

Type or print in ink.  
 Statement covers period  
 from JULY 31, 2009  
 through DEC 31, 2009  
 Date of election if applicable:  
 (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall (Also Complete Part 5)  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

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

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement (Also file a Form 410 Termination)  
 Amendment (Explain below)

**AMENDED FORM TO CORRECT YTD CONTRIBUTIONS RECEIVED AND EXPENDITURES MADE, ALSO CURRENT CASH STATEMENT AMOUNTS**

**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 STATE ZIP CODE AREA CODE/PHONE  
GARDEN GROVE CA 92841 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 STATE ZIP CODE AREA CODE/PHONE  
GARDEN GROVE CA 92841 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 Date  
 Executed on 9/26/12 Date  
 Executed on \_\_\_\_\_ 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

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
 State of California

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period  
from JULY 31, 2009  
through DEC 31, 2009

CALIFORNIA  
FORM **460**

Page 2 of 2  
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 \$ 500.00	\$ 500.00
2. Loans Received .....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 500.00	\$ 500.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 500.00	\$ 500.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 2144.78	\$ 3424.80
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 2144.78	\$ 3424.80
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 6 + 7 + 9 + 10 \$ 2144.78	\$ 3424.80

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 123385.58
13. Cash Receipts .....	Column A, Line 3 above \$ 500.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0
15. Cash Payments .....	Column A, Line 8 above \$ 2144.78
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 121740.80

*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

	1/1 through 6/30	7/1 to Date
20. Contributions Received \$		
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).

\*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

CALIFORNIA  
FORM

460

Date Stamp  
RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

Page 1 of 4

For Official Use Only

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

2012 OCT -4 P 3:30

Statement covers period  
from JAN 1, 2009

through JUNE 30, 2009

SEE INSTRUCTIONS ON REVERSE

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

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

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)  Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

AMENDED FORM TO CORRECT EXPENDITURES MADE AND  
CURRENT CASH STATEMENT

### 3. Committee Information

I.D. NUMBER  
1225968

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

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 Date  
Executed on 9/26/12 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By William J Dalton Signatures of Treasurer or Assistant Treasurer  
By William J Dalton Signatures of Treasurer or Responsible Officer of Sponsor  
By \_\_\_\_\_ Signatures of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_ Signatures of Controlling Officeholder, 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 JAN 1, 2009  
through JUNE 30, 2009

CALIFORNIA  
FORM **460**

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

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>1280.02</u>	\$ <u>1280.02</u>
7. Loans Made .....	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>1280.02</u>	\$ <u>1280.02</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>1280.02</u>	\$ <u>1280.02</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>124665.60</u>
13. Cash Receipts .....	Column A, Line 3 above \$ <u>0</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ <u>0</u>
15. Cash Payments .....	Column A, Line 8 above \$ <u>1280.02</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>123385.58</u>

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

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ <u>0</u>
------------------------------------	--------------------------------

## 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>

## 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

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).

\*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.

SCHEDULEE

CALIFORNIA  
FORM

460

Statement covers period

from JAN 1, 2009

through JUNE 30, 2009

Page 3 of 4

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.

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>GMP campaign paraphernalia/misc.</li> <li>CNS campaign consultants</li> <li>CTB contribution (explain nonmonetary)*</li> <li>CVC civic donations</li> <li>FIL candidate filing/ballot fees</li> <li>FND fundraising events</li> <li>IND independent expenditure supporting/opposing others (explain)*</li> <li>LEG legal defense</li> <li>LIT campaign literature and mailings</li> </ul> | <ul style="list-style-type: none"> <li>MBR member communications</li> <li>MTG meetings and appearances</li> <li>OFC office expenses</li> <li>PET petition circulating</li> <li>PHO phone banks</li> <li>POL polling and survey research</li> <li>POS postage, delivery and messenger services</li> <li>PRO professional services (legal, accounting)</li> <li>PRT print ads</li> </ul> | <ul style="list-style-type: none"> <li>RAD radio airtime and production costs</li> <li>RFD returned contributions</li> <li>SAL campaign workers' salaries</li> <li>TEL t.v. or cable airtime and production costs</li> <li>TRC candidate travel, lodging, and meals</li> <li>TRS staff/spouse travel, lodging, and meals</li> <li>TSF transfer between committees of the same candidate/sponsor</li> <li>VOT voter registration</li> <li>WEB information technology costs (internet, e-mail)</li> </ul> |
|--|--|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL \$

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1240.02
2. Unitemized payments made this period of under \$100	\$ 40.00
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.)	<b>TOTAL \$ 1280.02</b>

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

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

SCHEDULE E (CONT.)

<b>CALIFORNIA FORM 460</b>	Page <u>4</u> of <u>4</u>
Statement covers period from <u>JAN 1, 2009</u> through <u>JUNE 30, 2009</u>	
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  |
| 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
LA TIMES 202 W 1ST STREET LOS ANGELES CA 90012	OFC			42.00
<b>SUBTOTAL \$</b>				42.00

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

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM  
**460**

Page 1 of 5

For Official Use Only

Date Stamp  
**RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE**

**2010 FEB - 1 A 10: 23**

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

Statement covers period  
from JULY 1, 2009  
through DEC. 31, 2009

SEE INSTRUCTIONS ON REVERSE

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

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

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

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

I.D. NUMBER 1225968

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

CITY GARDEN GROVE, CA-92841 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 J. DALTON

MAILING ADDRESS 9862 CATHERINE AVE.

CITY GARDEN GROVE, CA 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 2/1/10 Date

Executed on 2/1/10 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By William J. Dalton Signature of Treasurer or Assistant Treasurer

By William J. Dalton 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

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA **460**  
FORM

Statement covers period  
from July 1, 2009  
through Dec-31, 2009

Page 2 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

I.D. NUMBER

1225968

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

- |                                       |                    |    |  |    |
|---------------------------------------|--------------------|----|--|----|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ |  | \$ |
| 2. Loans Received .....               | Schedule B, Line 3 |    |  |    |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ |  | \$ |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 |    |  |    |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ |  | \$ |

## Expenditures Made

- |  |                      |    |                |    |                |
|--|----------------------|----|----------------|----|----------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ | <u>2144.78</u> | \$ | <u>3374.62</u> |
| 7. Loans Made .....                      | Schedule H, Line 3   |    | <u>0</u>       |    | <u>0</u>       |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ | <u>2144.78</u> | \$ | <u>3374.62</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>2144.78</u> | \$ | <u>3374.62</u> |

## Current Cash Statement

- |   |   |    |                  |
|---|---|----|------------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ | <u>121079.31</u> |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        |    | <u>500.00</u>    |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            |    | <u>0</u>         |
| 15. Cash Payments .....                   | Column A, Line 8 above                        |    | <u>2144.78</u>   |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ | <u>119434.53</u> |

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

- |                                    |                    |    |          |
|------------------------------------|--------------------|----|----------|
| 17. LOAN GUARANTEES RECEIVED ..... | Schedule B, Part 2 | \$ | <u>0</u> |
|------------------------------------|--------------------|----|----------|

## 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).

## 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

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.

SCHEDULE A

**CALIFORNIA  
FORM 460**

Statement covers period  
from JULY 1, 2009  
through DEC. 31, 2009

Page 3 of 5

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)
<u>Nov 2009</u>	<u>MICHAEL ESPOSITO FEDERAL ADVOCATES 20607 QUARTER PATH CIR STERLING, VA 20165</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>FEDERAL ADVOCATE</u>	<u>\$500.00</u>	<u>\$500.00</u>	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>					<u>500</u>	

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 500.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 500.00

\*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.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period  
from July 1, 2009  
through Dec 31, 2009

Page 4 of 5  
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
- 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
- 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
LOS ANGELES TIMES 202 W. 1ST ST. LOS ANGELES, CA. 90012	OFC			\$ 113.00
ST. COLUMBAN FESTIVAL 10801 STANFORD GARDEN GROVE, CA. 92840	CMP			\$ 425.00
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CA. 92843	CMP			\$ 720.00
			<b>SUBTOTAL \$</b>	<b>1258</b>

\* 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.) ..... \$ 1881.65
2. Unitemized payments made this period of under \$100 ..... \$ 263.13
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 \$** 2144.78

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

SCHEDULE E (CONT.)

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

**CALIFORNIA 460  
FORM**

Statement covers period  
from July, 2009  
through Dec. 31, 2009

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

BILL DACTON FOR MAZAR  
I.D. NUMBER  
1225968

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHASE BANK P.O. BOX 94014 PALATINE, IL 60094	WEB			\$ 209.65
MATER DEI 1202 W. EDINGBOR SANTA ANA, CA. 92707	cmp			\$ 150.00
POSTMASTER 10441 STANFORD AVE GARDEN GROVE, CA. 92842	POS			\$ 264.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 623.65

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

**CALIFORNIA FORM 501**

Rec'd For Official Use Only  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

2009 NOV 30 A 7:50

Check One:  Initial  Amendment (Explain) REELECTION TO SAME OFFICE 2010

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DALTON WILLIAM J. DAYTIME TELEPHONE NUMBER (714) 539-1592 FAX NUMBER (optional) (714) 539-4547 E-MAIL (optional)

STREET ADDRESS 9862 CATHERINE AVE GARDEN GROVE CITY GARDEN GROVE STATE CALIF. ZIP CODE 92841

OFFICE SOUGHT (POSITION TITLE) MAYOR AGENCY NAME CITY OF GARDEN GROVE DISTRICT NUMBER, if applicable.  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: CITY OF GARDEN GROVE (Name of Multi-County Jurisdiction) (Year of Election) 2010

## 2. State Candidate Expenditure Limit Statement:

(Ca/PERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

                     Primary/general election                      Special runoff election  
(Year of Election) (Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:  
 I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_/\_\_\_/\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_/\_\_\_/\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Nov. 5, 2009 (month, day, year) Signature William J Dalton (Candidate)



**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

Date Stamp

**CALIFORNIA  
FORM 410**  
For Official Use Only

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CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE  
2009 NOV 30 A 7:50

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

Amendment  
List I.D. number: \_\_\_\_\_ # 1225968

Initial  
Not yet qualified  or

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified as committee      Date qualified as committee      Date of Termination  
(if applicable)

**1. Committee Information**

NAME OF COMMITTEE \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX) BILL DALTON FOR MAYOR 2010  
9862 CATHERINE AVE.  
 CITY GARDEN GROVE CALIF. 92841 STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592  
 MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER WILLIAM J. DALTON  
 STREET 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 \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

COUNTY OF DOMICILE ORANGE  
 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE \_\_\_\_\_

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 \_\_\_\_\_

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 Nov. 5, 2009 By William J Dalton  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on Nov. 5, 2009 By William J Dalton  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2	
I.D. NUMBER	1225968
COMMITTEE NAME	BILL DALTON For Mayor

### 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	MAYOR	2010	<input 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
ADDRESS	CITY	STATE
		ZIP CODE

**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
		SUPPORT
		OPPOSE

**Recipient Committee Campaign Statement Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 4

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Date Stamp

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CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

2009 JUL 31 A 11:25

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

Statement covers period  
from JAN-1, 2009  
through JUNE 30, 2009

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 1225968

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

BILL DALTON FOR MAYOR  
STREET ADDRESS (NO P.O. BOX) 9862 CATHERINE AVE  
CITY GARDEN GROVE CA 92844 714 5391092  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

**Treasurer(s)**

NAME OF TREASURER WILLIAM J- DALTON  
MAILING ADDRESS 9862 CATHERINE AVE  
CITY GARDEN GROVE, CA 92844 7539-1592  
STATE ZIP CODE AREA CODE/PHONE  
NAME OF ASSISTANT TREASURER, IF ANY  
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 7/31/09 Date  
Executed on 7/31/09 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By William Dalton Signature of Treasurer or Assistant Treasurer  
By William Dalton 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

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA **460**  
FORM

Statement covers period

from JAN-1, 2009

through JUNES30, 2009

Page 2 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

I.D. NUMBER

1225968

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions ..... Schedule A, Line 3 \$ 0
2. Loans Received ..... Schedule B, Line 3 \$ 0
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2 \$ 0
4. Nonmonetary Contributions ..... Schedule C, Line 3 \$ 0
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 \$ 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 \$ 1229 84
7. Loans Made ..... Schedule H, Line 3 \$ 0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7 \$ 1229 84
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 \$ 0
10. Nonmonetary Adjustment ..... Schedule C, Line 3 \$ 0
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10 \$ 1229 84

## Expenditure Limit Summary for State Candidates

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

Date of Election \_\_\_\_\_ Total to Date \_\_\_\_\_  
(mm/dd/yy) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16 \$ 122309 15
13. Cash Receipts ..... Column A, Line 3 above \$ 0
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4 \$ 1229 84
15. Cash Payments ..... Column A, Line 8 above \$ 121079 31
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 \$ \_\_\_\_\_

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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



**Schedule E  
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period

from JAN 1, 2009

through JUNE 30, 2009

Page 3 of 4

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
- 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
- PRO 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
O-C-REGISTER P.O. BOX 7154 PASADENA, CA. 91109	OFC			\$ 172.32
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CA. 92843	OMP			\$ 720.00
L.A. TIMES 202 W. 1ST ST. LOS ANGELES, CA. 90012	OFC			\$ 126.00
			<b>SUBTOTAL \$</b>	<b>\$ 1018.32</b>

\* 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.) ..... \$ 1168.01
2. Unitemized payments made this period of under \$100 ..... \$ 617.77
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 \$** 1229.84

**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 Jan 1, 2009

through June 30, 2009

Page 4 of 4

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
- 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
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

- MEMBER COMMUNICATIONS
- MEETINGS AND APPEARANCES
- OFFICE EXPENSES
- PETITION CIRCULATING
- PHONE BANKS
- POLLING AND SURVEY RESEARCH
- POSTAGE, DELIVERY AND MESSENGER SERVICES
- PROFESSIONAL SERVICES (LEGAL, ACCOUNTING)
- PRINT ADS
- RADIO AIRTIME AND PRODUCTION COSTS
- RETURNED CONTRIBUTIONS
- CAMPAIGN WORKERS' SALARIES
- TELEVISION OR CABLE AIRTIME AND PRODUCTION COSTS
- CANDIDATE TRAVEL, LODGING, AND MEALS
- STAFF/SPOUSE TRAVEL, LODGING, AND MEALS
- TRANSFER BETWEEN COMMITTEES OF THE SAME CANDIDATE/SPONSOR
- VOTER REGISTRATION
- INFORMATION TECHNOLOGY COSTS (INTERNET, E-MAIL)

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CHASE BANK  
P.O. Box 94014  
PALATINE, IL. 60094

CODE OR

WEB

DESCRIPTION OF PAYMENT

AMOUNT PAID

\$ 149.75

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

**SUBTOTAL \$ 149.75**

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

A Public Document

Please type or print in ink.

2009 JAN 29 A 10:27

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
DALTON	WILLIAM	JAMES	(714) 539-1592
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
9862 CATHERINE AVE. GARDEN GROVE, CA 92844			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY OF GARDEN GROVE

Division, Board, District, if applicable:

Your Position:

MAYOR

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

Agency: O.C. SANITARY DIST. WEST O.C. BOARD  
O.C. TA, FIRE TRAWING SPA WATER  
AGWA FOUNT POWERS INS. AUTHORITY

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: 12/1/08

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

4. Schedule Summary

► Total number of pages including this cover page: 6

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

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, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D  Yes - schedule attached  
Income - Gifts

Schedule E  Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

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 1/29/09

(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.

Name  
WILLIAM DALTON

▶ NAME OF BUSINESS ENTITY  
WALT DISNEY CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ENTERTAINMENT

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
GENERAL MOTORS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
VEHICLE MANUFACTURER

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
11/19/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
SIRIUS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
SATELLITE RADIO

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
HARTFORD FINANCIAL SVS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
INSURANCE

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
12/5/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
ZEROX CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
COPY MACHINE EQUIP.

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      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 DALTON

**▶ 1. BUSINESS ENTITY OR TRUST**

WILLIAM J- DALTON  
Name  
9862 CATHERINE AVE.  
Address  
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                           /      / 08                           /      / 08  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

WILLIAM J- DALTON  
Name  
9862 CATHERINE AVE.  
Address  
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                           /      / 08                           /      / 08  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 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  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

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

TOM CALLAGAN

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

JON MAZURK

**▶ 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  
9852 CATHERINE AVE.  
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                           /      / 08                           /      / 08  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

**▶ 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  
10632 CLAUSSEN ST.  
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                           /      / 08                           /      / 08  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name WILLIAM DALTON

1. BUSINESS ENTITY OR TRUST WILLIAM J- DALTON 9862 CATHERINE AVE. Trust, go to 2

1. BUSINESS ENTITY OR TRUST WILLIAM J- DALTON 9862 CATHERINE AVE. Trust, go to 2

2. IDENTIFY THE GROSS INCOME RECEIVED... \$10,001 - \$100,000

2. IDENTIFY THE GROSS INCOME RECEIVED... \$10,001 - \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE ALAN Howell

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST REAL PROPERTY 11912 JOHN AVE GARDEN GROVE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST REAL PROPERTY 10772-80 STANFORD GARDEN GROVE

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>WILLIAM DALTON</u>

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name <u>WILLIAM J. DALTON</u>	
Address <u>9862 CATHERINE AVE</u>	
Check one <input checked="" type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
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"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>    </u> / <u>    </u> / <u>08</u> <u>    </u> / <u>    </u> / <u>08</u> ACQUIRED                      DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name <u>WILLIAM J. DALTON</u>	
Address <u>9862 CATHERINE AVE.</u>	
Check one <input checked="" type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
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"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>    </u> / <u>    </u> / <u>08</u> <u>    </u> / <u>    </u> / <u>08</u> ACQUIRED                      DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input checked="" type="checkbox"/> \$1,001 - \$10,000	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input checked="" type="checkbox"/> \$1,001 - \$10,000	

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

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

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property <u>9951 CATHERINE AVE</u> <u>GARDEN GROVE</u>	
Description of Business Activity or City or Other Precise Location of Real Property 	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>    </u> / <u>    </u> / <u>08</u> <u>    </u> / <u>    </u> / <u>08</u> ACQUIRED                      DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property <u>11861 MAC GILL</u> <u>GARDEN GROVE</u>	
Description of Business Activity or City or Other Precise Location of Real Property 	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>    </u> / <u>    </u> / <u>08</u> <u>    </u> / <u>    </u> / <u>08</u> ACQUIRED                      DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: \_\_\_\_\_

SCHEDULE C  
Income, Loans, & Business  
Positions  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
WILLIAM DALTON

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
ST. COLUMBAN SCHOOL

ADDRESS  
10855 STANFORD AVE.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CLERICAL/ EDUCATION

YOUR BUSINESS POSITION  
SECRETARY

GROSS INCOME RECEIVED  
 \$500 - \$1,000      \$1,001 - \$10,000  
 \$10,001 - \$100,000      OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary      Spouse's or registered domestic partner's income  
 Loan repayment  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or      Rental Income, list each source of \$10,000 or more  
  
 Other \_\_\_\_\_  
(Describe)

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED  
 \$500 - \$1,000      \$1,001 - \$10,000  
 \$10,001 - \$100,000      OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary      Spouse's or registered domestic partner's income  
 Loan repayment  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or      Rental Income, list each source of \$10,000 or more  
  
 Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE     TERM (Months/Years)  
\_\_\_\_\_%      None     \_\_\_\_\_

SECURITY FOR LOAN  
 None      Personal residence  
 Real Property \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE  
A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DATE	PHONE NUMBER
DALTON	WILLIAM	JAMES	2009 JAN 29	(714) 539-1592
MAILING ADDRESS STREET CITY		STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
(May use business address) 9862 CATHERINE AVE. GARDEN GROVE, CA 92844				

1. Office, Agency, or Court

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

Division, Board, District, if applicable:  
\_\_\_\_\_

Your Position:  
MAYOR

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)  
O.C.T.A., FIRE TRAINING JPA WATER

Agency: O.C. SANITARY DIST. WEST O.C. BOARD  
AGWA JOINT POWERS INS. AUTHORITY

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, 2008, through December 31, 2008.

-or-

The period covered is \_\_\_/\_\_\_/\_\_\_, through December 31, 2008.

Leaving Office Date Left: \_\_\_/\_\_\_/\_\_\_ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is \_\_\_/\_\_\_/\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

4. Schedule Summary

► Total number of pages including this cover page: 6

► Check applicable schedules or "No reportable interests."  
I have disclosed interests on one or more of the attached schedules:

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, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D  Yes - schedule attached  
Income - Gifts

Schedule E  Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

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 1/29/09  
(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 DALTON

▶ NAME OF BUSINESS ENTITY  
WALT DISNEY CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ENTERTAINMENT

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
GENERAL MOTORS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
VEHICLE MANUFACTURER

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
11/19/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
SIRIUS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
SATELLITE RADIO

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
HARTFORD FINANCIAL SVS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
INSURANCE

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
12/5/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
ZEROX CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
COPY MACHINE EQUIP.

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

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- DALTON  
 Name 9862 CATHERINE AVE.  
 Address  
 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                      \_\_\_\_\_/\_\_\_\_\_/08                      \_\_\_\_\_/\_\_\_\_\_/08

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/08                      \_\_\_\_\_/\_\_\_\_\_/08

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

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                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

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

TOM CALLAGAN

**▶ 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  
9852 CATHERINE AVE.  
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                      \_\_\_\_\_/\_\_\_\_\_/08                      \_\_\_\_\_/\_\_\_\_\_/08

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/08                      \_\_\_\_\_/\_\_\_\_\_/08

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_

Yrs. remaining

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

Comments: \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name WILLIAM J- DALTON  
 Name 9862 CATHERINE AVE.  
 Address  
 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                      \_\_\_\_\_/\_\_\_\_\_/08                      \_\_\_\_\_/\_\_\_\_\_/08

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/08                      \_\_\_\_\_/\_\_\_\_\_/08

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

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                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

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

JON MAZURK

**▶ 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  
10632 CLAUSSEN ST.  
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                      \_\_\_\_\_/\_\_\_\_\_/08                      \_\_\_\_\_/\_\_\_\_\_/08

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/08                      \_\_\_\_\_/\_\_\_\_\_/08

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_

Yrs. 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)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name WILLIAM DALTON

1. BUSINESS ENTITY OR TRUST Name WILLIAM J. DALTON Address 9862 CATHERINE AVE. Check one [X] 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: NATURE OF INVESTMENT YOUR BUSINESS POSITION

1. BUSINESS ENTITY OR TRUST Name WILLIAM J. DALTON Address 9862 CATHERINE AVE. Check one [X] 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: NATURE OF INVESTMENT 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 [X] \$10,001 - \$100,000 [ ] OVER \$100,000

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 [X] \$10,001 - \$100,000 [ ] OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE ALAN HOWELL

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST Check one box: [ ] INVESTMENT [X] REAL PROPERTY

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST Check one box: [ ] INVESTMENT [X] REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property 11912 JOHN AVE GARDEN GROVE Description of Business Activity or City or Other Precise Location of Real Property

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property 10772-80 STANFORD GARDEN GROVE Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: NATURE OF INTEREST [ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership [ ] Leasehold [ ] Other [ ] Check box if additional schedules reporting investments or real property are attached

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: NATURE OF INTEREST [ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership [ ] Leasehold [ ] Other [ ] 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)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>WILLIAM DALTON</u>

**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      \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**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      \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$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       \$10,001 - \$100,000  
 \$500 - \$1,000       OVER \$100,000  
 \$1,001 - \$10,000

**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  
 \$500 - \$1,000       OVER \$100,000  
 \$1,001 - \$10,000

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

\_\_\_\_\_

\_\_\_\_\_

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

**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      \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
WILLIAM DALTON

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
ST. COLUMBAN SCHOOL

ADDRESS  
10855 STANFORD AVE.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CLERICAL/ EDUCATION

YOUR BUSINESS POSITION  
SECRETARY

GROSS INCOME RECEIVED  
 \$500 - \$1,000      \$1,001 - \$10,000  
 \$10,001 - \$100,000      OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary      Spouse's or registered domestic partner's income  
 Loan repayment  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or      Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 \_\_\_\_\_

ADDRESS  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
 \_\_\_\_\_

GROSS INCOME RECEIVED  
 \$500 - \$1,000      \$1,001 - \$10,000  
 \$10,001 - \$100,000      OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary      Spouse's or registered domestic partner's income  
 Loan repayment  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or      Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	<small>Street address</small>
		_____
HIGHEST BALANCE DURING REPORTING PERIOD		<small>City</small>
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000		
	<input type="checkbox"/> Other _____	<small>(Describe)</small>

Comments: \_\_\_\_\_

**COVER PAGE**

*A Public Document*

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

Please type or print in ink.

2010 MAR 15 11 35

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Dalton	William	James	( 714 ) 539-1592	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
9862 Catherine Avenue		Garden Grove	CA	92841
OPTIONAL: 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:  
Mayor

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

Agency: OCTA; Fire Training JPA; OCSD

West OC Water Board; ACWA JPA

Position: Representative OCCOG

**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, 2009, through December 31, 2009.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

▶ Total number of pages including this cover page: 6

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

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, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes – schedule attached  
*Income – Gifts*

Schedule E  Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

No reportable interests on any schedule

**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 12, 2010  
(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 DALTON

▶ NAME OF BUSINESS ENTITY  
WALT DISNEY CO.  
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ENTERTAINMENT  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
 (Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Ford Motor Co.  
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
VEHICLE MANUFACTURE  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
 (Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
ZEROX CORPORATION  
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
COPY MACHINE EQUIP  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
 (Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
 \_\_\_\_\_  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
 (Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
HARTFORD FINANCIAL  
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
INSURANCE  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
 (Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
 \_\_\_\_\_  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
 (Describe)  
 Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED                  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 DALTON

**1. BUSINESS ENTITY OR TRUST**

WILLIAM J. DALTON  
Name  
9862 CATHERINE AVE.  
Address (Business Address Acceptable)

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                      \_\_\_\_\_/\_\_\_\_\_/09                      \_\_\_\_\_/\_\_\_\_\_/09  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     \_\_\_\_\_  
Other

YOUR BUSINESS POSITION \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

WILLIAM J. DALTON  
Name  
9862 CATHERINE AVE.  
Address (Business Address Acceptable)

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                      \_\_\_\_\_/\_\_\_\_\_/09                      \_\_\_\_\_/\_\_\_\_\_/09  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**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  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

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

TOM CALLAGAN

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

JON 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  
Street Address or Assessor's Parcel Number of Real Property  
9852 CATHERINE AVE.  
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                      \_\_\_\_\_/\_\_\_\_\_/09                      \_\_\_\_\_/\_\_\_\_\_/09  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_  
Yrs. remaining

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

**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  
10632 CLAUSSEN ST.  
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                      \_\_\_\_\_/\_\_\_\_\_/09                      \_\_\_\_\_/\_\_\_\_\_/09  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_  
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)

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
WILLIAM DALTON

**▶ 1. BUSINESS ENTITY OR TRUST**

WILLIAM J. DALTON  
Name  
9862 CATHERINE AVE.  
Address (Business Address Acceptable)

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                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

WILLIAM J. DALTON  
Name  
9862 CATHERINE AVE.  
Address (Business Address Acceptable)

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                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 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  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

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

ALAN HOWELL

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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  
11912 JOHN AVE.  
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                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

**▶ 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  
10772-80 STANFORD  
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                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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)

Name  
WILLIAM DALTON

**▶ 1. BUSINESS ENTITY OR TRUST**

WILLIAM J. DALTON  
Name  
9862 CATHERINE AVE.  
Address (Business Address Acceptable)  
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                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

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                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

**▶ 1. BUSINESS ENTITY OR TRUST**

WILLIAM J. DALTON  
Name  
9862 CATHERINE AVE.  
Address (Business Address Acceptable)  
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                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

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                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

Comments: \_\_\_\_\_

SCHEDULE C  
Income, Loans, & Business  
Positions  
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
WILLIAM DALTON

▶ 1. INCOME RECEIVED		▶ 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME <u>ST. COLUMBAN SCHOOL</u>	NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>10855 STANFORD AVE</u>	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>CLERICAL / EDUCATION</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>SECRETARY</u>	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE  
2012 OCT -4 P 3:30

Date Stamp

CALIFORNIA FORM 460

Page 1 of 2

For Official Use Only

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

Statement covers period  
from OCT 19, 2008  
through DEC 31, 2008

SEE INSTRUCTIONS ON REVERSE

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

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

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

AMENDED FORMS TO CORRECT EXPENDITURES MADE AND CURRENT CASH STATEMENT AMOUNTS

### 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  
GARDEN GROVE CA 92841 714 539-1592

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

CITY STATE ZIP CODE AREA CODE/PHONE  
GARDEN GROVE CA 92841 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

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 9/29/12 Date  
Executed on \_\_\_\_\_ 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

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period  
from OCT 19, 2008  
through DEC 31, 2008

CALIFORNIA  
FORM **460**

Page 2 of 2  
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 \$ 10896.00	\$ 63493.00
2. Loans Received .....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 10896.00	\$ 63493.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 10896.00	\$ 63493.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 3771.49	\$ 25744.52
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 3771.49	\$ 25744.52
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 3771.49	\$ 25744.52

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 117541.09
13. Cash Receipts .....	Column A, Line 3 above 10896.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0
15. Cash Payments .....	Column A, Line 8 above 3771.49
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 124665.60

*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 .....

19. Outstanding Debts .....

## 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

### 22. Cumulative Expenditures Made\*

(if subject to Voluntary Expenditure Limit)

Date of Election \_\_\_\_\_ Total to Date \_\_\_\_\_

(mm/dd/yy) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\*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.

DATE STAMP: RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE  
 2012 OCT -4 P 3:30  
 CALIFORNIA 460 FORM  
 Page 1 of 2  
 For Official Use Only

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

Statement covers period  
 from OCT 1, 2008  
 through OCT 18, 2008

SEE INSTRUCTIONS ON REVERSE

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

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

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

AMENDED FORM TO CORRECT YTD EXPENDITURES MADE AND CURRENT CASH STATEMENT AMOUNTS

### 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 STATE ZIP CODE AREA CODE/PHONE  
 GARDEN GROVE CA 92841 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 Date  
 Executed on 9/26/12 Date  
 Executed on \_\_\_\_\_ 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

# 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, 2008  
through OCT 18, 2008

CALIFORNIA  
FORM **460**

Page 2 of 2  
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	\$ 25647.00	\$ 52597.00
2. Loans Received ..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 25647.00	\$ 52597.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 25647.00	\$ 52597.00

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 6927.50	\$ 21973.03
7. Loans Made ..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 6927.50	\$ 21973.03
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	\$ 6927.50	\$ 21973.03

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 98821.59
13. Cash Receipts ..... Column A, Line 3 above	25647.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0
15. Cash Payments ..... Column A, Line 8 above	6927.50
16. <b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	117541.09

*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

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

20. Contributions Received \$ \_\_\_\_\_

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).

Date Stamp  
RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

Page 1 of 2  
2012 OCT -4 P 3:30  
For Official Use Only

Type or print in ink.  
Statement covers period  
from JULY 1, 2008  
through SEPT 30, 2008

SEE INSTRUCTIONS ON REVERSE

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

Government Code Sections 84200-84216.5

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

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall (Also Complete Part 5)  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

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

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement (Also file a Form 410 Termination)  
 Amendment (Explain below)

AMENDED RETURN TO CORRECT YTD EXPENDITURES MADE AND CURRENT CASH STATEMENT AMOUNTS

**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

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 William J Dalton  
 Date Signature of Treasurer or Assistant Treasurer

Executed on 9/26/12 By \_\_\_\_\_  
 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

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
State of California

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period  
from JULY 1, 2008  
through SEPT 30, 2008

CALIFORNIA  
FORM **460**

Page 2 of 2

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 \$ 26800.00	\$ 26950.00
2. Loans Received .....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 26800.00	\$ 26950.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 26800.00	\$ 26950.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 13268.13	\$ 15045.53
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 13268.13	\$ 15045.53
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 13268.13	\$ 15045.53

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 85289.72
13. Cash Receipts .....	Column A, Line 3 above 26800.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0
15. Cash Payments .....	Column A, Line 8 above 13268.13
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 98821.59

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

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

20. Contributions Received	\$ _____
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).

\*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

CALIFORNIA  
FORM  
460

Page 1 of 3

For Official Use Only

3:30

Date Stamp  
RECEIVED  
CITY OF GARDEN  
CITY CLERK'S OFFICE

2012 OCT -4 P

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

Statement covers period

from JAN 1, 2008

through JUNE 30, 2008

SEE INSTRUCTIONS ON REVERSE

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

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

## 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental/Preelection Statement - Attach Form 495

AMENDED FORM TO CORRECT EXPENDITURES MADE AND CURRENT

CASH STATEMENT AMOUNTS

## 3. Committee Information

I.D. NUMBER  
1225968

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

BILL DALTON FOR MAYOR

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

CITY STATE ZIP CODE AREA CODE/PHONE  
GARDEN GROVE CA 92841 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 STATE ZIP CODE AREA CODE/PHONE  
GARDEN GROVE CA 92841 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 9/24/12  
Date  
Executed on 9/24/12  
Date  
Executed on \_\_\_\_\_  
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

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period  
from JAN 1, 2008  
through JUNE 30, 2008

CALIFORNIA  
FORM **460**

Page 2 of 3

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 \$ 150.00	\$ 150.00
2. Loans Received .....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 150.00	\$ 150.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 150.00	\$ 150.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 1777.40	\$ 1777.40
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 1777.40	\$ 1777.40
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 1777.40	\$ 1777.40

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 86917.12
13. Cash Receipts .....	Column A, Line 3 above 150.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0
15. Cash Payments .....	Column A, Line 8 above 1777.40
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 85289.72

*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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
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).

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



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

**Schedule E  
Payments Made**

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.

- |   |  |  |
|---|--|--|
| <p>OMP campaign paraphernalia/misc.<br/>CNS campaign consultants<br/>CTB contribution (explain nonmonetary)*<br/>CVC civic donations<br/>FIL candidate filing/ballot fees<br/>FND fundraising events<br/>IND independent expenditure supporting/opposing others (explain)*<br/>LEG legal defense<br/>LIT campaign literature and mailings</p> | <p>MBR member communications<br/>MITG meetings and appearances<br/>OFC office expenses<br/>PET petition circulating<br/>PHO phone banks<br/>POL polling and survey research<br/>POS postage, delivery and messenger services<br/>PRO professional services (legal, accounting)<br/>PRT print ads</p> | <p>RAD radio airtime and production costs<br/>RFD returned contributions<br/>SAL campaign workers' salaries<br/>TEL t.v. or cable airtime and production costs<br/>TRC candidate travel, lodging, and meals<br/>TRS staff/spouse travel, lodging, and meals<br/>TSF transfer between committees of the same candidate/sponsor<br/>VOT voter registration<br/>WEB information technology costs (internet, e-mail)</p> |
|---|--|--|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**SUBTOTAL \$**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1668.04
- Unitemized payments made this period of under \$100 ..... \$ 109.36
- 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 \$ 1777.40**

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
**460**  
FORM

Page 1 of 11

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Date Stamp

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

2009 FEB -2 P 12:03

Date of election if applicable:

(Month, Day, Year)

Statement covers period

from OCT-19, 2008

through DEC-31, 2008

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

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

BILL DALTON FOR MAYOR

STREET ADDRESS (NO P.O. BOX)

9862 CATHERINE AVE.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE, CA. 92841 5391592

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

**Treasurer(s)**

NAME OF TREASURER

WILLIAM J. DALTON

MAILING ADDRESS

9862 CATHERINE AVE.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE, CA. 92841 715391592

NAME OF ASSISTANT TREASURER, IF ANY

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 2, 2009

Date

Executed on

Feb 2, 2009

Date

Executed on

Date

Executed on

Date

By

William J Dalton

Signature of Treasurer or Assistant Treasurer

By

William J Dalton

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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
State of California

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA  
FORM **460**

Statement covers period  
from Oct-19, 2008  
through Dec-31, 2008

Page 2 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

I.D. NUMBER

1225968

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>10,896.00</u>	\$ <u>63,493.00</u>
2. Loans Received .....	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>10,896.00</u>	\$ <u>63,493.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>10,896.00</u>	\$ <u>63,493.00</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>38,435.54</u>	\$ <u>25,806.11</u>
7. Loans Made .....	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>38,435.54</u>	\$ <u>25,806.11</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>38,435.54</u>	\$ <u>25,806.11</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>115,256.69</u>
13. Cash Receipts .....	Column A, Line 3 above <u>10,896.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>3843.24</u>
15. Cash Payments .....	Column A, Line 8 above <u>123,309.12</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>0</u>

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 \$ <u>0</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

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

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

20. Contributions Received	\$ _____	\$ _____
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).

\*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 OCT-19, 2008  
through DEC-31, 2008

SEE INSTRUCTIONS ON REVERSE

Page 3 of 11

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)	PERELECTION TO DATE (IF REQUIRED)
10/27/08	KIM TOAN DO 6441 SILENT HARBOR HUNTINGTON BEACH, CA 92667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHARMACIST	\$100.00	\$100.00	
10/27/08	RICHARD OLSON 12702 PALOMAR 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	ACCOUNT EXECUTIVE BULLET FACT- 1501 WASHINGTON LOS ANGELES, CA	\$150.00	\$150.00	
10/27/08	SOUTH COAST APT. ASSN. 18552 MAC ARTHUR IRVINE, CALIF. 92612	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JUDY LEGAN VICE PRESIDENT	\$500.00	\$500.00	
10/28/08	VISION INVESTMENT 8942 GARDEN GROVE BLVD GARDEN GROVE, CA 92844	<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	
10/28/08	GARDEN GROVE PLAZA P.O. BOX 558 GARDEN GROVE, CA 92842	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY MANAGEMENT	\$250.00	\$250.00	

**SUBTOTAL \$ 100.00**

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 10,896.00

2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 10,896.00**

\*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-19, 2008  
through DEC-31, 2008

CALIFORNIA  
FORM **460**

Page 4 of 11

NAME OF FILER BILL DAULTON 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)
10/28/08	SUPER 1 GARDEN GROVE INC. 9772 GARDEN GROVE BLVD GARDEN GROVE, CALIF. 92844	<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	
10/28/08	JAE TUNG P.O. Box 2868 FULLERTON, CA. 92837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE DEVELOPER	\$300.00	\$300.00	
10/28/08	RICHARD TUNG 2220 CHANDLER TUSTIN, CALIF. 92782	<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	
10/28/08	JASON CHOE 20 SANBONIFACIO RANCHO SANTA MARGARITA CA 92846	<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	
10/29/08	HAITHAM BUNDARJI 16073 BURGESS CIRCLE WESTMINSTER, CA. 92683	<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	
<b>SUBTOTAL \$</b>				<b>1400.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.)

CALIFORNIA  
FORM **460**

Statement covers period

from OCT-19, 2008

through DEC-31, 2008

Page 5 of 11

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)
10/29/08	AHMAD ALAM 8799 SUNBIRD AVE 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	ARAB AMERICAN COUNCIL	\$500.00	\$500.00	
10/30/08	AKM CONSULTING 553 WALD IRVINE, CALIF. 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	consulting company	\$250.00	\$250.00	
10/30/08	MANUFACTURED HOUSING EDUCATION TRUST 30151 TOMAS PLACE #20165 92688 RANCHO S. MARGARITA, CA.	<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	
10/29/08	HAITHAM BUNDAKJI 16073 BURGESS CIRCLE WESTMINSTER, CALIF. 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$500.00	
10/30/08	GRIFFIN STRUCTURES 385 2nd ST. LAGUNA BEACH, CA 92651	<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  
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

**CALIFORNIA FORM 460**

from Oct. 19, 2008

Page 6 of 11

through Dec-31, 2008

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)
10/30/08	JIN OH KIM 12762 MONARCH 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	Sports wear MFG.	\$500.00	\$500.00	
10/30/08	7-ELEVEN FRANCHISES 555 SO-FLOWER PAC# 1222119 LOS ANGELES, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETAIL STORES	\$711.00	\$711.00	
10/30/08	BUCKNER, ALANI, MIKROVICH 3146 RED HILL COSTA MESA, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEYS	\$250.00	\$250.00	
11/16/08	BOB DICKSON 12321 HORTON GARDEN GROVE, CALIF. 92844	<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	
11/16/08	CHELS TOWNSEND 26022 HARBORSHOPE CIR. LAGUNA HILLS, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLIC AFFAIRS	\$500.00	\$500.00	

**SUBTOTAL \$ 2,061.00**

\*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-19-2008  
through DEC-31-2008

Page 7 of 11

**CALIFORNIA 460  
FORM**

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)
11/16/08	SANTA GROVE STORAGE 3848 E. COLORADO PASADENA, CALIF 91107	<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	
12/5/08	RICHARD RAHDER 9355 CHAPMAN 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	TAX PREPARER	\$100.00	\$100.00	
12/5/08	MANUEL NUNES 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	REAL ESTATE DEVELOPER	\$100.00	\$100.00	
11/15/08	DALAT SUPER MARKET 13075 EUCLID 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	
11/15/08	SAIGON SUPERMARKET 10131 WESTMINSTER 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	
<b>SUBTOTAL \$</b>				<b>1450.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.)

CALIFORNIA **460**  
FORM

Statement covers period  
from OCT-19, 2008  
through DEC-31, 2008

Page 7 of 11

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)
<u>10/28/08</u>	<u>DAE ZI CLUB 9061 GARDEN GROVE GARDEN GROVE, CA 92880</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$2,900.00</u>		
<u>12/18/08</u>	<u>CITY OF GARDEN GROVE 11222 ACACIA PKWY GARDEN GROVE, CA 92841</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>CANDIDATE STATEMENT REFUND</u>	<u>\$1,285.00</u>		
		<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				
				<b>SUBTOTAL \$</b>	<u>3,285.00</u>	

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULED

Statement covers period  
from OCT-19, 2008  
through DEC-31, 2008

CALIFORNIA **460**  
FORM

Page 9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

I.D. NUMBER

1225968

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>11/22/08</u>	<u>JIM GRIFFITH FOR CITY COUNCIL</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		<u>250.00</u>	<u>250.00</u>	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 250.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 250.00

**Schedule E  
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period  
from OCT-19 2008  
through DEC-31 2008

Page 10 of 11

I.D. NUMBER

1225968

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRINTMASTERS 85 15311 SPAR ST. GARDEN GROVE, CALIF.	CMP			591.94
HOME DEPOT 10801 GARDEN GROVE BLVD. GARDEN GROVE, CALIF. 92843	CMP			223.42
POSTMASTER 10441 STAN FORD GARDEN GROVE, CA. 92842	POS			428.40

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

SUBTOTAL \$ 1243.83

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 3585.18
- Unitemized payments made this period of under \$100 ..... \$ 258.36
- 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 \$ 3843.54

**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 <u>OCT-19 2008</u> through <u>DEC-31 2008</u>	CALIFORNIA FORM <b>460</b>
Page <u>11</u> of <u>11</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                |
| 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
DOUGS DOWNTOWN GERIC 12900 MAIN ST. GARDEN GROVE, CALIF. 92840	FND		ELECTION NIGHT EVENT	1155.00
O.C. REPROGRAPHERS 17721 MITCHELL NORTH IRVINE, CALIF. 92614	LIT			560.00
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CALIF. 92842	CMP			240.00
JIM GRIFFITH FOR CITY COUNCIL 540 SAGO TERRACE #1310525 SUNNYVALE, CALIF. 94089	CTB			250.00
LIDS 2800 N. MAIN ST SANTA ANA, CA. 92705	CMP			136.27
<b>SUBTOTAL \$</b>				<b>2341.27</b>

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

### 497 Contribution Report

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

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE  
2008 OCT 29 A 8:40

**497 CONTRIBUTION REPORT**  
CALIFORNIA FORM 497  
For Official Use Only

**NAME OF FILER**  
Bill Daulton For Mayor

**AREA CODE/PHONE NUMBER**  
714-539-1592

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

**DATE OF THIS FILING**  
10/28/08

**REPORT NO.**  
1

Amendment to Report No. (explain below)

**NO. OF PAGES**  
1

**STREET ADDRESS**  
9862 CATHERINE CA

**CITY**  
GARDEN GROVE

**STATE**  
CA

**ZIP CODE**  
92841

### 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/28/08	DAE Z I CLUB 9061 GARDEN GROVE BLVD GARDEN GROVE, CA 92844	BILL DAULTON MAYOR	2000.00	11/4/08

Reason for Amendment: \_\_\_\_\_



# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM  
**460**

Date Stamp

RECEIVED  
CITY OF GARDEN  
CITY CLERK'S OFFICE

Page 1 of 12

For Official Use Only

2008 OCT 22 P 4:43

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

Nov-4, 2008

Statement covers period

from Oct-1, 2008

through Oct-18, 2008

SEE INSTRUCTIONS ON REVERSE

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

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

## 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER 1225968

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

BILL DALTON FOR MAYOR

STREET ADDRESS (NO P.O. BOX)

9862 CATHERINE AVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE, CA 92841 539-1592

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

## Treasurer(s)

NAME OF TREASURER

WILLIAM J. DALTON

MAILING ADDRESS

9862 CATHERINE AVE

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE, CA 92841 714-539092

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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-24, 2008

Date

Executed on Oct 21, 2008

Date

Executed on \_\_\_\_\_

Date

Executed on \_\_\_\_\_

Date

William J. Dalton  
Signature of Treasurer or Assistant Treasurer

By

Signature of Treasurer or Assistant Treasurer

William J. Dalton  
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

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

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent



**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*BILL DARTON FOR MAYOR*

Statement covers period  
from Oct. 1, 2008  
through Oct. 18, 2008

Page 2 of 12

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 \$ <u>25,647.00</u>	\$ <u>52,597.00</u>
2. Loans Received .....	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>25,647.00</u>	\$ <u>52,597.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>25,647.00</u>	\$ <u>52,597.00</u>

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4 <u>0</u>	\$ <u>21,963.23</u>
7. Loans Made .....	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>6,927.50</u>	\$ <u>21,963.23</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment .....	Schedule G, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ <u>6,927.50</u>	\$ <u>21,963.23</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>96,537.19</u>	
13. Cash Receipts .....	Column A, Line 3 above <u>25,647.00</u>	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>0</u>	
15. Cash Payments .....	Column A, Line 8 above <u>6,927.50</u>	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>115,256.69</u>	

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

**LOAN GUARANTEES RECEIVED**

Schedule B, Part 2  
\$ 0

**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>

**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 A  
Monetary Contributions Received**

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

SCHEDULE A

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from Oct-1, 2008  
through Oct-18, 2008

Page 3 of 12

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)
10/3/08	GAE SUNG RESTAURANT 9567 GARDEN GROVE GARDEN GROVE, CA	<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	
10/5/08	GARDEN GROVE HOSPITAL 10822 GARDEN GROVE BLVD 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	1500.00	
10/10/08	HENNESSEY GROW 17300 17th ST. TUSTIN, CA 92780	<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	
10/10/08	BASIC ELECTRONICS 11371 MONARCH ST. 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		250.00	750.00	
10/10/08	MARK KELTON 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	SHIPPING CENTER OWNER	250.00	250.00	

**SUBTOTAL \$ 1700.00**

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 25,647.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 25,647.00**

\*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-1, 2008  
through OCT. 18, 2008

CALIFORNIA **460**  
FORM

Page 4 of 12

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)
10/10/08	RICHARD KELTON 2716 OCEAN PARK SANTA MONICA, CA 90408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHOPPING CENTER OWNER	250 <sup>00</sup>	250 <sup>00</sup>	
10/10/08	DAVID KELTON FAMILY 2716 OCEAN PARK TRUST SANTA MONICA, CA 90408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHOPPING CENTER OWNER	250 <sup>00</sup>	250 <sup>00</sup>	
10/10/08	RONNIE LAM 1095 ROSALIND RD. SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOTEL DEVELOPER	1000 <sup>00</sup>	1000 <sup>00</sup>	
10/10/08	CAROLYN WELIGAND 11062 JEWEL 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 <sup>00</sup>	100 <sup>00</sup>	
10/10/08	CALDWELLS AUTO BODY 1519 FAIRVIEW 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	AUTO TOW REPAIR	250 <sup>00</sup>	650 <sup>00</sup>	

SUBTOTAL \$ 1850<sup>00</sup>

\*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 01-1-2008  
 through 01-18, 2008

CALIFORNIA **460**  
 FORM

Page 5 of 12

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)
10/10/08	WIDDICOMBE ENTERPRISES 10900 KATELLA ANAHEIM, CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 <sup>00</sup>	200 <sup>00</sup>	
10/10/08	GARDEN GROVE MOUNTAIN 2725 ROCKY MOUNTAIN LOVELAND, Ca. 80538	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <sup>00</sup>	1000 <sup>00</sup>	
10/10/08	INTERNATIONAL ROYALS 12051 GILBERT 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		400 <sup>00</sup>	400 <sup>00</sup>	
10/10/08	GLEN HAVER MARSH 13181 LAMPSON 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 <sup>00</sup>	500 <sup>00</sup>	
10/10/08	JOSEPH VOLTAIREL 4895 SUNBEAM YORKBA LINDA, CA 92887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER NICHOLAS CHEVROLET	250 <sup>00</sup>	250 <sup>00</sup>	

**SUBTOTAL \$ 2350<sup>00</sup>**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 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.

Statement covers period  
from Oct. 1, 2008  
through Oct. 18, 2008

Page 6 of 12

NAME OF FILER

BIL 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)
10/10/08	JAMES BASIC 16580 ASTON IRVING, CA. 92606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner BANDY WINE HOMES	1000 <sup>00</sup>	1000 <sup>00</sup>	
10/10/08	GIULIANO FAMILY TRUST P.O. Box 5056 GARDEN GROVE, CA. 92848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	300 <sup>00</sup>	300 <sup>00</sup>	
10/10/08	VISTA COMMUNITIES 19800 MACARTHUR IRVING, CA. 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249 <sup>00</sup>	249 <sup>00</sup>	
10/10/08	REPUBLIC WASTE SVS 1131 NO. BLUE GUM ANAHEIM, CA. 92815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <sup>00</sup>	1000 <sup>00</sup>	
10/10/08	GARDEN GROVE SECURED 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		250 <sup>00</sup>	250 <sup>00</sup>	
<b>SUBTOTAL \$</b>				<b>2799<sup>00</sup></b>		

\*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.

Statement covers period  
from Oct. 1, 2008  
through Oct. 18, 2008

Page 7 of 12

NAME OF FILER

BILL DAULTON 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)
10/10/08	PACE APPTS. 16509 BROOKHURST FOUNTAIN VALLEY, CA 92708	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 <sup>00</sup>	500 <sup>00</sup>	
10/10/08	ANTHONY'S BODY SHOP 10242 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 <sup>00</sup>	500 <sup>00</sup>	
10/10/08	ORANGE COUNTY REACHES 12921 CHAPMAN 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	TRUMAN PARKER-OWNER	500 <sup>00</sup>	500 <sup>00</sup>	
10/10/08	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		249 <sup>00</sup>	249 <sup>00</sup>	
10/10/08	GINA SELVAGE 12201 TUNSTALL 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 <sup>00</sup>	100 <sup>00</sup>	

**SUBTOTAL \$ 1849<sup>00</sup>**

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IND - Individual  
COM - Recipient Committee  
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.)

CALIFORNIA  
FORM **460**

Page 8 of 12

Statement covers period  
from Oct. 6, 2008  
through Oct. 18, 2008

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)
10/10/08	DINH NGUYEN 10212 WESTMINSTER 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	OWNER REX PLAZA	500 <sup>00</sup>	500 <sup>00</sup>	
10/10/08	CARE AMBULANCE 1517 W-BRADEN ORANGE, CA 92868	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <sup>00</sup>	1000 <sup>00</sup>	
10/10/08	SHELDON SINGER 12672 KONA LN. 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	RETIRED	249 <sup>00</sup>	249 <sup>00</sup>	
10/10/08	SUNNY REALTY 9944 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		1000 <sup>00</sup>	1000 <sup>00</sup>	
10/10/08	FIM VU NGUYEN 10631 PALADIN 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 JAMES AUTO	5000 <sup>00</sup>	5000 <sup>00</sup>	

**SUBTOTAL \$ 7749<sup>00</sup>**

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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.

Statement covers period

from Oct. 1, 2008  
through Oct. 18, 2008

Page 9 of 12

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)
10/10/08	Greenfield Sport Parts 2004 YALO 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		250 <sup>00</sup>	250 <sup>00</sup>	
10/15/08	SIMPLE PC 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		200 <sup>00</sup>	200 <sup>00</sup>	
10/16/08	R.C. WIDDICOMBE 10900 KATELLA ANAHEIM, CA 92804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER MCDONALDS	100 <sup>00</sup>	100 <sup>00</sup>	
10/16/08	GARDEN GROVE LODGING LLC 9100 E. PANORAMA ENGLEWOOD, CO. 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350 <sup>00</sup>	350 <sup>00</sup>	
10/16/08	HARBOR SUITES LLC 9100 E. PANORAMA ENGLEWOOD, CO. 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350 <sup>00</sup>	350 <sup>00</sup>	

**SUBTOTAL \$ 1250<sup>00</sup>**

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IND - Individual  
COM - Recipient Committee  
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.

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)
10/16/08	WEST COAST LODGING LP 9100 E. PANORAMA ENGLEWOOD, CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350 <sup>00</sup>	350 <sup>00</sup>	
10/17/08	ORANGE CO. AUTO DEALERS 125 BARKER ST COSTA MESA, CA. 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 <sup>00</sup>	250 <sup>00</sup>	
10/17/08	MALCOLM PECAR 12171 GILBERT ST. GARDEN GROVE, CA. 92641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500 <sup>00</sup>	500 <sup>00</sup>	
10/17/08	GARDEN GROVE FIRE FIGHTERS 12866 MAIN ST. PAS # 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		5000 <sup>00</sup>	5000 <sup>00</sup>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>6100<sup>00</sup></b>		

\*Contributor Codes  
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COM - Recipient Committee  
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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*BILL DACTON FOR MAYOR*

Statement covers period  
from *OCT-1-2008*

through *OCT-18-2008*

Page *11* of *12*

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                                  | 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
<i>GARDEN GROVE SECURED STORAGE 13632 EUCLID ST GARDEN GROVE CA. 92842</i>	<i>COMP</i>			<i>240.00</i>
<i>JAY'S CATERING 10581 GARDEN GROVE BLVD. GARDEN GROVE, CA. 92843</i>	<i>FND</i>			<i>350.00</i>
<i>COSTCO 11000 GARDEN GROVE BLVD GARDEN GROVE, CA. 92843</i>	<i>FND</i>			<i>311.55</i>

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

**SUBTOTAL \$ 901.55**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ *6826.55*
- Unitemized payments made this period of under \$100 ..... \$ *100.95*
- 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 \$ 6927.50**

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

SCHEDULE E (CONT.)

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

**CALIFORNIA 460  
FORM**

Statement covers period

from Oct 1, 2008

through Oct 18, 2008

Page 12 of 12

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                |
| 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
ST COLUMBIAN FESTIVAL 10841 STANFORD AVE GARDEN GROVE, CA.	CMP			425.00
DANIELLO JACOBS 500 N. MILFORD ORANGE, CA. 92867	FND			500.00
DESNOO & DESNOO P.O. BOX 11426 SANTA ANA, CA. 92711	LIT			5000.00
<b>SUBTOTAL \$</b>				<b>5925.00</b>

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

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED  
CITY OF GARDEN GROVE  
CLERK'S OFFICE  
OCT -6 A 11:59

Page 1 of 5

Date Stamp

Date of election if applicable:  
(Month, Day, Year)  
Nov. 4, 2008

Statement covers period  
from July 1, 2008  
through Sept. 30, 2008

SEE INSTRUCTIONS ON REVERSE

### 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
- Primarily Formed Ballot Measure Committee
- 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 (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) \_\_\_\_\_  
I.D. NUMBER 1225968

### Treasurer(s)

NAME OF TREASURER WILLIAM F. DALTON  
MAILING ADDRESS 9862 CATHERINE AVE.  
CITY GARDEN GROVE, CA 92841 STATE CA ZIP CODE 92841 AREA CODE/PHONE 75391592  
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 6, 2008 Date  
Executed on Oct 6, 2008 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

William Dalton  
Signature of Treasurer or Assistant Treasurer  
William Dalton  
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor



# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA **460**  
FORM

Statement covers period  
from July 1, 2008  
through Sept. 30, 2008

Page 2 of 8  
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>26,800.00</u>	\$ <u>26,950.00</u>
2. Loans Received .....	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>26,800.00</u>	\$ <u>26,950.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>26,800.00</u>	\$ <u>26,950.00</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>13,268.13</u>	\$ <u>15,035.73</u>
7. Loans Made .....	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>13,268.13</u>	\$ <u>15,035.73</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>13,268.13</u>	\$ <u>15,035.73</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>83,005.32</u>
13. Cash Receipts .....	Column A, Line 3 above <u>26,800.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>13,268.13</u>
15. Cash Payments .....	Column A, Line 8 above <u>96,537.19</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>26,536.23</u>

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

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ <u>0</u>
------------------------------------	--------------------------------

## 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).

## 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)	\$ _____	Total to Date
Date of Election (mm/dd/yy)	____/____/____	

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

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

**Schedule A  
Monetary Contributions Received**

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)
7/22/08	BASIC ELECTRONICS 11371 MONARCH ST. 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	
7/22/08	DAVID TRAN 103 LINDA ISLE 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	SUPERMARKET OWNER	1000.00	1000.00	
7/22/08	HEE SOOK LEE 18050 COASTLINE MALIBU, CA. 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER BCD TOFU HOUSE	300.00	300.00	
7/22/08	ADVANCE BOAUM SCHOOL 10121 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		100.00	100.00	
7/22/08	KAREN HOUSE 12118 BROOKHURST GARDEN GROVE, CA. 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTAURANT	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>2000.00</b>		

\*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 Summary**  
1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 24,800.00  
2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0  
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 24,800.00

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

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

SCHEDULE A (CONT.)

CALIFORNIA  
FORM **460**

Statement covers period  
from July 1, 2008  
through SEPT-30, 2008

Page 4 of 8

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)
7/23/08	AMERICAN APPAREL 12641 ENDUSTREY ST. 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	MATERIAL DYEING	500.00	500.00	
7/23/08	GARDEN GROVES SHELL 10971 CHAPMAN 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	GAS STATION	500.00	500.00	
7/25/08	CALDWELL TOWING 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	TOW CO.	400.00	400.00	
7/25/08	LARRY CRANDALL 9772 HAMPTON CT. 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	PRIVATE INVESTIGATOR	100.00	100.00	
7/25/08	VENERABLE CHURCH 9561 BIXBY AVE 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	SELF EMPLOYED	1500.00	1500.00	
<b>SUBTOTAL \$</b>				<b>3000.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.)

CALIFORNIA  
FORM  
**460**

Page 5 of 8

Statement covers period

from July 1, 2008  
through Sept. 30, 2008

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)
9/14/08	JAMES ROSE 12462 MORRIS LN. GARDEN GROVES, CA. 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED TEACHER	200.00	350.00	
8/14/08	MALL OF FORTUNE 9113 BOLSA WESTMINSTER, CA. 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
8/22/08	EUGENE KIRKHAM 11301 EUCLID ST. GARDEN GROVES, CA. 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VARIANCE INVESTIGATOR WEB LAMINATING SYSTEMS	100.00	100.00	
9/28/08	GARDEN GROVES HOSPITAL 10822 GARDEN GROVES BLVD GARDEN GROVES, 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	
9/28/08	GARDEN GROVES POLICE ASSN. PAC 960881 11432 KARENIEY GARDEN GROVES, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20000.00	20,000.00	

SUBTOTAL \$ 21,800.00

\*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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period

from July 1, 2008

through Sept 30, 2008

Page 6 of 8

I.D. NUMBER

1225968

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRF 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CITY OF GARDEN GROVES 11222 A CACIA PARKWAY GARDEN GROVE, CA. 92840	FIL		CANDIDATE STATEMENT	3510.00
REPUBLICAN PARTY OF ORANGE COUNTY 1800 W. KATELLA ORANGE, CA. 92867	MPR			200.00
HILME DOROT 10801 GARDEN GROVE BLVD. GARDEN GROVE, CALIF. 92840	CMP		SIGN FRAMES, STAKES	203.48

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

SUBTOTAL \$ 3913.48

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 13,013.08
- Unitemized payments made this period of under \$100 ..... \$ 255.05
- 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 \$ 13,268.13

**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

Statement covers period  
from JULY 1, 2008  
through SEPT 30, 2008

Page 7 of 8

I.D. NUMBER

1225968

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OFFICE DEPOT 11100 GARDEN GROVE BLVD. GARDEN GROVE, CA. 92840	OFC			145.43
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CA. 92842	EMP			236.89
PRINT MASTER 15311 SPAR ST. GARDEN GROVE, CA. 92843	EMP			691.16
POSTMASTER 10441 STANFORD AVE GARDEN GROVE, CA. 92842	POS			489.00

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

**SUBTOTAL \$ 1561.59**



**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 <u>JULY 1, 2008</u>		CALIFORNIA FORM <b>460</b>
through <u>SEPT 30, 2008</u>	Page <u>8</u> of <u>8</u>	
NAME OF FILER <u>BILL DALTON FOR MAYOR</u>		I.D. NUMBER <u>1225968</u>

SEE INSTRUCTIONS ON REVERSE

**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	MITG	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
CALIFORNIA VOTER GUIDE 1954 W-CARSON ST. TORRANCE, CA. 90501	LIT			3875.00
COGS SOUTH 3309 S-MAIN ST. SANTA ANA, CA. 92707	EMP			3513.01
CONTINUING THE REPUBLICAN REVOLUTION 1300 BRISTOL ST. NEWPORT BEACH, CA-92660	LIT			1500.00
SUBTOTAL \$				7538.01

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

*A Public Document* 2008 JUL 31 P 5:2008 MAR 31 P 3:48

Please type or print in ink.

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

**1. Office, Agency, or Court**

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

Division, Board, District, if applicable:  
\_\_\_\_\_

Your Position:  
MAYOR

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)  
FIRE TRAINING J-P.A.

Agency: WEST O-C. WATER BOARD

ORANGE COUNTY SANITARY DIST.

ACWA JOINT POWERS INS. AUTH.

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, 2007, through December 31, 2007.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: 8

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

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, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Travel Payments*

-or-

No reportable interests on any schedule

**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 31, 2008  
(month, day, year)

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

William Dalton  
Signature

7/31/08  
date

**SCHEDULE A-1  
Investments**

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

Do not attach brokerage or financial statements.

Name  
WILLIAM DALTON

> NAME OF BUSINESS ENTITY  
WALT DISNEY CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ENTERTAINMENT

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY  
SIRIUS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
SATELLITE RADIO

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY  
ZEROX CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
COPY MACHINE EQUIP.

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      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 DALTON

**> 1. BUSINESS ENTITY OR TRUST**

WILLIAM J- DALTON  
 Name

9862 CATHERINE AVE.  
 Address

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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

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                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

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

TOM CALLAGAN

**> 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  
9862 CATHERINE AVE.  
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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_  
 Yrs. remaining

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

**> 1. BUSINESS ENTITY OR TRUST**

WILLIAM J- DALTON  
 Name

9862 CATHERINE AVE.  
 Address

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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

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                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

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

JON 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  
 Street Address or Assessor's Parcel Number of Real Property  
10632 CLAUSSEN ST.  
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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_  
 Yrs. 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)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
WILLIAM 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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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.  
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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

Comments: \_\_\_\_\_

**> 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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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  
10772-80 STANFORD  
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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. 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)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
WILLIAM DALTON

> 1. BUSINESS ENTITY OR TRUST

WILLIAM J- DALTON  
Name  
9862 CATHERINE AVE  
Address  
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         /      / 07         /      / 07  
 \$10,001 - \$100,000    ACQUIRED    DISPOSED  
 \$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     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000         /      / 07         /      / 07  
 \$10,001 - \$100,000    ACQUIRED    DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

Comments: \_\_\_\_\_

> 1. BUSINESS ENTITY OR TRUST

WILLIAM J- DALTON  
Name  
9862 CATHERINE AVE  
Address  
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         /      / 07         /      / 07  
 \$10,001 - \$100,000    ACQUIRED    DISPOSED  
 \$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     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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         /      / 07         /      / 07  
 \$10,001 - \$100,000    ACQUIRED    DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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



SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
WILLIAM DALTON

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: ST-COLUMBAN SCHOOL
ADDRESS: 10855 STANFORD
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CLERICAL/EDUCATION
YOUR BUSINESS POSITION: SECRETARY
GROSS INCOME RECEIVED: \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Salary

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED

2. LOAN RECEIVED

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status.

NAME OF LENDER\*
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD: \$1,001 - \$10,000

INTEREST RATE: %
TERM (Months/Years)
SECURITY FOR LOAN: Personal residence
Real Property: Street address, City
Guarantor
Other

Comments:

**SCHEDULE D**  
**Income - Gifts**

Name  
WILLIAM DALTON

> NAME OF SOURCE  
PARSONS

ADDRESS IRVING  
2201 DUPONT #200 CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ENGINEERING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/29/07</u>	<u>\$140.00</u>	<u>(2) FOOTBALL</u>
<u>   /   /   </u>	<u>   </u>	<u>TICKETS</u>
<u>   /   /   </u>	<u>   </u>	<u>U.C. L.A.</u>

> NAME OF SOURCE  
JANAK JOOPA

ADDRESS 82850  
12544 #404 GARDEN GROVE BLVD. GC.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
MEDICAL DOCTOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/11/07</u>	<u>\$250.00</u>	<u>OLYMPUS STYLUS</u>
<u>   /   /   </u>	<u>   </u>	<u>CAMERA</u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

> NAME OF SOURCE  
DAVID REAM

ADDRESS  
CITY OF SANTA ANA, CALIF.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CITY MGR. LOCAL GOVT.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/3/07</u>	<u>\$150.00</u>	<u>(2) CHIVAS</u>
<u>   /   /   </u>	<u>   </u>	<u>USA SOCCER</u>
<u>   /   /   </u>	<u>   </u>	<u>GAME</u>

> NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

> NAME OF SOURCE  
HARD ROCK PARK

ADDRESS ORLANDO  
622 E. WASHINGTON FL 32801

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/16/07</u>	<u>\$68.00</u>	<u>(3) TEE SHIRTS</u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

> NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>WILLIAM DALTON</u>
--

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>&gt; NAME OF SOURCE  <u>Anyang City, South Korea</u></p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Foreign Government</u></p> <p>DATE(S): <u>04 / 08 / 07 - 04 / 12 / 07</u> AMT: \$ <u>1,400.00</u>  <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Hotel Accommodations / Meals /          City Tours / Transportation</u></p>	<p>&gt; NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): _____ - _____ AMT: \$ _____  <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>&gt; NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): _____ - _____ AMT: \$ _____  <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>&gt; NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): _____ - _____ AMT: \$ _____  <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: The travel expenses set forth in this Schedule were for a governmental purpose relating to interaction with City's sister city and are not subject to the Political Report Act "gift" limitation pursuant to Government Code section 89506; 2 Cal. Code Regs section 18950.1.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA  
FORM  
**460**

Page 1 of 5  
For Official Use Only

Date Stamp  
**RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE**

Date of election if applicable:  
(Month, Day, Year) **2008 JUL 28 A 11:37**

Type or print in ink.

Statement covers period  
from IAN-1, 2008  
through JUNE 30, 2008

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) \_\_\_\_\_  
I.D. NUMBER 1225968

**Treasurer(s)**

NAME OF TREASURER WILLIAM J. DALTON  
MAILING ADDRESS 9862 CATHERINE AVE  
CITY GARDEN GROVE, CA 92841 STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 5391592  
NAME OF ASSISTANT TREASURER, IF ANY \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) BILL DALTON FOR MAYOR  
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 \_\_\_\_\_

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 7/28/08 Date  
By William J Dalton Signature of Treasurer or Assistant Treasurer  
Executed on 7/28/08 Date  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA  
FORM **460**

Statement covers period  
from JAN 6 2008  
through JUN 30 2008

Page 2 of 5  
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>150.00</u>	\$ <u>0</u>
2. Loans Received .....	Schedule B, Line 3 <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 <u>150.00</u>	\$ <u>0</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 <u>150.00</u>	\$ <u>0</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>1767.60</u>	\$ <u>0</u>
7. Loans Made .....	Schedule H, Line 3 <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 <u>1767.60</u>	\$ <u>0</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>1767.60</u>	\$ <u>0</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>84,622.92</u>
13. Cash Receipts .....	Column A, Line 3 above <u>150.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>0</u>
15. Cash Payments .....	Column A, Line 8 above <u>1767.60</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 <u>83,005.32</u>

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

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ <u>0</u>
------------------------------------	--------------------------------

## 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>

## 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

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).

\*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 JAN 1, 2008  
through JUNE 30, 2008

CALIFORNIA  
FORM  
**460**

Page 3 of 5

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 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)
5/20/08	JAMES D. ROSE 12462 MORRIS LN. GARDEN GROVE, CALIF 92840	<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
		<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				
				<b>SUBTOTAL \$</b>	<b>150.00</b>	

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 150.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 150.00

\*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 Jan 1, 2008  
through June 30, 2008

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

Page 4 of 5

I.D. NUMBER

1225968

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LOS ANGELES TIMES 202 W. 1ST ST. LOS ANGELES, CALIF. 90000	OFC			115-20
ORANGE COUNTY REGISTER P.O. BOX 30219 LOS ANGELES, CALIF. 90030	OFC			102-14
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CALIF. 92842	CMP			708-00

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

SUBTOTAL \$ 925.34

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1468.04
- Unitemized payments made this period of under \$100 ..... \$ 99.56
- 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 \$ 1667.60

**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 Dacton For Mayor*

Statement covers period  
from *JAN. 1, 2008*  
through *JUNE 30, 2008*

Page *5* of *5*

I.D. NUMBER

*1225968*

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>INTERLAND HOST PRO 3250 WILSHIRE BLVD. LOS ANGELES, CALIF 90010</i>	<i>WEB</i>			<i>179.70</i>
<i>POST MASTER 10441 STANFORD AVE. GARDEN GROVE, CALIF 92842</i>	<i>POS</i>			<i>468.00</i>
<i>JET PRINTERS 10531 ACACIA GARDEN GROVE, CALIF. 92840</i>	<i>CMP</i>			<i>145.00</i>
<b>SUBTOTAL \$</b>				<b><i>742.70</i></b>

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

**STATEMENT OF ECONOMIC INTERESTS**

RECEIVED  
Date Received  
OFFICE OF THE  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE  
2008 MAR 31 P 3:48

**COVER PAGE**

*A Public Document*

Please type or print in ink.

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

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)  
FIRE TRAINING I-P.A.

Agency: WEST O.C. WATER BOARD  
ORANGE COUNTY SANITARY DIST.  
ACWA JOINT POWERS INS. AUTH.

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, 2007, through December 31, 2007.  
-OR-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.
- Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2007, through the date of leaving office.  
-OR-
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate

**4. Schedule Summary**

- ➔ Total number of pages including this cover page: 8
  - ➔ Check applicable schedules or "No reportable interests."  
I have disclosed interests on one or more of the attached schedules:
  - 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, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*
  - Schedule D  Yes - schedule attached  
*Income - Gifts*
  - Schedule E  Yes - schedule attached  
*Income - Travel Payments*
- OR-
- No reportable interests on any schedule

**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 31, 2008  
(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.

Name  
WILLIAM DALTON

> NAME OF BUSINESS ENTITY  
WALT DISNEY CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ENTERTAINMENT

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/07      \_\_\_\_/\_\_\_\_/07  
 ACQUIRED                  DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/07      \_\_\_\_/\_\_\_\_/07  
 ACQUIRED                  DISPOSED

> NAME OF BUSINESS ENTITY  
SIRIUS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
SATELLITE RADIO

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/07      \_\_\_\_/\_\_\_\_/07  
 ACQUIRED                  DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/07      \_\_\_\_/\_\_\_\_/07  
 ACQUIRED                  DISPOSED

> NAME OF BUSINESS ENTITY  
ZEROX CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
COPY MACHINE EQUIP.

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/07      \_\_\_\_/\_\_\_\_/07  
 ACQUIRED                  DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/07      \_\_\_\_/\_\_\_\_/07  
 ACQUIRED                  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 DALTON

**> 1. BUSINESS ENTITY OR TRUST**

WILLIAM J- DALTON  
 Name  
9862 CATHERINE AVE.  
 Address  
 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

ACQUIRED        /        / 07      DISPOSED        /        / 07

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

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

TOM CALLAGAN

**> 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  
9852 CATHERINE AVE.  
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

ACQUIRED        /        / 07      DISPOSED        /        / 07

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
 Yrs. remaining

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

Comments: \_\_\_\_\_

**> 1. BUSINESS ENTITY OR TRUST**

WILLIAM J- DALTON  
 Name  
9862 CATHERINE AVE.  
 Address  
 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

ACQUIRED        /        / 07      DISPOSED        /        / 07

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

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

JON 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  
 Street Address or Assessor's Parcel Number of Real Property  
10632 CLAUSSEN ST.  
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

ACQUIRED        /        / 07      DISPOSED        /        / 07

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
 Yrs. 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)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
WILLIAM DALTON

**1. BUSINESS ENTITY OR TRUST**  
WILLIAM J - DALTON  
Name  
9862 CATHERINE AVE  
Address  
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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship    Partnership    \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**  
WILLIAM J - DALTON  
Name  
9862 CATHERINE AVE  
Address  
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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**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  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

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

\_\_\_\_\_

\_\_\_\_\_

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust    Stock    Partnership  
 Leasehold \_\_\_\_\_      Other \_\_\_\_\_  
   Yrs. remaining

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

**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                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/07                      \_\_\_\_\_/\_\_\_\_\_/07  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust    Stock    Partnership  
 Leasehold \_\_\_\_\_      Other \_\_\_\_\_  
   Yrs. remaining

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

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
WILLIAM DALTON

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>ST-COLUMBAN SCHOOL</u> ADDRESS <u>10855 STANFORD</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>CLERICAL/EDUCATION</u> YOUR BUSINESS POSITION <u>SECRETARY</u>  GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <span style="font-size: small; margin-left: 150px;">(Property, car, boat, etc.)</span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <span style="font-size: small; margin-left: 150px;">(Describe)</span>	NAME OF SOURCE OF INCOME _____ ADDRESS _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____  GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <span style="font-size: small; margin-left: 150px;">(Property, car, boat, etc.)</span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <span style="font-size: small; margin-left: 150px;">(Describe)</span>

**2. LOAN RECEIVED**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____  HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None  TERM (Months/Years) _____  SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <span style="font-size: small; margin-left: 150px;">Street address</span> _____ <span style="font-size: small; margin-left: 150px;">City</span> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <span style="font-size: small; margin-left: 150px;">(Describe)</span>
---	--

Comments: \_\_\_\_\_

**SCHEDULE D  
Income - Gifts**

Name

William Dalton

> NAME OF SOURCE  
PARSONS

ADDRESS IRVING, 2201 DuPont #200 CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ENGINEERING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/29/07</u>	<u>\$140.00</u>	<u>(2) FOOTBALL</u>
<u>   /   /   </u>	<u>   </u>	<u>TICKETS</u>
<u>   /   /   </u>	<u>   </u>	<u>V.C.L.A</u>

> NAME OF SOURCE  
JANEK JOOPA

ADDRESS 828FO 12544# 404 GARDEN GROVE BLVD. CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
MEDICAL DOCTOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/11/07</u>	<u>\$250.00</u>	<u>OLYMPUS STYLUS</u>
<u>   /   /   </u>	<u>   </u>	<u>CAMERA</u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

> NAME OF SOURCE  
DAVID REAM

ADDRESS CITY OF SANTA ANA, CALIF.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CITY MGR. LOCAL GOVT.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/3/07</u>	<u>\$150.00</u>	<u>(2) CHIVAS</u>
<u>   /   /   </u>	<u>   </u>	<u>USA SOCCER</u>
<u>   /   /   </u>	<u>   </u>	<u>GAME</u>

> NAME OF SOURCE  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

> NAME OF SOURCE  
HARD ROCK PARK

ADDRESS HRP GLOBAL ORLANDO 622 E. WASHINGTON FL 32801

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/16/07</u>	<u>\$68.00</u>	<u>(3) TEE SHIRTS</u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

> NAME OF SOURCE  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>WILLIAM DALTON</u>
--

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

> NAME OF SOURCE  
Anyang City, South Korea

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Foreign Government

DATE(S): 04 / 08 / 07 - 04 / 12 / 07 AMT: \$ 1,400.00  
*(If applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Hotel Accommodations / Meals /  
City Tours / Transportation

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

Comments: The travel expenses set forth in this Schedule were for a governmental purpose relating to interaction with City's sister city and are not subject to the Political Report Act "gift" limitation pursuant to Government Code section 89506; 2 Cal. Code Regs section 18950.1.