	<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	
10/28/12	WESTERN MANUFACTURED HOUSING COMMUNITES ASSOC ID#1225968 455 CAPITAL MALL STE 800 SACRAMENTO CA 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
11/03/04	SIMPLE PC COMPUTERS INC 12505 BEACH BLVD STE A5 STANTON CA 90680	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
SUBTOTAL \$				1600.00		

*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 (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 17, 2004
 through DEC 31, 2004

CALIFORNIA FORM 460
 Page 6 of 7

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 ID 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>
11/03/04	SAIGON SUPERMARKET 10131 WESTMINSTER AVE GARDEN GROVE CA 92843	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
		<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 \$						

*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

Statement covers period
from OCT 17, 2004
through DEC 31, 2004

CALIFORNIA
FORM **460**

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

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.
- 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
- 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
SUBTOTAL \$				

* 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.) \$ 31439.13
2. Unitemized payments made this period of under \$100 \$ 241.87
3. Total interest paid this period on loans: (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 31681.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from OCT 1, 2004
through OCT 16, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 OCT - 4 P 3:29
CALIFORNIA
FORM
460
Page 1 of 4
For Official Use Only

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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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
- AMENDED FORM TO CORRECT CONTRIBUTIONS RECEIVED, EXPENDITURES MADE AND CURRENT CASH STATEMENT SECTION**

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
BILL DALTON FOR MAYOR
I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER
WILLIAM J DALTON

STREET ADDRESS (NO P.O. BOX)
9862 CATHERINE AVE
CITY **GARDEN GROVE** STATE **CA** ZIP CODE **92841** AREA CODE/PHONE **714 539-1592**
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

MAILING ADDRESS
9862 CATHERINE AVE
CITY **GARDEN GROVE** STATE **CA** ZIP CODE **92841** AREA CODE/PHONE **714 539-1592**
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 9/26/12 Date
Executed on 9/26/12 Date
Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM J DALTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHERINE AVE GARDEN GROVE CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
FRIENDS OF BILL DALTON	981807	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER WILLIAM J DALTON		
COMMITTEE ADDRESS 9862 CATHERINE AVE	STREET ADDRESS (NO P.O. BOX)	
CITY GARDEN GROVE	STATE CA	ZIP CODE 92841
		AREA CODE/PHONE 714 539-1592
COMMITTEE NAME		I.D. NUMBER
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE
CITY	STATE	ZIP CODE
		AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

STATEMENT PERIOD
from OCT 1, 2004 through OCT 16, 2004

CALIFORNIA FORM **460**

Page 3 of 4

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 9720.00	\$ 104585.00
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 9720.00	\$ 104585.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	4451.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 9720.00	\$ 109036.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 30485.53	\$ 64058.24
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 30485.53	\$ 64058.24
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 30485.53	\$ 64058.24

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 66182.29
13. Cash Receipts	Column A, Line 3 above 9720.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 30485.53
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 45416.76

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0

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*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	
/ /	\$ _____

*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 E Payments Made

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

Statement covers period
from OCT 1, 2004
through OCT 16, 2004

CALIFORNIA
FORM **460**

Page 4 of 4

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

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
LT	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
SUBTOTAL \$				

Schedule E Summary

- Itemized payments made this period: (Include all Schedule E subtotals.) \$ 30439.18
- Unitemized payments made this period of under \$100 \$ 46.35
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 30485.33

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JULY 1, 2004
through SEPT 30, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 OCT -4 P 3:29

CALIFORNIA FORUM 460

Page 1 of 6
For Official Use Only

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

- Officerholder, 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 Candidate/ Officerholder Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 6)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- 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) _____ I.D. NUMBER 1225968

BILL DALTON FOR MAYOR

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

CITY GARDEN GROVE STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592

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

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
WILLIAM J DALTON

MAILING ADDRESS
9862 CATHERINE AVE

CITY GARDEN GROVE STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592

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 9/26/12 By _____
Date _____ Signature of Treasurer or Assistant Treasurer

Executed on 9/26/12 By _____
Date _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM J DALTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHERINE AVE GARDEN GROVE CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
FRIENDS OF BILL DALTON	981807	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER WILLIAM J DALTON		
COMMITTEE ADDRESS 9862 CATHERINE AVE	STREET ADDRESS (NO P.O. BOX)	
CITY GARDEN GROVE	STATE CA	ZIP CODE 92841
		AREA CODE/PHONE 714 539-1592
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE
CITY	STATE	ZIP CODE
		AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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 JULY 1, 2004
through SEPT 30, 2004

Page 3 of 6

I.D. NUMBER
1225968

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 73710.00	94865.00
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 73710.00	94865.00
4. Nonmonetary Contributions	Schedule C, Line 3 4451.00	4451
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 78161.00	99316.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 32359.40	33572.71
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 32359.40	33572.71
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 32359.40	33572.71

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 24831.69	
13. Cash Receipts	Column A, Line 3 above 73710.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 32359.40	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 66182.29	

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

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).

**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* (If 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.

Schedule A Monetary Contributions Received

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

Statement covers period
from JULY 1, 2004
through SEPT 30, 2004

Page 4 of 6

CALIFORNIA 460 FORM

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)
		<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 \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 72350.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1360.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 73710.00

*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 (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period
from JULY 1, 2004
through SEPT 30, 2004

Page 5 of 6

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>	PERELECTION TO DATE <small>(IF REQUIRED)</small>
9/15/04	DAVE & JIMS 10531 STANFORD 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	AUTO REPAIR	100.00	250.00	
		<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 \$				100.00		

*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 E Payments Made

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

Statement covers period
from JULY 1, 2004
through SEPT 30, 2004

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

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	RPD	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
LT	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
SUBTOTAL \$				32359.40

* 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.) \$ 32032.58
- Unitemized payments made this period of under \$100 \$ 326.82
- Total interest paid this period on loans: (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 32359.40

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

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

SCHEDULE E (CONT.)
CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DAVEN FOR MAYOR

Statement covers period
from July 15 2007
through Sept 30 2007

Page 31 of 35

I.D. NUMBER
1225968

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nomenclature)*
- CVC civic donations
- FL candidate filing/balaji fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MER 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 t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE 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
INDEPENDENT VOTERS LEAGUE 555 S. FLOWER ST. #4510 LOS ANGELES, CA. 90071	LIT			500.00
DEMOCRATIC VETERANS CHOICE 340 N. MEYERS ST. BURBANK, CA. 91506	LIT			800.00
CITIZENS FOR GOOD GOVT 340 N. MEYERS ST BURBANK, CA. 91506	LIT			800.00
PARENTS BALLOT BOUND 20705 S. WESTERN AVE TORRANCE, CA. 90501	LIT			900.00
THE EMILY VOTER 20705 S. WESTERN AVE TORRANCE, CA. 90501	LIT			1000.00

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

3200.00 SUBTOTAL \$ ~~4000.00~~

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JANUARY 1, 2004
through JUNE 30, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE
2012 OCT - 4
Page 3 of 4
CALIFORNIA
FORM
460
For Official Use Only

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 Candidate/Officeholder Committee (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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
- AMENDED FORM TO CORRECT EXPENDITURES MADE AND CURRENT CASH STATEMENT SECTION**

3. Committee Information

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

I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER

WILLIAM J DALTON

MAILING ADDRESS
9862 CATHERINE AVE

CITY
GARDEN GROVE

STATE
CA

ZIP CODE
92841

AREA CODE/PHONE
714 539-1592

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

CITY
GARDEN GROVE

STATE
CA

ZIP CODE
92841

AREA CODE/PHONE
714 539-1592

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 9/26/12 Date
Executed on 9/26/12 Date

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM J DALTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHERINE AVE GARDEN GROVE CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
FRIENDS OF BILL DALTON	981807	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER WILLIAM J DALTON		
COMMITTEE ADDRESS 9862 CATHERINE AVE	STREET ADDRESS (NO P.O. BOX)	
CITY GARDEN GROVE	STATE CA	ZIP CODE 92841
		AREA CODE/PHONE 714 539-1592
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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 **JANUARY 1, 2004**
through **JUNE 30, 2004**

Page **3** of **4**

I.D. NUMBER
1225968

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 21155.00	21155.00
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 21155.00	21155.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 21155.00	21155.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 1213.31	1213.31
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 1213.31	1213.31
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 1213.31	1213.31

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 4890.00	\$
13. Cash Receipts	Column A, Line 3 above 21155.00	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	\$
15. Cash Payments	Column A, Line 8 above 1213.31	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 24831.69	\$

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse 0	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0	\$

**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* (If 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 E Payments Made

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

Statement covers period from <u>JANUARY 1, 2004</u> through <u>JUNE 30, 2004</u>	CALIFORNIA FORM 460 SCHEDULE E
Page <u>4</u> of <u>4</u>	I.D. NUMBER <u>1225968</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

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
FL 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
SUBTOTAL \$				

Schedule E Summary

- * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1109.49
 - Unitemized payments made this period of under \$100 \$ 103.82
 - Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
 - Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1213.31

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment
List I.D. number: # _____

Termination - See Part 5
List I.D. number: # _____

Date qualified as committee _____ Date qualified as committee (if applicable) _____

Date of Termination _____

Date Stamp RECEIVED CITY OF GARDEN CITY CLERK'S OFFICE 2004 DEC 23 A 9:57	STATEMENT OF ORGANIZATION CALIFORNIA FORM 410 For Official Use Only
--	--

1. Committee Information

NAME OF COMMITTEE

FRIENDS OF BILL DALTON

STREET ADDRESS (NO. PO. BOX)

9862 CATHERINE AVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

GARDEN GROVE, CA 92841 5341542

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

ORANGE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

WILLIAM J. DALTON

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

GARDEN GROVE CA 92841 5341542

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12/23/04 DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/23/04 DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

FRIENDS OF BILL DALTON

I.D. NUMBER

981807

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
WILLIAM J. DALTON	COUNCILMAN	2002	<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
UNION BANK OF CALIF.	800-238-4486	575 100 8805
ADDRESS	CITY	STATE ZIP CODE
20655 YORBA LINDA BLVD.	YORBA LINDA	CALIF. 92886

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		SUPPORT OPOSE
		SUPPORT OPOSE

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from SEP-17, 2004
through DEC-31, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2005 FEB 23 A 11:51

CALIFORNIA 460
2004/102
FORM
Page 1 of 5
For Official Use Only

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
- Ballot Measure Committee
- Primarily Formed
- 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
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495
- Schedule F added and summary.
Page changed.

3. Committee Information

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

I.D. NUMBER

1225968

Treasurer(s)

NAME OF TREASURER

William J. Dalton

STREET ADDRESS (NO P.O. BOX)

9862 CATHERINE AVE

MAILING ADDRESS

9862 CATHERINE AVE

CITY

GARDEN GROVE CA 92841

CITY

GARDEN GROVE CA 92841

STATE

CA

STATE

CA

ZIP CODE

92841

ZIP CODE

92841

AREA CODE/PHONE

539-1582

AREA CODE/PHONE

539-1582

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 Feb 23, 2005

By William J. Dalton
Signature of Treasurer or Assistant Treasurer

Executed on Feb 23, 2005

By William J. Dalton
Signature of Controlling Officer, Candidate, State Measure PropONENT or Responsible Officer of Sponsor

Executed on _____

By _____
Signature of Controlling Officer, Candidate, State Measure PropONENT

Executed on _____

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

Statement covers period from Oct. 17, 2004 through Dec. 31, 2004

CALIFORNIA FORM **460**

Page 2 of 5

I.D. NUMBER 1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DASTEN FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 23972-12	\$ 128,178-12
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 23972-12	\$ 128,178-12
4. Nonmonetary Contributions	Schedule C, Line 3 0	4451-00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 23972-12	\$ 132629-12

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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 31660-21	\$ 96,589-28
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 31660-21	\$ 96,589-28
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 31660-21	\$ 96,589-28

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

Current Cash Statement

	Previous Summary Page, Line 16	Column A, Line 3 above	Schedule I, Line 4	Column A, Line 8 above
12. Beginning Cash Balance	\$ 44,157-14	\$ 23,972-12	\$ 128,178-12	\$ 31,660-21
13. Cash Receipts	0	128,178-12	0	37,753-26
14. Miscellaneous Increases to Cash	0	0	0	0
15. Cash Payments	0	0	0	0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 44,157-14	0	0	0

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

*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.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct-17, 2004
through Dec-31, 2004

CALIFORNIA
FORM
460

Page 3 of 5

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)
10/18/04	HEATH NGUYEN 2105 S. RUSTOL SANTA ANA, CA 92704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor	200 ⁰⁰	200 ⁰⁰	
10/22/04	CALIF. REAL ESTATE PAC # 890106 AVS. 525 S. VIRGIC AVS. LOS ANGELES, CA. 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
10/25/04	THUNDERBIRD HELP ASSOC 320 N. PARK VISTA ANAHEIM, CA. 92806	<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	
10/25/04	DUYEN INC. 14241 EVELID ST. CARDEN GLENN, CA. 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	1000 ⁰⁰	
10/25/04	RICHARD HOUY 370 TRENTON LONG BEACH, CA.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200 ⁰⁰	200 ⁰⁰	
SUBTOTAL \$				<u>1900⁰⁰</u>		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 23763⁰⁰
- Amount received this period - unitemized contributions of less than \$100 \$ 1200⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 23972¹²

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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. 17, 2004
 through Dec. 31, 2004

CALIFORNIA
 FORM **460**

Page 4 of 5

NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1825968

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)
11/2/04	SOUTH COAST APT-ASSN CAAPAC LOCAL TRUST #745208 980 NUNATA ST. SACRAMENTO, CA. 95814	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249 ⁰⁰	249 ⁰⁰	
11/2/04	THOMAS TRUSCHER 703 N. SHAFER ORANGE, CA. 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE Investor	249 ⁰⁰	249 ⁰⁰	
12/6/04	SHELDON PUBLIC RELATIONS 600 NEWPORT CTR. 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		5,000 ⁰⁰	5,000 ⁰⁰	
12/23/04	FRIENDS OF BILL DALTON P.O. 1838 GARDEN GROVE, CA 92842	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		12,764 ⁶⁴	12,764 ⁶⁴	
SUBTOTAL \$				18,262 ⁶⁴		

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

Schedule I Miscellaneous Increases to Cash

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

Statement covers period
from Oct. 17, 2004
through Dec. 31, 2004

Page 5 of 5

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DACTON For Mayor

I.D. NUMBER
1225968

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/15/04	CITY OF GARDEN GROVE 11277 ACACIA PARKWAY GARDEN GROVE, CA 92846	CANDIDATE STATEMENT OVERPAYMENT REFUND.	1285 32
SUBTOTAL \$			1285 32

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Increases to cash of \$100 or more this period. \$ 1285 32
- Unitemized increases to cash under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 1285 32

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from OCT 17, 2004
through DEC 23, 2004

Date of election if applicable:
(Month, Day, Year)

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2005 FEB 23 A 11: 5

Page 1 of 2
For Official Use Only

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

- Officemaker, Candidate Controlled Committee
- State Candidate Election Committee
- Recall *(Also Complete Part 5)*
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored *(Also Complete Part 6)*
- Primarily Formed Candidate/Officemaker Committee *(Also Complete Part 7)*

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495
- MATH ERRORS ON SUMMARY PAGES

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) FRIENDS OF BILL DARTON I.D. NUMBER 981807

Treasurer(s)

NAME OF TREASURER WILLIAM J. DARTON

STREET ADDRESS (NO P.O. BOX) 9862 CATHERINE AVE
CITY GARDEN GROVE CA STATE CA ZIP CODE 92884 AREA CODE/PHONE 539-1592
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS 9862 CATHERINE AVE.
CITY GARDEN GROVE CA STATE CA ZIP CODE 92884 AREA CODE/PHONE 7539-1592
NAME OF ASSISTANT TREASURER, IF ANY

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL 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 2/23/05 Date
Executed on 2/23/05 Date
Executed on _____ Date
Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officemaker, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officemaker, Candidate, State Measure Proponent
By _____ Signature of Controlling Officemaker, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>OCT. 17 2004</u> through <u>DEC 25 2004</u>	Page <u>2</u> of <u>2</u>
CALIFORNIA 460 FORM	
I.D. NUMBER <u>981807</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FR ENDS OF BILL DALTON

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 0
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 0
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 0

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

20. Contributions Received	\$ 0	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ 0		

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 12764.64	\$ 14017.67
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 12764.64	\$ 14017.67
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 12764.64	\$ 14017.67

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	\$ 12764.64
13. Cash Receipts	Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 12764.64
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ ___
--------------------	--------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ ___
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ ___

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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct-17, 2004
through Dec-31, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2005 JAN 31 P 4: 55

CALIFORNIA
2001/02
FORM
460
Page 1 of 11
For Official Use Only

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
- Ballot Measure Committee
- Primarily Formed
- 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
- 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

Treasurer(s)

NAME OF TREASURER WILLIAM J. DALTON

STREET ADDRESS (NO P.O. BOX) 9862 CATHERINE AVE.
CITY GARDEN GROVE, CA STATE CA ZIP CODE 92841 AREA CODE/PHONE 5391592
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS 9862 CATHERINE AVE.
CITY GARDEN GROVE, CAL. STATE CA ZIP CODE 92841 AREA CODE/PHONE 5391592

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL 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 JAN-31, 2005 Date
Executed on JAN-31, 2005 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM T. DALTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9802 CATHERINE AVE GARDEN GROVE CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

STATEMENT PERIOD
from Oct. 17, 2004 through Dec. 31, 2004

CALIFORNIA FORM **460**

Page 3 of 11

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

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>25,257</u>	\$ <u>129,463</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>25,257</u>	\$ <u>129,463</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	\$ <u>4451</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>25,257</u>	\$ <u>133,914</u>

2397212

(FROM ATTACHED SCHEDULES)

CALENDAR YEAR
TOTAL TO DATE

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 \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>31,660</u>	\$ <u>94,589</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>31,660</u>	\$ <u>94,589</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>31,660</u>	\$ <u>94,589</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>44,157</u>	\$ <u>44,157</u>
13. Cash Receipts	Column A, Line 3 above \$ <u>25,257</u>	\$ <u>25,257</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>	\$ <u>0</u>
15. Cash Payments	Column A, Line 8 above \$ <u>31,660</u>	\$ <u>31,660</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>37,753</u>	\$ <u>37,753</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

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).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from Oct. 17, 2004
through Dec. 31, 2004

Page 4 of 11

CALIFORNIA
FORM
460

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 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)
10/18/04	FRAN H NGUYEN 2105 S. BRISTOL SANTA ANA, CA 92704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDICAL DOCTOR	200 ⁰⁰	200 ⁰⁰	
10/22/04	CALIF. REAL ESTATE PAC # 890106 525 S. VIRGIL AVE. LOS ANGELES, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
10/25/04	THUNGBIRD MHP ASSOC 320 N. PARK VISTA ANAHEIM, CA 92806	<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	
10/25/04	QUYEN FONG 14241 EVANLID ST. CARBON CREEK, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	1000 ⁰⁰	
10/25/04	RICHARD HOUP 370 TRENTON LONG BEACH, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200 ⁰⁰	200 ⁰⁰	
SUBTOTAL \$				1900⁰⁰		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 24,047.94
- Amount received this period - unitemized contributions of less than \$100 \$ 1,209.48
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 25,257.42

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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-17, 2007
through Dec-31, 2007

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Page 5 of 11
I.D. NUMBER 1225968

NAME OF FILER
BILL DALTON 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)
10/26/07	HENNESSY GROUP 17300 17th ST. T-251 TUSTIN, CA. 92780	<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	
10/26/07	MANUE. HOUSING CO- 30151 TOMAS ST. #820165 RANCHO SANTA MARGARITA CA. 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
10/17/07	WESTERN MFG. HOUSING PAC# 742422 455 CAPITOL MALL # 800 SACRAMENTO, CA. 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
10/31/07	SAIGON SUPERMARKET 10131 WESTMINSTER GARDEN GROVE, CA 92843	<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	
11/1/07	SIMPLES PC COMPUTERS 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		100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				1850⁰⁰		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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 17, 2007
through Dec 31, 2007

Page 6 of 11

SCHEDULE A (CONT.)
**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 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)	PERELECTION TO DATE (IF REQUIRED)
11/2/07	SOUTHEAST APT-ASSN CAPAC LOCAL TRUST 480 NUNN ST #745208 SACRAMENTO, CA 95814	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249 ⁰⁰	249 ⁰⁰	
11/2/07	THOMAS TRISCHER 703 N. STAFFER ORANGE, CA. 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR	249 ⁰⁰	249 ⁰⁰	
12/6/07	SHELDON PUBLIC RELATIONS 660 NEWPORT CTR. 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		5,000 ⁰⁰	5,000 ⁰⁰	
12/15/07	CITY OF GARDEN GROVE 11277 AACCIA PKWY 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	CANDIDATE STATEMENT OVERPAYMENT REFUND	1,285 ³²	1,285 ³²	
12/23/07	FRIENDS OF BILL DALTON P.O. 1838 GARDEN GROVE, CA 92842	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		12,764 ⁶⁴	12,764 ⁶⁴	
SUBTOTAL \$				19,547 ⁹⁶		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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-17, 2004
through Dec-31, 2004

Page 7 of 11

SCHEDULE A (CONT.)
CALIFORNIA
FORM
460
I.D. NUMBER
1225968

NAME OF FILER
Bill Dalton For Mayor

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)
12/23/04	MAIL OF FEATURES 9113 BOUSA AVS. WESTMINSTER CA, 92683	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
10/14/04	NAIOP PAC 3015-1 TOMAS ST #950520 RANCHO SANTA MARGARITA CA.	<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	
		<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 \$				<u>750.00</u>		

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

**Schedule E
Payments Made**

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

Statement covers period
from Oct-17, 2009
through Dec-31, 2009

CALIFORNIA
FORM **460**

Page 8 of 11

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

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 | RPD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFI | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FLI | 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DACCO 15201 BEACH BLVD. WESTMINSTER, CALIF. 92683	LIT			5,301 37
POSTMASTER 10441 STANFORD AVE. GARDEN GROVE, CALIF. 92842	POS			2,209 25
GARDEN GROVE SECURED STORAGE 13632 EUCALYPTUS ST. GARDEN GROVE, CALIF. 92842	CMP			324 00
SUBTOTAL \$				7834 62

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 31,449.13
- Unitemized payments made this period of under \$100 \$ 211.84
- 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 \$** 31,660.97

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Darden For Mayor

Statement covers period
from Oct-17, 2009
through Dec-31, 2009

Page 9 of 11

CALIFORNIA
FORM
460

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.
- 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
- MTC meetings and appearances
- OFC office expenses
- BET 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
POLITICAL DATA P.O. Box 1706 Bakersfield, Calif. 91507	LT			211.98
AZTBCA RESTAURANT 12911 MAIN ST. GARDEN GROVE, CALIF. 92840	FLY			200.00
MATER DEI HIGH SCHOOL 1202 W. EDINGER SANTA ANA, CA. 92705	PR			160.00
WALGREEN'S DRUG STORE 12001 EVCLID GARDEN GROVE, CALIF 92840	OFC			179.04
LITTLE SAIGON RADIO 15781 BROOKHURST WESTMINSTER, CA. 92683	RAD			2490.00

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

SUBTOTAL \$ 3181.02

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

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

SCHEDULE E (CONT.)

Statement covers period
from Oct. 17, 2004
through Dec. 31, 2004

CALIFORNIA
FORM **460**

Page 10 of 11

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DAVEN FOR MAYOR

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

OMP	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)*	OFI	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
LT	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 GRADEN GROVE, CALIF. 92882	POS			220 ⁰⁰
OFFICE DEPOT 11100 GRADEN GROVE BLVD. GRADEN GROVE, CALIF. 92840	OFI			113 ⁴²
POST MASTER 10441 STANFORD AVE. GRADEN GROVE, CALIF. 92882	POS			158 ⁵⁰
AMAC 112 S. CATALINA AVE. REDONDO BEACH, CALIF 90277	LT			13,304 ⁰⁰
NSRNI OPINION RESEARCH 8 EAST BROADWAY SALT LAKE CITY, UTAH	PHO			685 ³¹

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

SUBTOTAL \$ 14,481.49

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

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

SCHEDULE E (CONT.)

Statement covers period
from Oct-17, 2004
through Dec-31, 2004

CALIFORNIA
FORM **460**

Page 11 of 11

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton For Mayor

I.D. NUMBER

1225968

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL 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
- PEI 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
- REF 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
- VOI 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
FAMILY FAITH REODER 8958 IVANPAH E LK GROVE, CA. 95624	LT			275.00
AMAC 112 S. CATALINA AVE REDONDO BEACH, CALIF. 90277	LT			5667.00

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

SUBTOTAL \$ 5942.00

⑈ 3 2 6 3 1 3 ⑈ : : 1 2 0 0 0 4 9 6 : : 2 0 1 2 8 5 0 0 2 0 ⑈

THASURER
Jason A. Brown
FINANCE DIRECTOR
W. J. Kelly

DALTON, WILLIAM

Pay Exactly One Thousand Two Hundred Eighty Five and 32/100 Dollars

PAY TO THE ORDER OF

AMOUNT *****\$1,285.32 DATE 12/06/04

CALIFORNIA

GARDEN GROVE

CITY OF

16-105/1220

VOID IF NOT CASHED IN 60 DAYS
CHECK CLEARS THROUGH POSITIVE PAY

UNION BANK OF CALIFORNIA
GARDEN GROVE CA 92840

326313

THIS IS A CHECK THAT HAS A SCREENED BACKGROUND AND CONTAINS AN ARTIFICIAL WATERMARK

FORM 143-2

DETACH BEFORE DEPOSIT

DATE 121404 111 0042 46390	ACCOUNT CODE 120604	PURCHASE ORDER NO.	REFUND CANDIDATE STATEMENT TOTAL	NET AMOUNT 1,285.32
-------------------------------	------------------------	--------------------	-------------------------------------	------------------------

326313

CITY OF GARDEN GROVE

326313

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>Oct-17, 2004</u> through <u>Dec-23, 2004</u>	Date of election if applicable: (Month, Day, Year)	Date Stamp RECEIVED CITY OF GARDEN CITY CLERK'S OFFICE 2004 DEC 23 AM 9:53	Page <u>1</u> of <u>4</u> *Of Official Use Only
--	---	--	--

- 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
 - Ballot Measure Committee
 - Primarily Formed
 - 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
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

3. Committee Information I.D. NUMBER 981807

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

FRIENDS OF BILL DARTON

Treasurer(s)

NAME OF TREASURER

WILLIAM J. DARTON

STREET ADDRESS (NO P.O. BOX)
9862 DARTONS AVE
CITY GARDEN STATE CA ZIP CODE 92841 AREA CODE/PHONE 5341592
MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)

MAILING ADDRESS
9862 DARTONS AVE
CITY GARDEN STATE CA ZIP CODE 92841 AREA CODE/PHONE 5341592

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL 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 Dec 23, 2004 By William J. Darton
Date Date Signature of Treasurer or Assistant Treasurer
Executed on Dec 23, 2004 By William J. Darton
Date Date Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ By _____
Date Date Signature of Controlling Officer/Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2
**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM T. DACTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GARDEN GROVES COUNCILMAN

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9802 CATHARINE AVE. GARDEN GROVE CA 92647

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
<u>BILL DACTON FOR MAYOR</u>	<u>1225968</u>
NAME OF TREASURER <u>WILLIAM T. DACTON</u>	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <u>9802 CATHARINE AVE.</u>	STREET ADDRESS (NO P.O. BOX)
CITY <u>GARDEN GROVE CA</u>	STATE <u>CA</u>
	ZIP CODE <u>92647</u>
	AREA CODE/PHONE <u>539-1592</u>
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE
	ZIP CODE
	AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period
from Oct-17, 2001
through Dec-23, 2001

CALIFORNIA
FORM
460

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Dalton

I.D. NUMBER
Page 3 of 4
981807

Contributions Received

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 12764.64	\$ 14017.67
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 12764.64	\$ 12764.64
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 12764.64	\$ 12764.64

Current Cash Statement

12. Beginning Cash Balance	Previous Summary, Page, Line 16 \$ 12764.64	
13. Cash Receipts	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 12764.64	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0	

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$	
------------------------------------	--------------------------	--

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$	

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	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

Candidates	22. Cumulative Expenditures Made* (If subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
<u>14017.67</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).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

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

Statement covers period
from Oct. 17, 2004
through Dec. 23, 2004

Page 4 of 4
I.D. NUMBER
981807

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FRIENDS OF BILL DASTON

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

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- RHO 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
- RPD 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
BILL DASTON FOR MAYOR 9862 CATHERINE AVE GARDEN GROVES, CA 92544			TSF	12,764.64
SUBTOTAL \$				<u>12,764.64</u>

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 12,764.64
2. Unitemized payments made this period of under \$100 \$ 0
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 \$** 12,764.64

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from Oct-17, 2004 through Dec-23, 2004

Date of election if applicable: (Month, Day, Year)



CALIFORNIA 2004/02 FORM 460
Page 1 of 4
For Official Use Only

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

- Offholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- (Also Complete Part 6)
- Primarily Formed Candidate/Offholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- 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) FRIENDS OF BILL DALTON I.D. NUMBER 981807

Treasurer(s)

NAME OF TREASURER WILLIAM J. DALTON

STREET ADDRESS (NO P.O. BOX) 9862 Catherine Ave
 CITY GARDEN STATE CA ZIP CODE 92841 AREA CODE/PHONE 5341592
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS 9862 Catherine Ave
 CITY GARDEN STATE CA ZIP CODE 92841 AREA CODE/PHONE 5341592
 NAME OF ASSISTANT TREASURER, IF ANY

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 OPTIONAL: FAX / E-MAIL 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 Dec-23, 2004 By [Signature]
 Executed on Dec-23, 2004 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM T. DACTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GARDEN GROVES COUNCILMAN

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9802 CATHLAMET AVE. GARDEN GROVE CA 92641

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
<u>BILL DACTON FARMER</u>	<u>1225908</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>WILLIAM T. DACTON</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF TREASURER	CONTROLLED COMMITTEE?
<u>WILLIAM T. DACTON</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>9802 CATHLAMET AVE.</u>		<u>GARDEN GROVE CA.</u>	<u>CA.</u>	<u>92641</u>	<u>714-539-1592</u>

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period from Oct 17, 2007 through Dec 23, 2007

Page 3 of 4

CALIFORNIA FORM 460

I.D. NUMBER 981807

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Friends of Bill Dalton

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 0
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 0
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 0

Expenditures Made

6. Payments Made	\$ 12764.64	\$ 14017.67
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 12764.64	\$ 12764.64
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 12764.64	\$ 12764.64

Current Cash Statement

12. Beginning Cash Balance	\$ 12764.64	
13. Cash Receipts	\$ 0	
14. Miscellaneous Increases to Cash	\$ 0	
15. Cash Payments	\$ 12764.64	
16. ENDING CASH BALANCE	\$ 0	

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	\$ 0
18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 0

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

20. Contributions Received	\$ 0	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ 0		

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

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

Statement covers period from <u>Oct. 17, 2007</u> through <u>Dec. 23, 2007</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>4</u>	SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FRIENDS OF BILL DACTON

I.D. NUMBER
981807

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

OWP 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
FL 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
LT 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
<u>BILL DACTON FOR MAYOR</u> <u>9862 CATHERINE AVE</u> <u>GARDEN GROVE, CA 92744</u>	<u>TSK</u>		<u>12764 64</u>
SUBTOTAL \$			<u>12764 64</u>

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 12764 64
2. Unitemized payments made this period of under \$100 \$ 0
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 \$** 12764 64

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct 1, 2004
through Oct 16, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2004 OCT 21 A 10:46
CALIFORNIA 460
2004/102
FORM
Page 1 of 9
For Official Use Only

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

- Officemaker, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- (Also Complete Part 6)
- Primarily Formed Candidate/Officemaker Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- 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, CALIF. STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)
NAME OF TREASURER WILLIAM T. DALTON
MAILING ADDRESS 9862 CATHERINE AVE
CITY GARDEN GROVE, CALIF. STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL 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, 2004 Date _____ By [Signature] Signature of Treasurer or Assistant Treasurer
Executed on Oct 21, 2004 Date _____ By [Signature] Signature of Controlling Officemaker, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date _____ By _____ Signature of Controlling Officemaker, Candidate, State Measure Proponent
Executed on _____ Date _____ By _____ Signature of Controlling Officemaker, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM J. DALTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9822 CATHERINE AVE. GARDEN GROVE, CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
<u>FRIENDS OF BILL DALTON</u>	<u>981807</u>
NAME OF TREASURER <u>WILLIAM J. DALTON</u>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <u>9822 CATHERINE AVE.</u>	STREET ADDRESS (NO P.O. BOX)
CITY <u>GARDEN GROVE, CALIF.</u>	STATE <u>CA</u>
ZIP CODE <u>92841</u>	AREA CODE/PHONE <u>714 539-1592</u>
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE
ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

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, 2004 through Oct 16, 2004

Page 3 of 9

I.D. NUMBER 1225968

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BILL DALTON FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 9719 ⁰⁰	\$ 104,206 ⁰⁰
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 9719 ⁰⁰	\$ 104,206 ⁰⁰
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 4,457 ⁰⁰
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 9719 ⁰⁰	\$ 108,657 ⁰⁰

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 30,477 ¹³	\$ 64,928 ⁸¹
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 30,477 ¹³	\$ 64,928 ⁸¹
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 30,477 ¹³	\$ 64,928 ⁸¹

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 64,915 ³²	
13. Cash Receipts	Column A, Line 3 above \$ 9,719 ⁰⁰	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0	
15. Cash Payments	Column A, Line 8 above \$ 30,477 ¹³	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 44,157 ¹⁹	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

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

20. Contributions Received	1/1 through 6/30	\$ 104,206 ⁰⁰	7/1 to Date	\$ 0
21. Expenditures Made	1/1 through 6/30	\$ 64,928 ⁸¹	7/1 to Date	\$ 0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

Statement covers period
from Oct. 1, 2004
through Oct. 16, 2004

Page 4 of 9

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 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)	PERELECTION TO DATE (IF REQUIRED)
10/3/04	MADDOX Fae Assembly 2000 12866 Main St. # 2002 #992082 GARDEN GROVE, CA 92740	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 ⁰⁰	200 ⁰⁰	
10/5/04	STANLEY RAY MAGILL 13181 LAMPSON AVE. GARDEN GROVE, CA 92740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MOBILE HOME PART OWNER	700 ⁰⁰	700 ⁰⁰	
10/7/04	VIDSTRIKSEN Co 507 CALLE SAN RAFAEL CARMELITE, CA. 93012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECTS	500 ⁰⁰	500 ⁰⁰	
10/8/04	SIMON LEE 2426 W. 8TH ST. #200 LOS ANGELES, CA 90059	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	L.A. PACIFIC PLAZA PARASOFT MANAGEMENT 2426 W. 8TH L.A.	1,000 ⁰⁰	1,000 ⁰⁰	
10/8/04	HEAN NGUYEN 12661 GILBERT ST. GARDEN GROVE, CA 92740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRACTOR	2,000 ⁰⁰	2,000 ⁰⁰	
SUBTOTAL \$				4400⁰⁰		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 9149⁰⁰
- Amount received this period - unitemized contributions of less than \$100 \$ 570⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9719⁰⁰

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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, 2004
 through Oct 16, 2004

CALIFORNIA **460**
 FORM

Page 5 of 9

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)
10/8/04	PACE OFFICE RESOURCE ASSN 4010 TREXEL ROAD SACRAMENTO, CA. 95834 F.D.# 810830	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 ⁰⁰	1,000 ⁰⁰	
10/10/04	L&N INC. DBA LEE'S SANDWICHES 13991 BROOKHURST ST GARDEN GROVE, CA. 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	200 ⁰⁰	200 ⁰⁰	
10/14/04	WHITE STONE PROPERTIES 1211 N. BROADWAY SANTA ANA, CA. 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249 ⁰⁰	249 ⁰⁰	
10/14/04	STEVEN SHISHMAN 528 20th ST, HUNTINGTON BEACH, CA. 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY 1031 E 18th ST SANTA ANA CA 92701	500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				2949⁰⁰		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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, 2004
 through Oct. 16, 2004

Page 6 of 9

SCHEDULE A (CONT)
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 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)
10/14/04	PARKVIEW POINTE LLC 590 MERSE LANE REDWOOD RANCH, CA. 92078	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 ⁰⁰	1,000 ⁰⁰	
10/14/04	MRS. JAE KIM 10651 PARLIAMENT GARDEN GROVES, CA. 92550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	100 ⁰⁰	100 ⁰⁰	
10/16/04	VISION INVESTMENT 8742 GARDEN GROVES #206 GARDEN GROVES, CA. 92544	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETAIL ESTIMATE SALES	100 ⁰⁰	100 ⁰⁰	
10/16/04	SUPREK 1 GARDEN GROVES 9772 GARDEN GROVES BLVD. GARDEN GROVES, CA. 92544	<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	
10/16/04	HAE JOONG JI 24092 HOUYBAK ALISO VIEJO, CA. 92656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J-S INVESTMENTS	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				<u>1800⁰⁰</u>		

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

**Schedule E
Payments Made**

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

Statement covers period
from OCT 1, 2004
through OCT 14, 2004
Page 7 of 9
I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton For Mayor

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL 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 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMAC 112 S. CATALINA AVE. REDONDO BEACH, CA. 90277	LT			8,546.00
COUNCIL CONCERNED WOMEN VOTERS 2350 HIDALGO AVE. LOS ANGELES, CA. 90039	LT			647.00
COALITION FOR SENSIBLE CITIZENS 2350 HIDALGO AVE. LOS ANGELES CA. 90039	LT			1,097.00
SUBTOTAL \$				10,290.00

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 30,439.18
2. Unitemized payments made this period of under \$100 \$ 37.95
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 \$** 30,477.13

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

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct. 1, 2007
through Oct. 16, 2007
Page 8 of 9
I.D. NUMBER
1225368

NAME OF FILER
BILL DALTON For Mayor

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

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT 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
- TSE 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
LATINO VOTER GUIDE 2350 HIDALGO AVB. LOS ANGELES, CA. 90039	LIT			308 ⁰⁰
GARDEN GROVE SECURED STORAGE 13632 EVCLID ST. GARDEN GROVE, CA. 92842	CMP			108 ⁰⁰
MERKON & PRINTING INC 2421 W. 1ST ST SANTA ANA, CA. 92703	LIT			1,432 ¹⁸
POSTMASTER 10441 STANFORD AVE GARDEN GROVE, CA. 92842	POS			555 ⁰⁰
ST. COLUMBAN 10801 STANFORD GARDEN GROVE, CA. 92842	CMP			425 ⁰⁰

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

SUBTOTAL \$ 2828¹⁸

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

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

SCHEDULE E (CONT.)

CALIFORNIA
FORM
460

Statement covers period
from Oct 1, 2007
through Oct 16, 2007

Page 2 of 9

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton For Mayor

I.D. NUMBER
1225968

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting 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
- TSE 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
AMAC 112 S. CATALINA AVE. REDONDO BEACH, CA 90217	47			17,321.00

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

SUBTOTAL \$ 17,321.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVERPAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct 1, 2004
through Oct 14, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE
2004 OCT 21 A 10:46
CALIFORNIA 460
FORM 2001/02
Page 1 of 3
For Official Use Only

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
- Ballot Measure Committee
- Primarily Formed
- 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
- 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) I.D. NUMBER
FRIENDS OF BILL DALTON 981807

Treasurer(s)

NAME OF TREASURER
WILLIAM J. DALTON

STREET ADDRESS (NO P.O. BOX)
9862 CATHERINE AVE
CITY GARDEN STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-5391592
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS
9862 CATHERINE AVE
CITY GARDEN STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-5391592
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL 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, 2004 By William J. Dalton
Signature of Treasurer or Assistant Treasurer
Executed on Oct 21, 2004 By William J. Dalton
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
William J. Dalton

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GARDEN GROVE COUNCILMAN

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHELANE AVE GARDEN GROVE CA, 9284

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
<u>Bill Dalton For Mayor</u>	<u>1225968</u>
NAME OF TREASURER	CONTROLLED COMMITTEE?
<u>William J. Dalton</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
<u>9862 CATHELANE AVE</u>	
CITY STATE ZIP CODE AREA CODE/PHONE	
<u>GARDEN GROVE, CA. 92841 714 5391592</u>	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**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, 2007 through Oct-14, 2007

Page 3 of 3

CALIFORNIA FORM **460**

I.D. NUMBER 981807

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Bill Dalton

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 0
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 0
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 0

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 \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 0	\$ 1253-03
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0	\$ 1253-03
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0	\$ 1253-03

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	\$ 12,764	22
13. Cash Receipts	Column A, Line 3 above	\$ 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0	
15. Cash Payments	Column A, Line 8 above	\$ 0	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12,764	22

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).

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
------------------------------	--------------------	----------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July, 2004
through Sept-30, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN GRO
CITY CLERK'S OFFICE
2004 OCT -5 A 10:32

CALIFORNIA
2004/102
FORM
460

Page 1 of 35
For Official Use Only

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
- Ballot Measure Committee
- Primarily Formed
- 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
- 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) _____ I.D. NUMBER 1225968

Treasurer(s)

NAME OF TREASURER

William J. Dutton

STREET ADDRESS (NO P.O. BOX)
Bill Dutton For Mayor

CITY 9862 CATHERSLAVE AVE STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
GARDEN GROVES, CALIF. 92841 539-1592

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

MAILING ADDRESS

9862 CATHERSLAVE AVE.

CITY GARDEN GROVES STATE CALIF. ZIP CODE 92841 AREA CODE/PHONE 714 539 1592

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 4 2004
Date

Executed on Oct 4 2004
Date

Executed on _____
Date

Executed on _____
Date

By William J. Dutton
Signature of Treasurer or Assistant Treasurer

By William J. Dutton
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM J. DALTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHERINE AVE GARDEN GROVE CA 92844

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
<u>FRIENDS OF GILL DALTON</u>	<u>981807</u>
NAME OF TREASURER <u>WILLIAM J. DALTON</u>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <u>9862 CATHERINE AVE</u>	STREET ADDRESS (NO P.O. BOX)
CITY <u>GARDEN GROVE, CALIF 92844</u>	STATE <u>CA</u> ZIP CODE <u>92844</u> AREA CODE/PHONE <u>539-1592</u>
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

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 Dalton For Mayor

Statement covers period
from July 1, 2004
through Sept. 30, 2004

CALIFORNIA
FORM **460**
Page 3 of 35
I.D. NUMBER
1225968

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ <u>73,332.00</u>	\$ <u>94,487.00</u>
2. Loans Received	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>73,332.00</u>	\$ <u>94,487.00</u>
4. Nonmonetary Contributions	\$ <u>4,451.00</u>	\$ <u>4,451.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	\$ <u>77,783.00</u>	\$ <u>98,938.00</u>

Expenditures Made

6. Payments Made	\$ <u>33,248.31</u>	\$ <u>34,451.68</u>
7. Loans Made	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	\$ <u>33,248.31</u>	\$ <u>34,451.68</u>
9. Accrued Expenses (Unpaid Bills)	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	\$ <u>33,248.31</u>	\$ <u>34,451.68</u>

Current Cash Statement

12. Beginning Cash Balance	\$ <u>24,831.68</u>	
13. Cash Receipts	\$ <u>73,332.00</u>	
14. Miscellaneous Increases to Cash	\$ <u>0</u>	
15. Cash Payments	\$ <u>33,248.31</u>	
16. ENDING CASH BALANCE	\$ <u>64,915.37</u>	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	\$ <u>0</u>
18. Cash Equivalents	\$ <u>0</u>
19. Outstanding Debts	\$ <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).

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*		Total to Date
(If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)		
_____/_____/____		\$ _____
_____/_____/____		\$ _____
_____/_____/____		\$ _____
_____/_____/____		\$ _____
_____/_____/____		\$ _____

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

Statement covers period
from July 1, 2004
through Sept. 30, 2004

Page 4 of 35

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton For Mayor

I.D. NUMBER
1225468

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)
8/27/04	BIG LEANS BODY SHOP 12781 NE 55th ST. GARDEN GROVE, CA 92880	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AUTO REPAIR	250 ⁰⁰	250 ⁰⁰	
8/27/04	O'REILLY / FRIES 5702 TRINETTE 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	CPA / BOOKKEEPER	200 ⁰⁰	400 ⁰⁰	
8/27/04	WIDLOW'S BUTTER 10900 KATEENA ANAHEIM, CA 92804	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FAST FOOD RESTAURANTS	100 ⁰⁰	200 ⁰⁰	
8/27/04	WESTLEY TAYLOR 3 CIVIC PLAZA NUSPURT BEACH, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE BROKER	100 ⁰⁰	100 ⁰⁰	
8/27/04	CALDWELL FOUND 1519 N. FAIRVIEW SANTA ANA, CA 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VEHICLE TOWING	500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				<u>1150⁰⁰</u>		

Schedule A Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 73,332⁰⁰
- Amount received this period — unitemized contributions of less than \$100 \$ 1,082⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 73,332⁰⁰

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
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 July 1, 2004
through Sept. 30, 2004

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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 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)
8/27/04	Phan ENTERPRISES DBA VISION DANC PERFORM- 14271 BROOKHURST GARDEN GROVE, CA 92645	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTAURANT	100 ⁰⁰	200 ⁰⁰	
8/29/04	DONALD BURNETT 36072 PALOMAR WY, PALM DESERT, CA 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100 ⁰⁰	200 ⁰⁰	
8/29/04	DELORES BURNETT 36072 PALOMAR WY. PALM DESERT, CA 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100 ⁰⁰	200 ⁰⁰	
8/29/04	LYNN SAVANNAH 3015 S. GARRET SANTA ANA, CA 92704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher	100 ⁰⁰	100 ⁰⁰	
8/29/04	THOMAS PARCEE 12921 CHARMAN GARDEN GROVE, CA 92640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT	200 ⁰⁰	400 ⁰⁰	
SUBTOTAL \$				600 ⁰⁰		

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

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SCHEDULE A (CONT)
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Statement covers period
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I.D. NUMBER
1225968

DATE RECEIVED	NAME OF FILER 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)
8/29/04	CHRISTINA PIETSCH 9811 GARBLE ST. CARROLL GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT	100 ⁰⁰	100 ⁰⁰	
8/30/04	INTERNATIONAL ROYALE HOMES 12051 GILBERT CARROLL GROVE, CA 9284	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOARD/CARD HOMES	300 ⁰⁰	300 ⁰⁰	
8/30/04	MAX HAM ENTERP. 10231 SLATSBY FOUNTAIN VALLEY, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAX PREPARATION	100 ⁰⁰	350 ⁰⁰	
8/31/04	GARDEN GROVE POLICE ASSN 11432 KENNEDY 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		1,000 ⁰⁰	1,000 ⁰⁰	
8/31/04	MANUAL NUMBS 9731 ROYAL PALM 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	TEACHER OC COLLEGE PROP. DEVELOP.	100 ⁰⁰	200 ⁰⁰	
SUBTOTAL \$				<u>1600⁰⁰</u>		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

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Statement covers period
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 through Sept. 30 2004

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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 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)
8/31/04	HOWEIDA KANBAR 1672 BUESS WESTMINSTER, CA. 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150 ⁰⁰	150 ⁰⁰	
8/31/04	AHMAD ALAM 5630 PICASSO LN, MORGAN HILL, CA. 92087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stores OWNER	200 ⁰⁰	200 ⁰⁰	
8/31/04	WILLIAM GRANT 1671 BEECH WAY ANAHEIM, CA. 92802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VEHICLE	500 ⁰⁰	500 ⁰⁰	
8/31/04	GROVES BODDY STACY 10242 GARDEN GROVE GARDEN GROVE, CA. 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AUTO REPAIR	500 ⁰⁰	1,000 ⁰⁰	
8/31/04	SHELDON SINGEK 12672 KONA 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	Retired	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				1450⁰⁰		

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

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SCHEDULE A (CONT)
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I.D. NUMBER
1225968

Statement covers period
from July 1, 2004
through Sept 30, 2004

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)
8/31/04	ERICAS RIENIGAN 5841 LUDLOW 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	Los Angeles Police Dept	100 ⁰⁰	200 ⁰⁰	
8/31/04	GARDEN GROVE GOLF CLUB 886 FAUCON LEAF RD. ALCANTARA, CA 91006	<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	
8/31/04	KIMBERLEE ZIMMERMAN 12271 HEISTER 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		100 ⁰⁰	100 ⁰⁰	
8/31/04	NEWYON FAMILY TRUST 2717 CENTRE 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		500 ⁰⁰	500 ⁰⁰	
8/31/04	TRORMINA TRUST 1131 NO BLISS GUN ANAHEIM, CA 92815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	750 ⁰⁰	
SUBTOTAL \$				<u>1450⁰⁰</u>		

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

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SCHEDULE A (CONT)
CALIFORNIA
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NAME OF FILER: Bruce Dalton For Mayor
I.D. NUMBER: 1225968
Statement covers period from July 1, 2004 through Sept 30, 2004
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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)
8/31/04	WESBO PACIFIC BLDG, 244 PINE AVE LONG BEACH, CA, 90802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer	250 ⁰⁰	250 ⁰⁰	
8/31/04	Bruce Penrice 11432 Keapany St, Carson, CA, 92890	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer	100 ⁰⁰	100 ⁰⁰	
8/31/04	Shearon Purcell RELATIONS LTD SUPPORT CENTER Newport Blvd, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	✓	500 ⁰⁰	500 ⁰⁰	
8/31/04	NATHANAL HEARFIC INSTITUTE 2100 Fourth St, SANTA ANA, CA. 92705	<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	
8/31/04	LAM QUOC NGUYEN 9141 BOLSA WESTMINSTER, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	250 ⁰⁰	250 ⁰⁰	
SUBTOTAL \$				<u>1350⁰⁰</u>		

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

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SCHEDULE A (CONT)
CALIFORNIA
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I.D. NUMBER
1225968

DATE RECEIVED	NAME OF FILER 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)
8/31/04	Richard Panicker 9355 CHAYMAN CARROLL GROVE, CA 92284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tax Preparation	200 ⁰⁰	200 ⁰⁰	
8/31/04	Smith Public Affairs 17801 CARTWRIGHT EMERUS, CA 92614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management	250 ⁰⁰	250 ⁰⁰	
8/31/04	VISTA COMMUNITIES 19800 MACARTHUR IRVINE, CA 92612	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	100 ⁰⁰	
8/31/04	Bruce Beaulacorp 2126 COTTER 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	Retired	500 ⁰⁰	500 ⁰⁰	
9/11/04	Louis Favaronis 2563 YETA AVE. SAN FRANCISCO, CA 92416	<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	
SUBTOTAL \$				<u>1300⁰⁰</u>		

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

Type or print in ink.
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SCHEDULE A (CONT)
CALIFORNIA
FORM
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Statement covers period
from July 1, 2004
through September 2004

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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)
9/11/04	FRANK JAVAROS 2563 YETTA AVE SAN FRANCISCO CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Freeman	500 ⁰⁰	500 ⁰⁰	
9/11/04	BARBARA KENT 12511 PLEASANT EMERSON 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	
9/11/04	HANSEL AND DEBORAH 10675 WALNUT ST CAROLAN GROVE, CA 92820	<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	
9/11/04	TRINA LOUISE LANS 9661 STAN FELD CAROLAN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A THAWNEY	100 ⁰⁰	100 ⁰⁰	
9/11/04	KENNETH SUMNER 6701 KILBERRY EMERSON 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	
SUBTOTAL \$				<u>1050⁰⁰</u>		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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Statement covers period
 from July 1, 2004
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SCHEDULE A (CONT)

NAME OF FILER
BILL DAVEN FOR MAYOR

I.D. 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)
9/13/04	DR. AZTECA KING 12911 MAIN ST. 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	RESTAURANT	250 ⁰⁰	250 ⁰⁰	
9/13/04	GARDEN GROVE POLICE 11432 KANSLEY AVE GARDEN GROVE, CA 92841	<input type="checkbox"/> IND <input checked="" type="checkbox"/> GOM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		29,000 ⁰⁰	24,000 ⁰⁰	
9/12/04	BARBARA BUCEL 16354 BUSHARD FOUNTAIN VALLEY, CA 92708	<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	
9/7/04	PAULINO CARERA 12232 NUTWOOD 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	
9/7/04	PLEASANT ALEXANDER 1458 020 WAY ANAHEIM, CA 92802	<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 \$				29,550⁰⁰		

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

Type or print in ink.
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SCHEDULE A (CONT)
CALIFORNIA
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Statement covers period
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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)
9/9/04	GRADEN CRENS STORAGE 3700 CAMPUS DR #106 NEWPORT SPAD, CA 92260	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	750 ⁰⁰	
9/9/04	UNION DODGE 7888 TRASK GRADEN CRENS EA. SURG	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	500 ⁰⁰	
9/9/04	WOOD PUBLIC AFFAIRS 325 E. 23RD ST NEWPORT SPAD, CA 92260	<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	
9/9/04	E DO HOUSE TRANS, 1820 VIOLET DR. FOUNTAIN VALLEY CA, 92708	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
9/19/04	FRIENDS OF TRUSS 9191 BOLSA WESTLY, CA 92280	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300 ⁰⁰	300 ⁰⁰	
SUBTOTAL \$				1800⁰⁰		

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

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Statement covers period
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through Sept 30, 2004

SCHEDULE A (CONT)
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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>
9/13/04	Van Tran 13211 Raleigh Ct 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	Attorney	300 ⁰⁰	300 ⁰⁰	
9/13/04	Peninsula Hotel Mgmt 10022 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		500 ⁰⁰	500 ⁰⁰	
9/13/04	Martina H. S. Faresen 12621 Woodlands 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	
9/13/04	Paul Kim 19312 Boston Cerritos, CA 90703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	?	100 ⁰⁰	100 ⁰⁰	
9/13/04	Scott Weiner 12866 Main 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	Fireman	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				<u>1100⁰⁰</u>		

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

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SCHEDULE A (CONT)
CALIFORNIA
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Statement covers period
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I.D. NUMBER
1225968

DATE RECEIVED	NAME OF FILER 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)
9/13/04	BILL DAVIDSON FOR MAYOR JUDITH DICKSON 12321 HORTON 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	OFFICE MANAGER	100 ⁰⁰	100 ⁰⁰	
9/13/04	TED JONES 12891 ALAMITOS WAY 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	INSURANCE SALES	250 ⁰⁰	250 ⁰⁰	
9/13/04	HOWARD KUNZ 12062 WALKER VIEW 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	DENTIST	250 ⁰⁰	350 ⁰⁰	
9/13/04	PROFESSIONAL FUND CIT SECRETARY 11236 WESTERN STANTON, CA 90680	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 ⁰⁰	100 ⁰⁰	
9/13/04	JAMES FORTLAND 12602 SANDRA 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	NEWS EDITOR TEACHER	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				800 ⁰⁰		

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OTH - Other
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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 July 1, 2004
through Sept 30, 2004

SCHEDULE A (CONT.)
CALIFORNIA
FORM **460**

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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)
9/14/04	Phat But 10051 Trase Gardens Grove, Ca. 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Computer Programs	1500 ⁰⁰	1500 ⁰⁰	
9/14/04	Bradley Saunders 1028 N. Sonora Oceanside, Ca. 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stock Broker	250 ⁰⁰	250 ⁰⁰	
9/14/04	Elaine Cook 11681 Piccott Gardens Grove, Ca. 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250 ⁰⁰	250 ⁰⁰	
9/14/04	Jesse James 16923 Mt. Hope Fountain Valley, Ca. 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, Developer	250 ⁰⁰	250 ⁰⁰	
9/14/04	Pamela Sclerker 9872 Catherine Gardens Grove, Ca. 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANK MER.	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				2350⁰⁰		

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

Type or print in ink.
Amounts may be rounded
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NAME OF FILER

Bill Daxton For Mayor

Statement covers period
from *1/1/2007*
through *5/31/2007*

CALIFORNIA
FORM **460**

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I.D. 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)
<i>9/15/04</i>	<i>Joseph Pak 11073 Linda Ln, Garden Grove, Ca. 92840</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Banker</i>	<i>100⁰⁰</i>	<i>100⁰⁰</i>	
<i>9/15/04</i>	<i>Alkm Consulting 553 Wad Irvine, Ca 92618</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Consulting</i>	<i>250⁰⁰</i>	<i>500⁰⁰</i>	
<i>9/15/04</i>	<i>Care Assurance 8932 Katoca Anaheim, Ca 92804</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000⁰⁰</i>	<i>1500⁰⁰</i>	
<i>9/14/04</i>	<i>Country W 100 Chester 10800 task Garden Grove, Ca 92841</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>500⁰⁰</i>	<i>1,000⁰⁰</i>	
<i>9/15/04</i>	<i>JAMES AUTO 10711 Garden Grove Garden Grove, Ca 92840</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>200⁰⁰</i>	<i>500⁰⁰</i>	
SUBTOTAL \$				<i>2050⁰⁰</i>		

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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 July, 2007
through Sept 30, 2008

**CALIFORNIA
FORM 460**

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SCHEDULE A (COMT.)

NAME OF FILER: BILL DALTON FOR MAYOR I.D. NUMBER: 1225768

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)
9/18/04	BENJAMIN LATSHAW 9412 CROSSBY 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	Retired	100 ⁰⁰	100 ⁰⁰	
9/18/04	T.M. JENNIFER 12704 NEWHEAD 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		100 ⁰⁰	100 ⁰⁰	
9/18/04	A.R. KAD FIED CARE HOUSING 13921 WEST 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		250 ⁰⁰	250 ⁰⁰	
9/14/04	LAZARA ENTERPRISES 10381 JENNIFER 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	SALES	100 ⁰⁰	100 ⁰⁰	
8/27/04	CARDEN GROVE FIRE 12800 MAIN ST #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		5,000 ⁰⁰	6,000 ⁰⁰	
SUBTOTAL \$				5550⁰⁰		

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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 July, 2004
 through Sept. 30, 2004

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SCHEDULE A (CONT.)
CALIFORNIA
FORM
460

NAME OF FILER
Bill Dalton 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)
9/23/04	ANTHONY HAIRDRESSER 12103 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	HAIR SALON	100 ⁰⁰	100 ⁰⁰	
9/23/04	U.S. DRYING 12601 INDUSTRY GARDEN GROVE, CA 92841	<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	
7/21/04	BCD TDFU HOUSE 869 WESTERN LOS ANGELES, CALIFORNIA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTAURANT	1000 ⁰⁰	1000 ⁰⁰	
9/28/04	JAMES FRANKS 12552 WOODLAND LN 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	VEHICLE MAINTENANCE G-6 SCHOOL DISTRICT	100 ⁰⁰	100 ⁰⁰	
9/28/04	MARY GRANT 12262 BROWNS- RD. 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	COUNTRY DANCE COUNSELOR	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$					1800⁰⁰	

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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 July 1, 2004
through Sept 30, 2004

SCHEDULE A (CONT.)
CALIFORNIA
FORM **460**
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NAME OF FILER
Bill Dutton Fair Manager

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)
9/28/04	APARTMENT OWNERS ASSN. OF OC PACT 980470 12822 GARDEN CREW RD GARDEN CREW, CA. 92843	<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	
9/28/04	Donna Olson 10372 MARCO GARDEN CREW, CA. 92843	<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	
9/28/04	ANDY RADI 10932 MARCO GARDEN CREW, CA. 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RADI'S UP HOLSTERY STANDARDS & SUPPLIES GARDEN CREW	100 ⁰⁰	100 ⁰⁰	
9/29/04	VAN HANH ASSOCIATES 9561 BIRCH GARDEN CREW, CA. 92843	<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	
9/29/04	DALE WASHINGTON 9550 WILSON FOUNTAIN VALLEY, CA. 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY	500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				2200⁰⁰		

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

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SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Statement covers period
from July 1, 2004
through SEP-30-2004

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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)
9/29/04	WESTBROOK DEVELOPMENT BROOKHURST & WESTMINSTER GARDEN GROVE, CA. 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NATURAL DESIGN CONSULTING 14257 EXUMED VANDUYS, CA. 94649	500 ⁰⁰	500 ⁰⁰	
9/30/04	Roland Chi 9580 GARDEN GROVE BLVD GARDEN GROVE, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICIS - PRESIDENT VSASIA INTL	1,000 ⁰⁰	1,000 ⁰⁰	
9/30/04	ELLEN A HIND 1912 CHANTREY FULLERTON, CA 92833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director FOREMAN CONN. SERVICES	100 ⁰⁰	100 ⁰⁰	
9/30/04	Richard Kim 8312 HILSDALE ORANGE, CA. 92869	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICIS - PRESIDENT A.R. SUPERMART GARDEN GROVE	1,000 ⁰⁰	1,000 ⁰⁰	
9/30/04	John Park 9562 GARDEN GROVE BLVD 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	OWNER COMPUTER SUPPORT SYS	2,500 ⁰⁰	2,500 ⁰⁰	
SUBTOTAL \$				<u>5,100⁰⁰</u>		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)
 CALIFORNIA
 FORM
460

Statement covers period
 from July 1, 2004
 through SEP 30, 2004

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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 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)
9/30/04	DUC HUYNH 4819 CASALS SAN DIEGO CA 92124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ANALYST CENTRA corp.	100 ⁰⁰	100 ⁰⁰	
9/30/04	JONG SIK CHI 9580 GARDEN GROVE R. GARDEN GROVE CA 92744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO RE SUPPLEMENT-	1,500 ⁰⁰	1,500 ⁰⁰	
9/30/04	HYUN SOOK JUNG 436 E. PALM BURBANK CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NEWSPAPER EDITOR	1,000 ⁰⁰	1,000 ⁰⁰	
9/30/04	SUS KINT 5522 LOCKHAVEN BUENA PARK CA 90624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IMPORT COMPANY PRESIDENT	200 ⁰⁰	200 ⁰⁰	
9/30/04	ROBERT HA 5761 OCEAN TERR DR. HUNTINGTON BEACH CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDICAL DOCTOR	500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				3300⁰⁰		

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

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SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Statement covers period
from July 1, 2009
through Sept 30, 2009

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NAME OF FILER
BILL DA LTON Tax 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)
9/30/09	JOHN FUN 8851 GARDEN GROVE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER 2551 KARLEE	500 ⁰⁰	500 ⁰⁰	
9/30/09	JIN OH KIM 12050 CHILI PAPER CO. 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	CLOTHING MANUFACTURE	500 ⁰⁰	500 ⁰⁰	
9/30/09	ATHALES PARK P.O. BOX 2796 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	SHIPPING and MAILING BUSINESS DASS	1,000 ⁰⁰	1,000 ⁰⁰	
9/30/09	JUNE KIM 10702 GARDEN GROVE 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 KIM'S CARPETS	3,000 ⁰⁰	3,000 ⁰⁰	
9/30/09	JAY PARK 5141 BOLSA WESTMINSTER, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY	1,000 ⁰⁰	1,000 ⁰⁰	
SUBTOTAL \$				<u>6,000⁰⁰</u>		

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

Type or print in ink.
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SCHEDULE A (CONT.)
CALIFORNIA
FORM
460

Statement covers period
from July 1, 2004
through Sept. 30, 2004

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NAME OF FILER

Bill Daxton 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)
9/30/04	KODON 2210 CANTON WOODS FULTON, CA. 92833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor	100 ⁰⁰	100 ⁰⁰	
9/30/04	Thomas Bonikowski 6549 Sweet Alike Zionsville, PA. 18092	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Food services manager	100 ⁰⁰	100 ⁰⁰	
9/30/04	HEE PAEK 8592 GARDEN GROVE 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 EVERGREEN NURSERY	1,000 ⁰⁰	1,000 ⁰⁰	
9/30/04	SA YONG CHI 13131 SHAWNEE LN. SACRAMENTO, CA. 92844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	2,500 ⁰⁰	2,500 ⁰⁰	
9/30/04	CHUNG WON SEO 854 S. BRANBLE WAY AMATEUR HILLS, CA 92808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER GRAND MARKET	2,500 ⁰⁰	2,500 ⁰⁰	
SUBTOTAL \$				<u>6,200⁰⁰</u>		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)
CALIFORNIA
FORM 460

Statement covers period
from July 1, 2004
through Sept 30, 2004

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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)
9/30/04	Riverside Court 12912 Brookhurst St 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	REAL ESTATE INVESTMENTS	2,500 ⁰⁰	2,500 ⁰⁰	
9/30/04	Orlando County Kansas Americas Pk 4512 Garden Grove Garden Grove, CA 92844	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 ⁰⁰	1,000 ⁰⁰	
SUBTOTAL \$				<u>3500⁰⁰</u>		

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Schedule C Nonmonetary Contributions Received

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 July 1, 2004
through Sept. 30, 2004

CALIFORNIA FORM **460**

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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE (CALENDAR YEAR (JAN 1 - DEC 31))	PER ELECTION TO DATE (IF REQUIRED)
8/12/04	PERST MASTERS 85 15311 SPARE ST. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		VISORS	336 ⁰⁰	336 ⁰⁰	
8/18/04	PERST MASTERS 85 15311 SPARE ST. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL FILES	540 ⁰⁰	876 ⁰⁰	
8/19/04	PERST MASTERS 85 15311 SPARE ST. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		POT Hours	1175 ⁰⁰	2051 ⁰⁰	
8/19/04	PERST MASTERS 85 15311 SPARE ST. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		CLIPS/PENS	160 ⁰⁰	2211 ⁰⁰	
SUBTOTAL					\$ 2211⁰⁰		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 4451⁰⁰
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$ 4451⁰⁰

*Contributor Codes

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

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from July 1, 2004
through September 2004

CALIFORNIA
FORM
460

Page 27 of 35

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/04	JAY'S CATERING 10581 GARDEN GLEVE GARDEN GLEVE, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FUND RAISER	1200 ⁰⁰	1200 ⁰⁰	
9/13/04	AZTECA RESTAURANT 12911 MAIN ST GARDEN GLEVE, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FUND RAISER	700 ⁰⁰	700 ⁰⁰	
8/30/04	PRINTMASTERS 85 15311 SPAN ST GARDEN GLEVE, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		HATS	340 ⁰⁰	2551 ⁰⁰	
				SUBTOTAL \$	2240⁰⁰		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

*Contributor Codes

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

**Schedule E
Payments Made**

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

Statement covers period
from July 1, 2007
through Sept 30, 2007

**CALIFORNIA
FORM 460**

SCHEDULE E

Page 28 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OMP | campaign paraphernalia/misc. | MER | 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 | tv. 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 |
| LT | 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
CITY OF GARDEN GROVE 11222 ACACIA PIKE GARDEN GROVE, CALIF. 92840	FIL		CANDIDATE STATEMENT	3018.00
PRINTMASTERS 85 15311 SPARE ST GARDEN GROVE, CA. 92843	CMR			701.99
POSTMASTER 10441 STAN FORD ST. GARDEN GROVE, CA 92842	POS		BOOK RATES PERMIT	150.00
SUBTOTAL \$				<u>3869.99</u>

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 32,832.58
2. Unitemized payments made this period of under \$100 \$ 415.29
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 33,248.37

**Schedule E
(Continuation Sheet)
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 *July 1, 2004*
through *Sept 30, 2004*

SCHEDULE E (CONT.)
CALIFORNIA
FORM **460**
Page *29* of *35*
I.D. NUMBER
1225968

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

OMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	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
<i>PRINTMASTERS 85 15311 SPAE ST GARDEN GROVE, CA 92843</i>	<i>OMP</i>			<i>939.48</i>
<i>POSTMASTERS 1044 STANFORD ST GARDEN GROVE, CA 92842</i>	<i>POS</i>			<i>396.00</i>
<i>REISINARE OF VOTERS SANTA ANA, CALIF.</i>	<i>OMP</i>			<i>32.08</i>
<i>PRINTMASTERS 85 15311 SPAE ST GARDEN GROVE, CA 92842</i>	<i>OMP</i>			<i>2273.53</i>
<i>COUNTY OF ORANGES FIRES 300 N. FLORISS SANTA ANA, CALIF.</i>	<i>OMP</i>			<i>12.66</i>

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

SUBTOTAL \$ *3654.65*

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

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

SCHEDULE E (CONT.)

Statement covers period
from July 1, 2007
through Sept. 30, 2007

CALIFORNIA
FORM **460**

Page 30 of 35

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR Mayor

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
FL	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)	VOI	voter registration
LT	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
JET PRINTERS 10531 A CACIA GARDEN GROVE, CA. 92840	FND			2206.62
POSTMASTER 1044 STANFORD GARDEN GROVE, CA. 92842	POS			481.00
GARDEN GROVE STORAGE 13632 EUCLID ST. GARDEN GROVE, CA. 92840	CMP			108.00
CODES SOUTH 3309 S. MAIN ST. SANTA ANA, CA. 92707	CMP			1872.15
PARENTS & TEACHERS CALIF. SSS S. FLOWER #4510 LOS ANGELES CA 90071	LT			750.00

SUBTOTAL \$ 5417.77

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

Schedule E
(Continuation Sheet)
Payments Made

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Bill Dutton For Mayor

Statement covers period
 from July 15 2009
 through Sept 30 2009

SCHEDULE E (CONT.)
 CALL FORNIA
 FORM **460**
 Page 31 of 35
 I.D. NUMBER
1225968

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OWP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL 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
<i>INDEPENDENT VOTERS LEAGUE 555 S. FLOWER ST. #4510 LOS ANGELES, CA. 90071</i>	<i>LT</i>			<i>500.00</i>
<i>DEMOCRATIC VOTERS CHOICE 340 N. MEYERS ST. BURBANK, CA. 91506</i>	<i>LT</i>			<i>800.00</i>
<i>CITIZENS FOR GOOD GOVT 340 N. MEYERS ST. BURBANK, CA. 91506</i>	<i>LT</i>			<i>800.00</i>
<i>PARENTS BALLOT GUIDE 20705 S. WESTERN AVE TORRANCE, CA. 90501</i>	<i>LT</i>			<i>900.00</i>
<i>THE EARLY VOTER 20705 S. WESTERN AVE TORRANCE, CA. 90501</i>	<i>LT</i>			<i>1000.00</i>

SUBTOTAL \$ 4000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
 FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

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

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

SCHEDULE E (CONT.)
CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton For Mayor

Statement covers period
from *July, 2007*
through *Sept 30, 2007*

Page *32* of *35*

ID. NUMBER
1225968

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

OMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL 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
PHD 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
<i>CALIF. VOTER GUIDE 20705 S. WESTERN AVE. TERRANCE, CA. 90501</i>	<i>LIT</i>			<i>1300.00</i>
<i>Democratic Voter Guide 340 W. Mengers St. Burbank, CA. 91502</i>	<i>LIT</i>			<i>800.00</i>
<i>CITIZENS For REP. GOVT 9000 SUNSET BLVD. LOS ANGELES, CA 90069</i>	<i>LIT</i>			<i>796.00</i>
<i>DSR Campaigns P.O. Box 34053 SACRAMENTO, CA. 95834</i>	<i>CNS</i>			<i>480.00</i>
<i>POST CO 11000 GARDEN GROVE BLVD. GARDEN GROVE, CA. 92842</i>	<i>FND</i>			<i>251.02</i>

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

SUBTOTAL \$ *3627.02*

**Schedule E
(Continuation Sheet)
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 *July 1, 2007*
through *Sept. 30, 2007*

SCHEDULE E (CONT.)
CALIFORNIA
FORM **460**
Page *33* of *35*
I.D. NUMBER
1225968

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

OMP	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	PHD	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
LT	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
<i>PRINTMASTERS 85 15311 SPAE ST, GARDEN GROVE, CALIF. 92885</i>	<i>EMP</i>			<i>172.40</i>
<i>SAVE PREP 13 5405 ALTON PKWY FLEMING, CA. 92604</i>	<i>LT</i>			<i>1200.00</i>
<i>MEKONG PRINTING 2421 W. 1ST ST. SANTA ANA, CA. 92703</i>	<i>LT</i>			<i>1741.51</i>
<i>HOMB DEPOT 10801 GARDEN GROVE BLVD. GARDEN GROVE, CA. 92843</i>	<i>EMP</i>			<i>114.48</i>
<i>REPUBLICAN VOTER CHECKLIST 1218 EC PRADO TOLANCA, CA. 90501</i>	<i>LT</i>			<i>375.00</i>

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

SUBTOTAL \$ *3603.39*

**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 Dackman For Mayor

Statement covers period
from *July 2007*
through *Sept 30 2007*

CALIFORNIA
FORM **460**

Page *34* of *35*

I.D. NUMBER
1225968

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEGG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- PHD 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
<i>DSR CAMPAIGNS P.O. Box 34053 SACRAMENTO, CA, 95834</i>	<i>CNS</i>			<i>180.00</i>
<i>TEAM CALIF. #59805C 400 CAPITAL MALL SACRAMENTO, CA, 95814</i>	<i>LIT</i>			<i>778.00</i>
<i>COGS South 3309 S. MAIN SANTA ANA, CA, 92707</i>	<i>CMP</i>			<i>1922.15</i>
<i>AMAC 112 S. CATALINA AVS. REDONDO BEACH, CA 90277</i>	<i>LIT</i>			<i>4680.00</i>
<i>COGS VOTER GUIDES 705-2 E. BIRDWELL ST. #370 FOLSOM, CA, 95630</i>	<i>LIT</i>			<i>414.00</i>

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

SUBTOTAL \$ *7,974.15*

**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 DALTON FOR MAYOR

Statement covers period
from July 1, 2007
through SEP 30, 2007

CALIFORNIA
FORM **460**
Page 35 of 35
I.D. NUMBER
1225768

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

OMP	campaign paraphernalia/misc.	MER	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

RAD radio airtime and production costs
RPD 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)

*PRINT MASTERS
15311 SPAR ST
GARDEN GROVE, CA 92843*

CODE OR

CM

DESCRIPTION OF PAYMENT

AMOUNT PAID

685.61

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

SUBTOTAL \$ *685.61*

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>July 1, 2004</u> through <u>Sept. 30, 2004</u>	Date of election if applicable: (Month, Day, Year)	Date Stamp RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE 2004 OCT -5 A 10:32	CALIFORNIA 2007/102 FORM 460
			Page <u>1</u> of <u>4</u> For Official Use Only

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
- Ballot Measure Committee
- Primarily Formed
- 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
- 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)

I.D. NUMBER

981807

Treasurer(s)

NAME OF TREASURER

William T. Dalton

MAILING ADDRESS

FRIENDS OF BILL DALTON

STREET ADDRESS (NO P.O. BOX)

9862 CATHERINE AVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE CAL 92841 334-1592

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 4, 2004

Date

By

Signature of Treasurer or Assistant Treasurer

Executed on Oct 4, 2004

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM T. DALTON

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GARDEN GROVE COUNCILMAN

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHERINE AVE GARDEN GROVE, CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
<u>BILL DALTON FUNDRAISER</u>	<u>1225968</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<u>WILLIAM T. DALTON</u>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF TREASURER	CONTROLLED COMMITTEE?
<u>WILLIAM T. DALTON</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	OPPOSE
<u>WILLIAM T. DALTON</u>		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

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

Friends of Bill Daxton

Statement covers period from July 1, 2007 through Sept 30, 2007

CALIFORNIA FORM 460

Page 3 of 4 I.D. NUMBER 981807

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 0
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 0
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 0

Expenditures Made

6. Payments Made	\$ 146.95	\$ 1253.03
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 146.95	\$ 1253.03
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 146.95	\$ 1253.03

Current Cash Statement

12. Beginning Cash Balance	\$ 12911.59	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).
13. Cash Receipts	\$ 0	
14. Miscellaneous Increases to Cash	\$ 146.95	
15. Cash Payments	\$ 146.95	
16. ENDING CASH BALANCE	\$ 12764.64	

17. LOAN GUARANTEES RECEIVED \$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 0

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

20. Contributions Received	\$ 0	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ 0		

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
✓		\$
✓		\$
✓		\$
✓		\$
✓		\$
✓		\$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule E
Payments Made

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JULY 1, 2004</u> through <u>SEPT 30, 2004</u>	Page <u>4</u> of <u>4</u>
I.D. NUMBER <u>981807</u>	

NAME OF FILER
FRIENDS OF BILL DALTON

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
CV/C civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FILE 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
<u>GARDEN GROVE STORAGE</u> <u>13632 EUCLID ST.</u> <u>GARDEN GROVE, CA 92822</u>			<u>Chp</u>	<u>108.00</u>
SUBTOTAL \$				

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 108.00
2. Unitemized payments made this period of under \$100 \$ 37.95
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 145.95

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Jan 1, 2004
through June 30, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE
2004 JUL 29 P 5:02

COVER PAGE
CALIFORNIA 460
2007/102
FORM
Page 1 of 17
For Official Use Only

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
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- (Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)*

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election 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 STATE CA ZIP CODE 92844 AREA CODE/PHONE 714 5391572
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER WILLIAM J. DALTON
MAILING ADDRESS 9862 CATHERINE AVE.
CITY GARDEN STATE CA ZIP CODE 92844 AREA CODE/PHONE 714 5391572
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 July 29, 2004 By William J. Dalton Signature of Treasurer of Assistant Treasurer
Executed on July 29, 2004 By William J. Dalton Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
Executed on _____ By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
William J. Dalton
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHERINE AVE GARDEN GROVE CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
<u>Friends of Dalton</u>	<u>Bill</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<u>William J. Dalton</u>	<u>981807</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
<u>9862 CATHERINE AVE</u>		
CITY	STATE	ZIP CODE
<u>GARDEN GROVE CAL.</u>	<u>CA.</u>	<u>92841</u>
COMMITTEE NAME	I.D. NUMBER	AREA CODE/PHONE
		<u>7145391592</u>
NAME OF TREASURER	CONTROLLED COMMITTEE?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from July 2007
through June 30, 2008

CALIFORNIA
FORM
460

Page 3 of 17

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON For Mayor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 21,155.00	\$ 21,155.00
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 21,155.00	\$ 21,155.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 21,155.00	\$ 21,155.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 12,033.31	\$ 12,033.31
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 12,033.31	\$ 12,033.31
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 12,033.31	\$ 12,033.31

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 4,880.00
13. Cash Receipts	Column A, Line 3 above \$ 21,155.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0
15. Cash Payments	Column A, Line 8 above \$ 12,033.31
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 24,831.69

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

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* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
✓		\$
✓		\$
✓		\$
✓		\$
✓		\$

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).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
from July, 2004
through June 30, 2004

Page 4 of 17

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 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)
2/5/04	TUDOR GROVE APTS. 12631 SUNSWPT #1 GARDEN GROVE, CA. 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROP. MENT	500.00	500.00	
2/7/04	JAMES BAZALIC 1801 E. EDWIGER #125- SANTA ANA, CA. 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUILDING CONTRACTOR	1,000.00	1,000.00	
2/9/04	HARRY KREBS 10880 WOODWARD LN. GARDEN GROVE, CA. 92846	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	180.00	180.00	
2/9/04	EUGENE COOK 11681 PICKETT LN. 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	
2/9/04	GARDEN GROVE SHELL 10971 CHAPMAN AVE 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		100.00	100.00	
SUBTOTAL \$				<u>1880.00</u>		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 20,730.00
- Amount received this period – unitemized contributions of less than \$100 \$ 425.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 21,155.00

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA 460
FORM

Statement covers period
from Jan 1, 2004
through June 30, 2004

Page 5 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BILL DACTON For Mayor

I.D. 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)
2/10/04	TROMAN PARKER 13921 CHAPMAN AVE. 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	REAL ESTATE BROKER	200 ⁰⁰	200 ⁰⁰	
2/10/04	NOLAN ALESTANDRO 12051 GILBERT ST. 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	GUEST HOME OPERATOR	300 ⁰⁰	300 ⁰⁰	
2/10/04	DAVE & TIM'S 10531 STAN FORD 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	AUTO REPAIR	150 ⁰⁰	150 ⁰⁰	
2/10/04	CLAYTON CLAYTON & CO 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	ORANGE County WATER DISTRICT DIRECTOR	500 ⁰⁰	500 ⁰⁰	
2/10/04	PHILIP ANTHONY 14101 LA PAT PC. WESTMINSTER, CA. 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	250 ⁰⁰	
SUBTOTAL \$				<u>1400⁰⁰</u>		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized 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
(other than PTY or SCC)
OTH - Other
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 Jan 1, 2004
 through June 30, 2004

CALIFORNIA
 FORM **460**
 Page 6 of 17

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 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)
2/11/04	GARDEN GROVE SECURED STORAGE 13632 EVULD ST. GARDEN GROVE, CA 92743	<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	
2/12/04	COUNTRY WIDE CHEVROLET 10800 TRASK AVE GARDEN GROVE, CA 92744	<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	
2/12/04	UNION DODGE 9898 TRASK AVE. GARDEN GROVE, CALIF. 92743	<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	
2/12/04	JOANAN CLAWFORD 12271 HESTER PC. GARDEN GROVE, CA 92741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150 ⁰⁰	150 ⁰⁰	
2/12/04	MILN N GOYON 9561 BIXBY AVE GARDEN GROVE, CA 92744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MONK	1000 ⁰⁰	1,000 ⁰⁰	
SUBTOTAL \$				2,150⁰⁰		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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 Jan 1, 2004
through June 30, 2004

SCHEDULE A (CONT)
CALIFORNIA FORM 460

Page 7 of 17

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 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)
2/13/04	LA SALLE GROUP 12760 NUTWOOD GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Appliance Repair	100 ⁰⁰	100 ⁰⁰	
2/13/04	TODD PIPE & SUPPLY P.O. Box 3230 GARDEN GROVE, CA 92842	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	250 ⁰⁰	
2/15/04	PHIL CHENG 9113 BOLSA WESTMINSTER, CA. 92685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST	250 ⁰⁰	250 ⁰⁰	
2/15/04	MANUEL NUÑEZ 9731 ROYAL PALM 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	TEACHER O.C. CALIFES	100 ⁰⁰	100 ⁰⁰	
2/15/04	CHARLES'S RESTAURANT 9432 KATELLA GARDEN GROVE, CA 92841	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				<u>1200⁰⁰</u>		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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 Jan 1, 2004
through June 30, 2004

**CALIFORNIA
FORM 460**

SCHEDULE A (CONT)

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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)
2/15/04	DAE 21 CLUB 9061 GARDEN GROVE	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 ⁰⁰	1,000 ⁰⁰	
2/15/04	GARDEN GROVE EA 92304	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
2/15/04	LUCKY INVESTMENTS 310 HILGARD LOS ANGELES, CA. 90024	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
2/15/04	Authours Body Shop 10242 GARDEN GROVE 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	AUTO REPAIR	500 ⁰⁰	500 ⁰⁰	
2/15/04	PAUL ELLIS 12658 MARIAN LN. 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	
2/15/04	VINYLARED SYSTEMS 8422 STANDUSTHERAL STANTON, CA. 90680	<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	
SUBTOTAL \$				2200⁰⁰		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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 Jan 1, 2004
 through June 30, 2004

Page 9 of 17

NAME OF FILER BILL DALTON For Mayor ID NUMBER 1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID 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>
1/15/04	O'NEILLY / INGRES 5702 TRINITE 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	Bookkeeper	200 ⁰⁰	200 ⁰⁰	
2/20/04	NICHOLAS STEVEN 10150 TRASK AVE GARDEN GROVE, CA 92845	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AUTO SALES	150 ⁰⁰	150 ⁰⁰	
2/24/04	HOWARD KENNETH 12062 VALLEY VIEW 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	DENTIST	100 ⁰⁰	100 ⁰⁰	
2/24/04	QUYEN TRUC 142241 EVCLID GARDEN GROVE, CA 92845	<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	
2/23/04	CARE AMBUANCE 8932 KATECCA ANAHEIM, CA 92804	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				1450⁰⁰		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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 Jan 1, 2004
 through June 30, 2004

Page 10 of 17

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)
2/23/04	DONALD BURNETT 3602 PALOMAR PALM DESERT, CA. 92211	<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	
2/23/04	DELORES BURNETT 3602 PALOMAR PALM DESERT, CA. 92211	<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	
2/13/04	TERREY KILL 9291 BRANCHO 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	Retired	100 ⁰⁰	100 ⁰⁰	
2/24/04	A KIM CONSUPTING 553 WALD ST. FURNACE, CA. 92618	<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	
2/24/04	WILLIAM GRANT 1671 ORO WAY ANAHEIM, CA. 92802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VET	500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				<u>1050⁰⁰</u>		

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 (other than PTY or SCC)
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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 Jan 1, 2004
 through June 30, 2004

Page 11 of 17

NAME OF FILER
Bill Dacton For Mayor

ID NUMBER
1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID 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>
2/28/04	LARRY DEAN DALL 9772 Hampton Fountain Valley, CA. 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fountain Valley City Council with 10200 STATE Fountain Valley CA 92704	100 ⁰⁰	100 ⁰⁰	
2/28/04	ROBERT DICKSON 12321 HESTER 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	RETIRED	100 ⁰⁰	100 ⁰⁰	
2/28/04	VIGOR DONG RESTAURANT 14271 BROADHURST GARDEN GROVE, CA 92845	<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	
2/28/04	MAXHAM ENTERPRISES 10231 STATE Fountain Valley, CA 92708	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAX PLANNER	250 ⁰⁰	250 ⁰⁰	
3/3/04	LOS SANCHEZ REST. 12151 HARBAR GARDEN GROVE, CA. 92846	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				1050⁰⁰		

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 (other than PTY or SCC)
 OTH - Other
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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 JAN 1, 2009
 through JUNE 30, 2009

CALIFORNIA
 FORM **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 (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)
3/3/04	WIDDICOMBO ENT. 10900 KATELLA ANAHEIM, CA. 92804	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FAST FOOD REST.	100 ⁰⁰	100 ⁰⁰	
3/3/04	Richard Ericette 756 Cypress Run Woodbridge, CA. 92258	<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	
3/6/04	Thermina Fudds 1131 North Blue Gum Anaheim, CA. 92816	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teash Hawker	500 ⁰⁰	500 ⁰⁰	
3/6/04	Lorraine Calixtran 10961 Patricia Garden Grove, CA. 92640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prep. Mgmt.	100 ⁰⁰	100 ⁰⁰	
3/12/04	SASHA COMPTON 5200 WARRICK HUNTINGTON BEACH, CA. 92649	<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	
SUBTOTAL \$				<u>1300⁰⁰</u>		

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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 Jan 1, 2004
 through June 30, 2004

Page 13 of 17

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 <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>
3/20/04	CAROL LITTLE 12863 NEWHOPE 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	OFFICE MANAGER	100 ⁰⁰	100 ⁰⁰	
3/20/04	GARDEN GROVE POST # CAT HOSPITAL 10822 GARDEN GROVE BL. GARDEN GROVE, CA 92845	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VET	100 ⁰⁰	100 ⁰⁰	
3/20/04	WILLIAM HUGHES 7 BUSINESS TREE NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHOPPING CENTER OWNER	500 ⁰⁰	500 ⁰⁰	
3/20/04	GEORGE BERTHELM 5841 LUDLOW 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	POLICE OFFICER	100 ⁰⁰	100 ⁰⁰	
4/5/04	ANDREW CHAVOZ 8111 STANFORD 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	OFFICE MANAGER	1400 ⁰⁰	1400 ⁰⁰	
SUBTOTAL \$				2200⁰⁰		

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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 Jan 1, 2008
 through June 30, 2008

SCHEDULE A (CONT)
 CALIFORNIA
 FORM
460

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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 (AN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/5/04	SEAFORD PLACE REST- 12201 Brookhurst GARDEN GROVE, CA 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
4/20/04	PRIMS TIME CORPARD 12212 BROOKHURST GARDEN GROVE, CA 92844	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction	1400 ⁰⁰	1400 ⁰⁰	
4/23/04	VISTA COMMUNITIES 19800 MacArthur IRVINE, CALIF. 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY MGMT.	250 ⁰⁰	250 ⁰⁰	
4/23/04	FRED VALDES 1167 VIA ALEGONZA VISTA, CA. 92083	<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	
4/30/04	Richard Ketchen 2716 Ocean Park Santa Monica CA, 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY MGMT Development	250 ⁰⁰	250 ⁰⁰	
SUBTOTAL \$				2500⁰⁰		

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 (Other than PTY or SCC)
 OTH - Other
 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.

NAME OF FILER

Bill Dalton For Mayor

Statement covers period
 from Jan 1 2004
 through December 2004

CALIFORNIA
 FORM **460**

SCHEDULE A (CONT.)

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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>
4/30/04	MARK REEDER 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	Property Development	250 ⁰⁰	250 ⁰⁰	
4/30/04	AMERICAN PROMOTIONAL EVENTS 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		250 ⁰⁰	250 ⁰⁰	
4/30/04	DAVID REEDER 3320 Ocean Park Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> PTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROP Development	250 ⁰⁰	250 ⁰⁰	
4/30/04	MARK LEEKEY 3318 Harbor Pine Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Develop Real Estate	250 ⁰⁰	250 ⁰⁰	
5/10/04	RAYMOND CHOI 7268 E. MACDALENS Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	supermarket owner	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				<u>1100⁰⁰</u>		

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 (other than PTY or SCC)
 OTH - Other
 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.

NAME OF FILER

BILL DALTON FOR MARRIAGE

Statement covers period
from *March 2007*
through *June 30, 2008*

SCHEDULE A (CONT)
CALIFORNIA
FORM **460**

Page *16* of *17*
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 (JAN. 1 - DEC. 31)	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
<i>5/16/04</i>	<i>JAMES AUTO CENTER 10711 GARDEN GROVE BLVD GARDEN GROVE, CA 92840</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>AUTO REPAIR</i>	<i>250⁰⁰</i>	<i>250⁰⁰</i>	
<i>5/27/04</i>	<i>12866 MAIN ST. GARDEN GROVE, CA 92840 780696</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000⁰⁰</i>	<i>1000⁰⁰</i>	
				SUBTOTAL \$ <i>1250⁰⁰</i>		

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

**Schedule E
Payments Made**

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

Statement covers period
from Jan 1, 2004
through June 30, 2004

**CALIFORNIA
FORM 460**

SCHEDULE E

Page 17 of 17

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DAVTON For Mayor

I.D. NUMBER
1225968

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OWP | 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 |
| FL | 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>JET PRINTERS 12816 NUTWOOD ST. GARDEN GROVE, CA 92842</u>	<u>LT</u>			<u>542.49</u>
<u>GARDEN GROVE HIGH SCHOOL P.O. BOX 2004 GARDEN GROVE, CA 92842</u>	<u>CTB</u>			<u>100.00</u>
<u>POSTMASTER STANFORD AVE. GARDEN GROVE, CALIF 92842</u>	<u>POS</u>			<u>467.00</u>
SUBTOTAL \$				<u>1109.49</u>

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1109.49
2. Unitemized payments made this period of under \$100 \$ 93.82
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 \$** 1203.31

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JAN. 1, 2004
through JUNE 30, 2004

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2004 JUL 29 P 5:02

CALIFORNIA 460
2001/02
FORM
Page 1 of 5
For Official Use Only

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
- Sponsoring
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsoring
- (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- 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) I.D. NUMBER 981807

Treasurer(s)

NAME OF TREASURER

WILLIAM J. DALTON

STREET ADDRESS (NO P.O. BOX)
FRIENDS OF BILL DALTON

CITY STATE ZIP CODE AREA CODE/PHONE
9862 CATHERSINE AVE.

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
GARDEN GROVE CALIF. 92841 5391592

MAILING ADDRESS
GARDEN GROVE CALIF 92841 5391592

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL 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 July 29, 2004 By William J. Dalton
Date Signature of Treasurer or Assistant Treasurer

Executed on July 29, 2004 By William J. Dalton
Date Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____ By _____
Date Signature of Controlling Officer/holder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WILLIAM T. DALTON
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GARDEN GROVE COUNSELLMAN
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9862 CATHERINE AVE GARDEN GROVE CA 92841

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME <u>BILL DALTON FOR Mayor</u>	I.D. NUMBER <u>1225968</u>
NAME OF TREASURER <u>WILLIAM T. DALTON</u>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <u>9862 CATHERINE AVE.</u>	STREET ADDRESS (NO P.O. BOX)
CITY <u>GARDEN GROVE, CA</u>	STATE <u>CA</u>
	ZIP CODE <u>92841</u>
	AREA CODE/PHONE <u>7145391592</u>
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE
	ZIP CODE
	AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

Statement covers period
 from JAN 1, 2004
 through JUNE 30, 2004

Page 3 of 5

CALIFORNIA FORM 460

I.D. NUMBER 981807

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
FRIENDS OF BILL DALTON

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 0
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 0
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 0

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1106.08	\$ 1106.08
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1106.08	\$ 1106.08
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1106.08	\$ 1106.08

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 14977.67	
13. Cash Receipts	Column A, Line 3 above	\$ 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 1106.08	
15. Cash Payments	Column A, Line 8 above	\$ 12911.59	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 12911.59	

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0	
------------------------------	--------------------	------	--

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0	

20. Contributions Received	1/1 through 6/30	\$ 0	7/1 to Date	\$ 0
21. Expenditures Made		\$ 0		\$ 0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	(If subject to Voluntary Expenditure Limit)		Total to Date	
	Date of Election (mm/dd/yy)			

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).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Schedule E
Payments Made

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

Statement covers period
from July, 2004
through June 30, 2004

Page 4 of 5

I.D. NUMBER
981807

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FRIENDS OF BILL DALTON

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 | RAID | 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
INTERLAND HOST PAB 3250 WILSHIRE BLVD - LOS ANGELES, CALIF. 90010	WEB			139.65
LOS ANGELES TIMES 202 W. 1ST ST. LOS ANGELES, CALIF. 92842	OFC			123.50
GARDEN GROVE STORAGE 13632 EUCLID ST. GARDEN GROVE, CALIF. 92842	CMP			658.09
SUBTOTAL \$				<u>921.15</u>

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1033.08
2. Unitemized payments made this period of under \$100 \$ 73.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1106.08

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from July 2004
through June 30, 2004

CALIFORNIA
FORM
460

Page 5 of 5

I.D. NUMBER
981807

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FRIENDS OF BILL DALTON

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MER 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 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
<u>ORANGE COUNTY REGISTER P.O. BOX 30217 LOS ANGELES, CALIF 90030-0217</u>	<u>OK</u>			<u>111.93</u>

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

SUBTOTAL \$ 111.93

Statement of Organization Recipient Committee

Type or print in ink

30

981807

Statement Type Initial

Not yet qualified or

Amendment List I.D. number: # _____

Termination - See Part 5 List I.D. number: # _____

Date qualified as committee _____

Date qualified as committee (if applicable) _____

Date of Termination _____

Date Stamp: RECEIVED CITY OF GARDEN ANDREW SHELLEY, Secretary of State
 RECEIVED ANDREW SHELLEY, Secretary of State
 In the office of the Secretary of State
 Date: DEC 28 2004
 JAN 19 2005
 CALIFORNIA FORM 410
 For Official Use Only
 KEVIN SHELLEY, Secretary of State
 DEPARTMENT OF VOTERS

1. Committee Information

NAME OF COMMITTEE

FRIENDS OF BILL DARTON

2. Treasurer and Other Principal Officers

NAME OF TREASURER

WILLIAM J. DARTON

STREET ADDRESS (NO P.O. BOX)

9862 CATHERINE AVE

STREET ADDRESS

9862 CATHERINE AVE

CITY

GARDEN GROVE, CA 92841 5371592

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTRY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

NAME AND POSITION OF OTHER PRINCIPAL OFFICERS, IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12/23/04 By William J. Darton
 Executed on 12/23/04 By William J. Darton
 Executed on _____ By _____
 Executed on _____ By _____

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME: FRIENDS OF BILL DALTON I.D. NUMBER: 981807

4. Type of Committee

Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
WILLIAM J. DALTON	COUNCILMAN	2002	<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
UNION BANK OF CALIF.	800-238-4486	575 100 8805
ADDRESS: 20655 YORBA LINDA BLVD.	CITY: YORBA LINDA	STATE: CALIF. ZIP CODE: 92886

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Date Received
Official-Use Only

A Public Document

Please type or print in ink

2004 JUL 30 P 4: 24

NAME	(LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
DALTON WILLIAM JAMES (714) 534-1592				
MAILING ADDRESS	(May be business address)			
9862 CATHERINE AVE GARDEN CA. 92				
STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency or Court

Name of Office, Agency or Court: GARDEN GROVE MAYOR

Division, Board, District, if applicable: _____

Your Position: _____

Agency: _____

Position: _____

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

2. Jurisdiction of Office (Check at least one box)

State

County of _____

City of GARDEN GROVE

Multi-County _____

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2003, through December 31, 2003.

The period covered is _____ through _____, through December 31, 2003.

Leaving Office Date Left: _____ (Check one)

The period covered is January 1, 2003, through _____, through the date of leaving office.

The period covered is _____ through _____, through the date of leaving office.

Candidate

4. Schedule Summary
(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes - schedule attached
Income - Loans

Schedule E Yes - schedule attached
Income - Gifts

Schedule F Yes - schedule attached
Income - Travel Payments

→ No reportable interests on any schedule

Total number of pages completed including this cover page: 6

5. Verification

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

Date Signed July 29 2004 (month, day, year)

Signature [Handwritten Signature]
(File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	William Dalton

> NAME OF BUSINESS ENTITY ALBERTSONS GENERAL DESCRIPTION OF BUSINESS ACTIVITY SUPERMARKETS	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> Over \$1,000,000	NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other
IF APPLICABLE, LIST DATE: / / 02 ACQUIRED	IF APPLICABLE, LIST DATE: / / 02 DISPOSED

> NAME OF BUSINESS ENTITY WALT DISNEY CO. GENERAL DESCRIPTION OF BUSINESS ACTIVITY ENTERTAINMENT	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> Over \$1,000,000	NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other
IF APPLICABLE, LIST DATE: / / 02 ACQUIRED	IF APPLICABLE, LIST DATE: / / 02 DISPOSED

> NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> Over \$1,000,000	NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other
IF APPLICABLE, LIST DATE: / / 02 ACQUIRED	IF APPLICABLE, LIST DATE: / / 02 DISPOSED

> NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> Over \$1,000,000	NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other
IF APPLICABLE, LIST DATE: / / 02 ACQUIRED	IF APPLICABLE, LIST DATE: / / 02 DISPOSED

> NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> Over \$1,000,000	NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other
IF APPLICABLE, LIST DATE: / / 02 ACQUIRED	IF APPLICABLE, LIST DATE: / / 02 DISPOSED

> NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> Over \$1,000,000	NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other
IF APPLICABLE, LIST DATE: / / 02 ACQUIRED	IF APPLICABLE, LIST DATE: / / 02 DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership interest is 10% or greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: William J. Dalton

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
 Address: 9862 Catherine Ave

Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/>	\$2,000 - \$10,000	ACQUIRED	/ / 02
<input type="checkbox"/>	\$10,001 - \$100,000	DISPOSED	/ / 02
<input type="checkbox"/>	\$100,001 - \$1,000,000		
<input type="checkbox"/>	Over \$1,000,000		

NATURE OF INVESTMENT

YOUR BUSINESS POSITION

Sole Proprietorship Partnership Other

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/>	\$0 - \$499
<input checked="" type="checkbox"/>	\$10,001 - \$100,000
<input type="checkbox"/>	\$500 - \$1,000
<input type="checkbox"/>	\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

ION MAZUREK

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

INVESTMENT REAL PROPERTY

Name of Business Entity or Assessor's Parcel Number of Real Property: 10632 CLAUSSON ST.

Street Address or Assessor's Parcel Number of Real Property: 10632 CLAUSSON ST.

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/>	\$2,000 - \$10,000	ACQUIRED	/ / 02
<input type="checkbox"/>	\$10,001 - \$100,000	DISPOSED	/ / 02
<input checked="" type="checkbox"/>	\$100,001 - \$1,000,000		
<input type="checkbox"/>	Over \$1,000,000		

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other

Leasehold Yrs. remaining _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
 Address: 9862 Catherine Ave

Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/>	\$2,000 - \$10,000	ACQUIRED	/ / 02
<input type="checkbox"/>	\$10,001 - \$100,000	DISPOSED	/ / 02
<input type="checkbox"/>	\$100,001 - \$1,000,000		
<input type="checkbox"/>	Over \$1,000,000		

NATURE OF INVESTMENT

YOUR BUSINESS POSITION

Sole Proprietorship Partnership Other

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/>	\$0 - \$499
<input checked="" type="checkbox"/>	\$10,001 - \$100,000
<input type="checkbox"/>	\$500 - \$1,000
<input type="checkbox"/>	\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

TON CALAGAN

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

INVESTMENT REAL PROPERTY

Name of Business Entity or Assessor's Parcel Number of Real Property: 9852 CATHARINE AVE

Street Address or Assessor's Parcel Number of Real Property: 9852 CATHARINE AVE

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/>	\$2,000 - \$10,000	ACQUIRED	/ / 02
<input type="checkbox"/>	\$10,001 - \$100,000	DISPOSED	/ / 02
<input checked="" type="checkbox"/>	\$100,001 - \$1,000,000		
<input type="checkbox"/>	Over \$1,000,000		

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other

Leasehold Yrs. remaining _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

700 CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

Name: William J. Dalton

> 1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
Address: 982 Catharine Ave

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	<u>1/02</u>
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	<u>1/02</u>
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box

INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 10772-30 Stanford

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	<u>1/02</u>
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	<u>1/02</u>
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other

Leasehold Other

Check box if additional schedules reporting investments or real property are attached

Check box if additional schedules reporting investments or real property are attached

> 1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
Address: 982 Catharine Ave

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	<u>1/02</u>
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	<u>1/02</u>
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

Alan Howell

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box

INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 11912 John Ave

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	<u>1/02</u>
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	<u>1/02</u>
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other

Leasehold Other

Check box if additional schedules reporting investments or real property are attached

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership interest is 10% or greater)

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
 Address: 9862 Catherline Ave

Check one
 Trust, go to 2
 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/ / 02
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/ / 02
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT

Sole Proprietorship
 Partnership
 Other

YOUR BUSINESS POSITION

Check one
 Trust, go to 2
 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/ / 02
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/ / 02
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT

Sole Proprietorship
 Partnership
 Other

YOUR BUSINESS POSITION

Check one
 Trust, go to 2
 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$499	ACQUIRED	/ / 02
<input type="checkbox"/> \$500 - \$1,000	DISPOSED	/ / 02
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		
<input checked="" type="checkbox"/> \$1,001 - \$10,000		

SHARE OF THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: GARDEN GROVE 9951 CATHERLINE AVE

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/ / 02
<input checked="" type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/ / 02
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

Partnership
 Stock
 Other

Leasehold Yes, remaining Other

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
 Address: 9862 Catherline Ave

Check one
 Trust, go to 2
 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/ / 02
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/ / 02
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT

Sole Proprietorship
 Partnership
 Other

YOUR BUSINESS POSITION

Check one
 Trust, go to 2
 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$499	ACQUIRED	/ / 02
<input type="checkbox"/> \$500 - \$1,000	DISPOSED	/ / 02
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		
<input checked="" type="checkbox"/> \$1,001 - \$10,000		

SHARE OF THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 11581 BORDA

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/ / 02
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/ / 02
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

Partnership
 Stock
 Other

Leasehold Yes, remaining Other

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name: _____
 Address: _____
 Check one
 Trust, go to 2
 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

IF APPLICABLE, LIST DATE: _____

FAIR MARKET VALUE: _____

ACQUIRED: / 02 /
 DISPOSED: / / 02

NATURE OF INVESTMENT: _____

Other Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION: _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499
 \$500 - \$1,000
 \$10,001 - \$100,000
 OVER \$100,000

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT
 REAL PROPERTY

Name of Business Entity or Assessor's Parcel Number of Real Property: _____

Street Address or Assessor's Parcel Number of Real Property: _____

Description of Business Activity or City or Other Precise Location of Real Property: _____

IF APPLICABLE, LIST DATE: _____

FAIR MARKET VALUE: _____

ACQUIRED: / 02 /
 DISPOSED: / / 02

NATURE OF INTEREST: _____

Other Partnership Stock Property Ownership/Deed of Trust Leasehold Other

Check box if additional schedules reporting investments or real property are attached: _____

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
 Address: 9862 CATHERINE AVE
 Trust, go to 2
 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

IF APPLICABLE, LIST DATE: _____

FAIR MARKET VALUE: _____

ACQUIRED: / 02 /
 DISPOSED: / / 02

NATURE OF INVESTMENT: _____

Other Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION: _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499
 \$500 - \$1,000
 \$10,001 - \$100,000
 OVER \$100,000

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT
 REAL PROPERTY

Name of Business Entity or Assessor's Parcel Number of Real Property: _____

Street Address or Assessor's Parcel Number of Real Property: 11861 MACGILL
GARDEN GROVE

Description of Business Activity or City or Other Precise Location of Real Property: _____

IF APPLICABLE, LIST DATE: _____

FAIR MARKET VALUE: _____

ACQUIRED: / 02 /
 DISPOSED: / / 02

NATURE OF INTEREST: _____

Other Partnership Stock Property Ownership/Deed of Trust Leasehold Other

Check box if additional schedules reporting investments or real property are attached: _____

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Date Received
Official Use Only

2004 MAR 10 P 4: 56

A Public Document

Please type or print in ink

NAME	DALTON
(LAST)	
(FIRST)	WILLIAM
(MIDDLE)	JAMES
DAYTIME TELEPHONE NUMBER	(714) 539 1592
MAILING ADDRESS	9862 CATHERINE AVE GARDEN GROVE, CA 92841
(May be business address)	
STREET	
CITY	
STATE	
ZIP CODE	
OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency or Court

Name of Office, Agency or Court: CITY OF GARDEN GROVE

Division, Board, District, if applicable: _____

Your Position: COUNCILMAN

→ If filing for multiple positions, list additional agency(ies)/positions(s): (Attach a separate sheet if necessary.)
FIVE TRAINING I.P.A.
WEST ORANGE CO. WATER
ORANGE COUNTY SANITATION BOARD DIST.

Agency: _____

Position: REPRESENTATIVE

2. Jurisdiction of Office (Check at least one box)

State

County of ORANGE

City of GARDEN GROVE

Multi-County

Other _____

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: _____

Annual: The period covered is January 1, 2003, through December 31, 2003.

The period covered is _____, through December 31, 2003.

Leaving Office Date Left: _____

The period covered is January 1, 2003, through _____ (Check one)

The period covered is _____, through _____ the date of leaving office.

The period covered is _____, through _____ the date of leaving office.

Candidate

4. Schedule Summary
(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes - schedule attached
Income - Loans

Schedule E Yes - schedule attached
Income - Gifts

Schedule F Yes - schedule attached
Income - Travel Payments

→ No reportable interests on any schedule

Total number of pages completed including this cover page: 6

5. Verification

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

Date Signed: March 10 2004
(month, day, year)

Signature: William Dalton
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
 (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name: William Dager

> NAME OF BUSINESS ENTITY _____

IF APPLICABLE, LIST DATE: _____

ACQUIRED / / 02 DISPOSED / / 02

(Describe) _____

Other Stock

NATURE OF INVESTMENT

FAIR MARKET VALUE

\$2,000 - \$10,000 \$100,001 - \$1,000,000

\$10,001 - \$100,000 Over \$1,000,000

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

> NAME OF BUSINESS ENTITY _____

IF APPLICABLE, LIST DATE: _____

ACQUIRED / / 02 DISPOSED / / 02

(Describe) _____

Other Stock

NATURE OF INVESTMENT

FAIR MARKET VALUE

\$2,000 - \$10,000 \$100,001 - \$1,000,000

\$10,001 - \$100,000 Over \$1,000,000

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

> NAME OF BUSINESS ENTITY _____

IF APPLICABLE, LIST DATE: _____

ACQUIRED / / 02 DISPOSED / / 02

(Describe) _____

Other Stock

NATURE OF INVESTMENT

FAIR MARKET VALUE

\$2,000 - \$10,000 \$100,001 - \$1,000,000

\$10,001 - \$100,000 Over \$1,000,000

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

> NAME OF BUSINESS ENTITY ALBERTSONS

IF APPLICABLE, LIST DATE: _____

ACQUIRED / / 02 DISPOSED / / 02

(Describe) _____

Other Stock

NATURE OF INVESTMENT

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

GENERAL DESCRIPTION OF BUSINESS ACTIVITY SUPERMARKETS

> NAME OF BUSINESS ENTITY WALT DISNEY CO.

IF APPLICABLE, LIST DATE: _____

ACQUIRED / / 02 DISPOSED / / 02

(Describe) _____

Other Stock

NATURE OF INVESTMENT

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

GENERAL DESCRIPTION OF BUSINESS ACTIVITY ENTERTAINMENT

> NAME OF BUSINESS ENTITY _____

IF APPLICABLE, LIST DATE: _____

ACQUIRED / / 02 DISPOSED / / 02

(Describe) _____

Other Stock

NATURE OF INVESTMENT

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name: William J. Dutton
 Address: 9862 Catherine Ave

Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

Jon Mazurak

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box: REAL PROPERTY INVESTMENT

Name of Business Entity or Assessor's Parcel Number of Real Property: _____

Street Address or Assessor's Parcel Number of Real Property: 10632 Dutton St

City or Other Precise Location of Real Property: Garden Grove

Description of Business Activity or _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other _____

Leasehold vs. remaining _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name: William J. Dutton
 Address: 9862 Catherine Ave

Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$100,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

Tom Gulligan

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box: REAL PROPERTY INVESTMENT

Name of Business Entity or Assessor's Parcel Number of Real Property: _____

Street Address or Assessor's Parcel Number of Real Property: 9852 Catherine Ave

City or Other Precise Location of Real Property: Garden Grove

Description of Business Activity or _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other _____

Leasehold vs. remaining _____

Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership interest is 10% or greater)

700 CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

Name: William J. Dalton

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
Address: 9862 CATHERINE AVE

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 02

\$10,001 - \$100,000 / / 02

\$100,001 - \$1,000,000 / / 02

Over \$1,000,000 / / 02

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000

\$500 - \$1,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

Check one box

INVESTMENT REAL PROPERTY

Name of Business Entity or Assessor's Parcel Number of Real Property: _____

Street Address or Assessor's Parcel Number of Real Property: 10772-80 Stanford

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 02

\$10,001 - \$100,000 / / 02

\$100,001 - \$1,000,000 / / 02

Over \$1,000,000 / / 02

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold Other

Check box if additional schedules reporting investments or real property are attached _____

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
Address: 9862 CATHERINE AVE

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 02

\$10,001 - \$100,000 / / 02

\$100,001 - \$1,000,000 / / 02

Over \$1,000,000 / / 02

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000

\$500 - \$1,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

Check one box

INVESTMENT REAL PROPERTY

Name of Business Entity or Assessor's Parcel Number of Real Property: _____

Street Address or Assessor's Parcel Number of Real Property: 11912 JOHN AVE

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 02

\$10,001 - \$100,000 / / 02

\$100,001 - \$1,000,000 / / 02

Over \$1,000,000 / / 02

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold Other

Check box if additional schedules reporting investments or real property are attached _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership interest is 10% or greater)

700 CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

Name: William Dalton

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
 Address: 982 Catherine Ave

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/	/	02
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/	/	02
<input type="checkbox"/> \$100,001 - \$1,000,000				
<input type="checkbox"/> Over \$1,000,000				

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

SHARE OF THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 11581 Darda GARDEN GROVE

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/	/	02
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/	/	02
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000				
<input type="checkbox"/> Over \$1,000,000				

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other

Leasehold Yes, remaining Other

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
 Address: 982 Catherine Ave

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/	/	02
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/	/	02
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000				
<input type="checkbox"/> Over \$1,000,000				

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

SHARE OF THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 9951 CATHERINE AVE GARDEN GROVE

Description of Business Activity or City or Other Precise Location of Real Property: GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	/	/	02
<input type="checkbox"/> \$10,001 - \$100,000	DISPOSED	/	/	02
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000				
<input type="checkbox"/> Over \$1,000,000				

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other

Leasehold Yes, remaining Other

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name William Dalton

1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____

Trust, go to 2 Business Entity, complete the box, then go to 2

Check one

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____

NATURE OF INVESTMENT

Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000

ACQUIRED / / 02
 DISPOSED / / 02

Other Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box

INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____

\$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST

Partnership Stock Property Ownership/Deed of Trust Other

Leasehold Yes, remaining _____ Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name William J. Dalton
 Address 9862 CATHERINE AVE

Trust, go to 2 Business Entity, complete the box, then go to 2

Check one

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____

NATURE OF INVESTMENT

Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000

ACQUIRED / / 02
 DISPOSED / / 02

Other Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box

INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property 11861 MAC GILL
GARDEN GROVE

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____

\$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST

Partnership Stock Property Ownership/Deed of Trust Other

Leasehold Yes, remaining _____ Other _____

Check box if additional schedules reporting investments or real property are attached