	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	Advice: advice	FPPC /										
	FPPC Form 410 (Dec/2012)			MEASURE PROPONENT	IDATE, OR STATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	JRE OF CONTROLLING	SIGNATI	Ву	TE	DATE	Executed on	
				MEASURE PROPONENT	DATE, OR STATE N	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	RE OF CONTROLLING	SIGNATU	_ By	TE	DATE	Executed on	
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	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.	rue and comp	erein is tr	ion contained h	ne informat	y knowledge the and correct.	the best of m	tement and to hia that the for	I have used all reasonable diligence in preparing this statement and to the best of my knowledge penalty of perjury under the laws of the State of California that the foregoing is true and correct.	e diligence i the laws of	l all reasonable perjury under		
											on	3. Verification	ŧ
	(714)539-1592	92841	CA	Æ	GARDEN GROV	GARDE	*						
				NE AVE	9862 CATHERIN	9862 CATHER	ets.	ntinuation she	Attach additional information on appropriately labeled continuation sheets.	on on appro	onal informati	Attach additi	
				TON	WILLIAM J DALT	WILLIAM J DAL						2	
						-		, C.I.	GARDEN GROVE	GAF	COUNTY	ORANGE COUNTY	
	AREA CODE/BHONE		STATE			CITY							
					(NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)					DECO	EAY / E-MAIL ADDRESS	
	(714)539-1592	92847	CA	IF ANY	GARDEN GROV	NAME OF ASSISTANT TREASURER, IF ANY	714)539-1592	(714)53	CA 92841		SROVE S(IF DIFFERENT)	GARDEN GROVE MAILING ADDRESS (IF DIFFERENT)	
	AREA CODE/PHONE	ZIP CODE	STATE			CITY	:/PHONE	AREA CODE/PHONE	STATE ZIP CODE	STA		CITY	
				JE AVE	THERIN	9862 CATHERINE AVE				E .	IERINE AV	9862 CATHERINE AVE	
				ON	(NO P.O. BOX)	WILLIAM J DALT				MYOR	DALTON FOR MAYOR ET ADDRESS (NO P.O. BOX)	BILL DALTON FO	
· FF3	Secretary of State		Officers	2. Treasurer and Other Principal Officers NAME OF TREASURER	r and Oth	2. Treasurer at				on .	e Informati	1. Committee Information	
	JAN 08 2014					mina	Date of	Date qualified as committee		Date qualified as committee	Date qu		_
	of the State of California	=	2	2013 DEC 17 A 10: 53	2013 0	05 2013	12 05		#				
State	RECEIVED AND FILLE in the office of the Secretary of S	70	FICE	2014 FEBT Teumination See Part 5 CITY CLERK'S OFFICE	7 CITY	ation See Part ber:	FELST I.D. num	nt	Amendment List I.D. number:	☐ Initial Not yet qualified ☐ or		Statement Type	
	CALIFORNIA 410	CALI	mp	Date Stamp	2	OFFICE	CITY OF GARDEN FRICE	CITY		ation	of Organiz Committee	Statement of Organization Recipient Committee	
						CONVE	RECEIVED			•			

Recipient Committee Campaign Statement Cover Page	Type or print in ink	CITY	RECHARCEN GROVE Y CLERK'S OFFICE	CALIFORNIA 4
(Government Code Sections 04200-04210:3)	Statement covers period from JULY 1, 2013	Date of election if applicable: (Month, Day, Year)	DEC 17 A 10: 54	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughDEC 05, 2013			
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		3
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termin	ation)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee Information	I.D. NUMBER 1225968	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BILL DALTON FOR MAYOR	E)	NAME OF TREASURER WILLIAM J DALTON		
		MAILING ADDRESS 9862 CATHERINE AVE	3	
STREET ADDRESS (NO P.O. BOX) 9862 CATHERINE AVE		GARDEN GROVE	STATE ZIP CODE CA 92841	714-539-1592
GARDEN GROVE CA 92841	zip code Area code/phone 92841 714-539-1592	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX), BOX	MAILING ADDRESS		
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	58	
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.	ving this statement and to the best of my knormal that the foregoing is true and correct.	owledge the information contained here	n and in the attached schedule	es is true and complete. I certify
under penalty of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct.			

Executed on	Executed on Date	Executed on 12/7/3 Executed on 12/7/3 Date Date Date
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Treasurer or Assistant Treasurer By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

pppc Toll-Free Helpline: 866/ASK-FPPC (3anuary/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.

from -

DEC 05, 2013

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Statement covers period JULY 1, 2013

CALIFORNIA 460 SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		through _	DEC 03, 2013 Page of
NAME OF FILER	i desta de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición de la composición dela composición	i de del constante de la const	I.D. NUMBER
BILL DALTON FOR MAYOR			1225968
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3 \$ I cans Received Schedule B Line 3	0	0	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 +	0	\$ 0	20. Contributions
Nonmonetary Contributions Schedule C, Line 3	0	0	lres
5. TOTAL CONTRIBUTIONS RECEIVED	0	0	Made \$\$_
Expenditures Made 6 Payments Made Schedule E Line 4 \$	49804.59	\$ 100404.59	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS	49804.59	\$ 100404.59	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0	0	Date of Election Total to Date (mm/dd/yy)
A	49804.59	\$100404.59	\$
Current Cash Statement	10801 50		\$
12. Beginning Cash Balance Previous Summary Page, Line 16 \$	0	To calculate Column B, add amounts in Column A to the	
Increases to Cash	0	corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
Colu	49804.59		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$	0	figures that should be	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$		for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse \$			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$			FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

NAME OF FILER

BILL DALTON FOR MAYOR

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from JULY 1, 2013

through

1.D. NUMBER 1225968 CALIFORNIA 4.60

JULY 1, 2013

DEC 05, 2013

Page 3 of 4

DES: If one of the following codes accurately describes the pacampaign paraphernalia/misc. MBR campaign consultants CFC contribution (explain nonmonetary)* Civic donations	ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating	Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs	t
CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG campaign literature and mailings FT petition circulating PHO phone banks POL polling and surver POS postage, delivery PRO professional serving PRT print ads	petition circulating phone banks phone banks polling and survey research polling and elivery and messenger services postage, delivery and messenger services professional services (legal, accounting) print ads	TRC TRS TSF VOT WEB	sis 3 ame candidate/sponsor e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BARBARA ROBERTSON & ASSOCIATES 2990 INLAND EMPIRE BLVD #107 ONTARIO CA 91764	PRO		150.00
ASSISTANCE LEAGUE 10432 TRASK GARDEN GROVE CA 92843	CVC		4,754.59
ST COLUMBAN SCHOOL 10855 STANFORD AVE GARDEN GROVE CA 92840	CVC		20,000.00
* Payments that are contributions or independent expenditures must also be sumr	be summarized on Schedule D.	SUBTOTAL \$	\$ 24,904.59
Schedule E Summary 1 Itemized payments made this period (Include all Schedule E subtotals.)		sa	49,804.59
Unitemized payments made this period of under \$100		69	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	1, Column (e).)	\$_	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A,	he Summary Page, Col	lumn A, Line 6.) TOTAL \$	49,804.59

Paymen Schedule E (Continu

Type or print in ink.

SCHEDULE E (CONT.)

24,900.00	SUBTOTAL \$	chedule D.	*Payments that are contributions or independent expenditures must also be summarized on Schedule D.
10,000.00		CVC	THOMAS HOUSE PO BOX 2737 GARDEN GROVE CA 92842
4,900.00		CVC	H.O.P.E. 11022 ACACIA GARDEN GROVE CA 92840
10,000.00		CVC	BOYS AND GIRLS CLUB OF GARDEN GROVE 10540 CHAPMAN AVE GARDEN GROVE CA 92840
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
s ne candidate/sponsor mail)	Otherwise, describe the payment. 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 TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	payment, you may enter the code. Otherwise, member communications meetings and appearances SAL petition circulating phone banks postage, delivery and messenger services professional services (legal, accounting) WEB print ads	CODES: If one of the following codes accurately describes the payment, you may ent CMP campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings and accurately describes the payment, you may ent MBR member communications MBR member communications MEG office expenses office expenses OFC office expenses PET petition circulating phone banks POL postage, delivery and mess PRO professional services (legal defense) LIT campaign literature and mailings
S FITT	1.D. NUMBER 1225968		NAME OF FILER BILL DALTON FOR MAYOR
4 of 4	through DEC 05, 2013 Page		SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period CALIFORN JULY 1, 2013 FORM	rounded ars.	(Continuation Sheet) Payments Made Amounts may be rounded to whole dollars.

Recipient Committee

COVER PAGE

1		leasure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	BySign			Executed on	m
s is true and complete. I certify 	d schedules	and in the attached	Verification Verification Verification 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 Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	tatement and to the best of my knowle he foregoing is true and correct. By	reviewing this st	oreparing and of the State of	Verification Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my lunder penalty of perjury under the laws of the State of California that the foregoing is true and correct executed on	4. Verification I have used all r under penalty o Executed Executed
			OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRESS	
AREA CODE/PHONE	ZIP CODE	STATE	CITY	AREA CODE/PHONE	ZIP CODE	STATE		CITY
			MAILING ADDRESS		OR P.O. BOX	AND STREET	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	MAILING
		IT ANY	NAME OF ASSISTANT TREASURER, IF ANY	AREA CODE/PHONE 714-539-1592	2IP CODE 92841	STATE CA	GARDEN GROVE	GARD
714-539-1592	92841	CA CA	GARDEN GROVE				9862 CATHERINE AVE	9862
		0.1	9862 CATHERINE AVE					2
			WILLIAM J DALTON		MMITTEE)	ME IF NO COL	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BILL DALTON FOR MAYOR	BILL [
			Treasurer(s)	BER)68	1.D. NUMBER 1225968		Committee Information	3. Comm
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	Quarter Special Suppler Stateme	ination)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	e/	ttees - Complete Pa	2: All Commi Committee nittee	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 ☐ O Small Contributor Committee ☐ O Small Contributor Committee ☐ O Political Party/Central Committee ☐ (Also Complete Part 7)	1. Type (O S (Also O S O S O S O S
				JUNE 30, 2013	through	,	SEE INSTRUCTIONS ON REVERSE	SEE INSTRU
ficial Use Only		25 P 2:	Date of election if applicable: IUL 25 P 2: 54	tatement covers period JAN 1, 2013	from			
IFORNIA ORM		RECEPOLESIOND OF GARDEN GROVE CLERK'S OFFICE	4110 4110	Type or print in ink.]	3.5)	Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Campaign S Cover Page (Government Code

Executed on ___

Date

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

from _

Statement covers period

JAN 1, 2013

through _

JUNE 30, 2013

Page 2

of .

I.D. NUMBER

SUMMARY PAGE

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		Outstanding Debts Add Line 2 + Line 9 in Column B above \$	19. Outstanding De
	from Lines 2, 7, and 9 (if any).	nts and Outstanding Debts S	Cash Equivalents 18. Cash Equivalents
	for this calendar year, only carry over the amounts	EES RECEIVED Schedule B, Part 2 \$	17. LOAN GUARANTEES RECEIVED
	subtracted from previous period amounts. If this is	ment, Line 16 must be zero.	If this is a terminat
	Column A may be negative figures that should be	LANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 49,804.59	15. Cash Payments
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last represent Some amounts in	reases to Cash Schedule I, Line 4	13. Cash Receipts 14. Miscellaneous In
\$	To calculate Column B, add	nt Previous	Current Cash Statement 12. Beginning Cash Balance
\$	\$ 50,600.00	TURES MADE	11. TOTAL EXPENDITURES MADE
	0	Schedule C, Line	9
Date of Election Total to Date	0	ills)Schedule F, Line 3	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 50,600.00	PAYMENTS	7. Loans Made 8. SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates		Schedule E, Line 4 \$ 50,600.0	Expenditures Made 6. Payments Made
Made \$ \$	\$ 0	CEIVED	
	\$ 0 20	SUBTOTAL CASH CONTRIBUTIONS	
1/1 through 6/30 7/1 to Date	0	Schedule B, Line 3	2. Loans Received
General Elections	0		
Calendar Year Summary for Candidates Running in Both the State Primary and	IN B		Contributions Received
1225968		DR MAYOR	BILL DALTON FOR MAYOR

Schedule E Payments Made

NAME OF FILER

BILL DALTON FOR MAYOR

SEE INSTRUCTIONS ON REVERSE

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

	through _	from	Statem
	JUNE 30, 2013	JAN 1, 2013	Statement covers period
I.D. NUMBER	Page 3 o	FORM	CALIFORNIA
	4	400	200

SCHEDULEE

1225968

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	t, you may enter the code. O	therwise, describe the payment.	
CMP campaign paraphemalia/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 com MFG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	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	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)	ts me candidate/sponsor e-mail)
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ST COLUMBIAN CHURCH 10801 STANFORD AVE GARDEN GROVE CA 92840	CVC		20,000.00
BOYS AND GIRLS CLUB OF GARDEN GROVE 10540 CHAPMAN AVE GARDEN GROVE CA 92840	CVC		5,000.00
H.O.P.E. 11022 ACACIA GARDEN GROVE CA 92840	CVC		5,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	ımmarized on Schedule D.	\$UBTOTAL	\$ 30,000
Schedule E Summary		Đ	50,500.00
2. Unitemized payments made this period of under \$100		₩ (100.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	art 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,	on the Summary Page, Colum	nn A, Line 6.) TOTAL \$	50,600.00

Payments Made Schedule E (Continuation Sheet)

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

from

JAN 1, 2013

Statement covers period

hrough

JUNE 30, 2013

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SCHEDULE E (CONT.

CALIFORNIA

460

FORM

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, SEE INSTRUCTIONS ON REVERSE NAME OF FILER STRAWBERRY FESTIVAL ASSOCIATION **GARDEN GROVE CA 92843** 10432 TRASK ASSISTANCE LEAGUE **GARDEN GROVE CA 92842** PO BOX 2287 **GARDEN GROVE CA 92842** ACACIA ADULT DAY CARE PO BOX 2737 THOMAS HOUSE **GARDEN GROVE CA 92842 GARDEN GROVE CA 92842** PO BOX 4297 GARDEN GROVE HISTORICAL SOCIETY 11391 ACACIA **BILL DALTON FOR MAYOR** civic donations campaign paraphernalia/misc campaign consultants campaign literature and mailings contribution (explain nonmonetary)* legal defense independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 공무영등 P P P office expenses member communications print ads professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating meetings and appearances CODE CVC CVC CVC 000 CVC 유 DESCRIPTION OF PAYMENT describe the payment. information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs Page __ 1225968 I.D. NUMBER AMOUNT PAID 2,500.00 3,000.00 5,000.00 5,000.00 5,000.00

SUBTOTAL \$

20,500.00

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

Campaign Cover Page Government Recipient Committee

		2. Type of Statement:	mplete Parts 1, 2, 3, and 4.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
			through OCT 20, 2012	SEE INSTRUCTIONS ON REVERSE
FOI Official Ose Offiny	7017 OCT 25 A II: 01	(Month, Day, real)	fromOCT 1, 2012	
Page	CITY CLERK'S OF THE	applicable:	Statement covers period	
_	RECEIVED			Government Code Sections 84200-84216.5)
CALIFORNIA 460	Date Stamp	ink.	Type or print in ink.	Campaign Statement
COVER PAGE				

I. Type of Recipient Confinities. All committees - Complete Parts 1, 4, 5, and 4.	2. Type of Statement.		
✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure ○ State Candidate Election Committee Committee ○ Recall (Also Complete Part 5) (Also Complete Part 5)	 ☑ Preelection Statement ☑ Semi-annual Statement ☑ Termination Statement (Also file a Form 410 Termination) 		Quarterly StatementSpecial Odd-Year ReportSupplemental PreelectionStatement - Attach Form 495
☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Small Contributor Committee ○ Political Party/Central Committee ○ Political Party/Central Committee	☐ Amendment (Explain below)		
3. Committee Information 1.D. NUMBER 1225968	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NAME OF TREASURER		
BILL DALTON FOR MAYOR	WILLIAM J DALTON		
	MAILING ADDRESS		
	9862 CATHERINE AVE		
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
9862 CATHERINE AVE	GARDEN GROVE	CA	92841
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
GARDEN GROVE CA 92841 714 539-1592			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	MAILING ADDRESS		
CITY STATE ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS		

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. Ci

Executed on	Executed on	Executed on Oct. 23, 2010	Executed on Ocr 23, 20(2
BySignature of Controlling Officeholder, Candidate, State Measure Proponent FF	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Profonent or Responsible Officer of Sponsor	By Agriature of Treasurer or Assistant Treasurer

Summary Page Sampaign Disclosure Statement

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

from

Statement covers period OCT 1, 2012

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FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772		↔	9. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$	Cash Equivalents and Outstanding Debts 8. Cash Equivalents See instructions on reverse
	for this calendar year, only carry over the amounts	⇔	7. LOAN GUARANTEES RECEIVED Schedule B, Part 2
*Amounts in this section may be different from amounts reported in Column B.	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	125.00 \$ 100776.04	3. Cash Receipts
\$	To calculate Column B, add	\$ 100901.04	Surrent Cash Statement 2. Beginning Cash Balance Previous Summary Page, Line 16
Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	\$ 114312.00 0 \$ 114312.00 0 0 114312.00	\$ 125.00 \$ 125.00 \$ 125.00 0 125.00	Expenditures Wade Schedule E, Line 4 Loans Made Schedule H, Line 3 Subtotal Cash Payments Add Lines 6 + 7 Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment TOTAL EXPENDITURES MADE Schedule F, Line 3
20. Contributions Received \$\$			Loans Received
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Column B CALENDAR YEAR TOTALTODATE 0	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	ived
I.D. NUMBER 1225968			IAME OF FILER BILL DALTON FOR MAYOR
OCT 20, 2012 Page 2 of 3	through _		EE INSTRUCTIONS ON REVERSE

Schedule E Payments Made

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

fromOCT 1, 2012	Statement covers period

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AME OF FILER **BILL DALTON FOR MAYOR** through OCT 20, 2012 Page _ 1225968 I.D. NUMBER

PRO	OF PAYEE ID. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT AMOUNT	### POS postage legal defense In campaign literature and mailings **PODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. **PODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. **RAD radio airtime and production costs RAD reduing and production costs RAD radio airtime and production costs SAL campaign workers' salaries TEL tv. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	es roduction costs and meals g, and meals sees of the same candidate/sponso ssts (internet, e-mail) AMOUNT PAID 125.01	Otherwise, de RAD RED SAL TEL TRS TSF VOT WEB		with payment, you will meetings and OFC office expens PET petition circular PHO phone banks POL polling and su POS postage, deliv PRO professional su PRT print ads	WP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events ID independent expenditure supporting/opposing others (explain)* EG legal defense IT campaign literature and mailings BARBARA ROBERTSON & ASSOICATES 2990 INLAND EMPIRE BLVD #107 ONTARIO CA 91764
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.. Unitemized payments made this period of under \$100

1. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)

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125.00

Cover Page Campaign Statement SEE INSTRUCTIONS ON REVERSE Government Code Sections 84200-84216.5) Recipient Committee under penalty of perjury under the laws of the State of California that the foregoing is true and correct 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 Verification Committee Information CITY Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS (NO P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) **GARDEN GROVE** 9862 CATHERINE AVE **BILL DALTON FOR MAYOR** General Purpose Committee Officeholder, Candidate Controlled Committee (Also Complete Part 5) State Candidate Election Committee Political Party/Central Committee Small Contributor Committee Executed on Executed on Executed on Sponsored Date STATE CA STATE 92841 ZIP CODE ZIP CODE 1.D. NUMBER 1225968 Primarily Formed Candidate/ Primarily Formed Ballot Measure (Also Complete Part 7) Officeholder Committee (Also Complete Part 6) Committee Sponsored Controlled from through Statement covers period 714-539-1592 AREA CODE/PHONE AREA CODE/PHONE OCT 21, 2012 DEC 31,2012 Ву Ву Ву Type or print in ink. Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Date of election if applicable: (Month, Day, Year) Ņ CITY OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY **GARDEN GROVE** 9862 CATHERINE AVE MAILING ADDRESS WILLIAM J DALTON NAME OF TREASURER Treasurer(s) Type of Statement: Signature of Treasurer or Assistant Amendment (Explain below) Preelection Statement (Also file a Form 410 Termination) Termination Statement Semi-annual Statement 2013 S ERK'S OFFICE U Date Stamp ىب STATE STATE CA 200 92841 ZIP CODE ZIP CODE Supplemental Preelection Statement - Attach Form 495 Special Odd-Year Report Quarterly Statement

714-539-1592

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Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772

Executed on

Date

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

Statement covers period OCT 21, 2012

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FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772	BECOMMON TO SERVICE AND ADDRESS OF THE PARTY		9. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	ω	Pash Equivalents and Outstanding Debts 8. Cash Equivalents See instructions on reverse
	for this calendar year, only carry over the amounts	\$	7. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	o o	\$ 100404.59	5. Cash Payments
*Amounts in this section may be different from amounts reported in Column B.	st he	\$ 100776.04 0 0	2. Beginning Cash Balance Previous Summary Page, Line 16 3. Cash Receipts Column A, Line 3 above 4. Miscellaneous Increases to Cash Schedule I, Line 4
\$			Surrent Cash Statement
(mm/dd/yy) \$	\$ 11802.65	\$ 371.45	O. Nonmonetary Adjustment Schedule C, Line 3 1. TOTAL EXPENDITURES MADE
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 11802.65	\$ 371.45	Loans Made
Expenditure Limit Summary for State Candidates	\$ 11802.65	\$ 371.45	s Made
21. Expenditures \$ \$	\$	\$	CEIVED Add Lines 3 +
20. Contributions Received \$\$	\$ 0	φ	i. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 . Nonmonetary Contributions Schedule C. Line 3
1/1 through 6/30 7/1 to Date	0	0	Loans Received Schedule B, Line 3
General Elections	\$	\$	Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTALTODATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Sontributions Received
1.D. NUMBER 1225968			BILL DALTON FOR MAYOR
DEC 31,2012 Page 2 of 3	through _		EE INSTRUCTIONS ON REVERSE

[⊃]ayments Made Schedule E

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

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EE INSTRUCTIONS ON REVERSE **BILL DALTON FOR MAYOR** through DEC 31,2012 Page _ 1225968 I.D. NUMBER ယ 으

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civic donations contribution (explain nonmonetary)* candidate filing/ballot fees campaign consultants fundraising events 어 C P MG office expenses polling and survey research phone banks petition circulating meetings and appearances SAF SAF 컹 世 t.v. or cable airtime and production costs candidate travel, lodging, and meals campaign workers' salaries returned contributions

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independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

legal defense

茲 Ŗ information technology costs (internet, e-mail voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

postage, delivery and messenger services

professional services (legal, accounting)

2990 INLAND EMPIRE BLVD #107 **BARBARA ROBERTSON & ASSOCIATES GARDEN GROVE CA 92840** 11100 GARDEN GROVE BLVD OFFICE DEPOT ONTARIO CA 91764 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE PRO OFC. SR DESCRIPTION OF PAYMENT AMOUNT PAID 100.00 271.45

schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)

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

SUBTOTAL \$

371.45

- !. Unitemized payments made this period of under \$100
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)(e).)

TOTAL \$

371.45

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371.45

~ Cover Page Campaign Statement Government Code Sections 84200-84216.5) Recipient Committee SEE INSTRUCTIONS ON REVERSE under penalty of perjury under the laws of the State of California that the foregoing is true and correct 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 Verification Committee Information Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX OPTIONAL: FAX / E-MAIL ADDRESS **GARDEN GROVE** STREET ADDRESS (NO P.O. BOX) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) 9862 CATHERINE AVE **BILL DALTON FOR MAYOR** General Purpose Committee Officeholder, Candidate Controlled Committee (Also Complete Part 5) State Candidate Election Committee Political Party/Central Committee Executed on Executed on Executed on Executed on Small Contributor Committee Recall Sponsored 0 CT. 75 Date Date 20 STATE STATE CA 0 92841 ZIP CODE ZIP CODE I.D. NUMBER Primarily Formed Candidate/ Primarily Formed Ballot Measure Officeholder Committee (Also Complete Part 7) (Also Complete Part 6) Sponsored Committee Controlled 225968 from through Statement covers period 714 539-1592 AREA CODE/PHONE AREA CODE/PHONE SEPT 30, 2012 JULY 1 2012 Ву Ву Ву Type or print in ink. Signature of Controlling Officeholder Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent Date of election if applicable. (Month, Day, Year) 2 CITY OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF TREASURER MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY **GARDEN GROVE** 9862 CATHERINE AVE WILLIAM J DALTON Treasurer(s) Type of Statement: Amendment (Explain below) Semi-annual Statement Preelection Statement (Also file a Form 410 Termination) Termination Statement , Candidate, State Meesure Proponent or Responsible Officer of Sponsor ing of Treasurer or Asia RECEIVED ITY OF GARDEN GROVI CITY CLERK'S OFFICE 2012 OCT 25 Date Stamp STATE STATE CA 3 AII: 0 92841 ZIP CODE ZIP CODE Supplemental Preelection Statement - Attach Form 495 Special Odd-Year Report Quarterly Statement Page CALIFORNIA FORM For Official Use Only 714 539-1592 AREA CODE/PHONE AREA CODE/PHONE

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Campaign Disclosure Statement Summary Page

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

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Statement covers period JULY 1 2012

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FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772		⇔	9. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any)	€9 	Pash Equivalents and Outstanding Debts 8. Cash Equivalents See instructions on reverse
	for this calendar year, only carry over the amounts	\$	7. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	subtracted from previous period amounts. If this is	1	If this is a termination statement, Li
	report. Some amounts in Column A may be negative figures that should be	9/38.46	5. Cash Payments Column A, Line 8 above 6. ENDING CASH BAI ANCE Add I ines 12 + 13 + 14 then subtract I ine 15
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last		4. Miscellaneous Increases to Cash Schedule I, Line 4
\$	To calculate Column B, add amounts in Column A to the	\$110639.50	Irrent Cash Statement Beginning Cash Balance
\$		0.100	1. I O I AL EXPENDIT URES MADE
,	0	0738 46	Nonmonetary Adjustment
Date of Election Total to Date	0	0	lls)s
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 11306.20	\$ 9738.46	Loans wade Schedule H, Line 3
Expenditure Limit Summary for State Candidates	\$ 11306.20	\$ 9738.46	ade
Made \$ \$	\$	69	TOTAL CONTRIBUTIONS RECEIVED
nditures		0	. Nonmonetary Contributions Schedule C, Line 3
20. Contributions Received \$ \$	\$ 	\$	H CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	0	0	. Monetary Contributions Schedule A, Line 3
General Elections		(FROMATTACHED SCHEDULES)	
Calendar Year Summary for Candidates	Column B CALENDAR YEAR	Column A TOTALTHIS PERIOD	Contributions Received
1225968			BILL DALTON FOR MAYOR
I.D. NUMBER	the second secon		AME OF FILER
SEPT 30, 2012 Page2 of4	through _		SEE INSTRUCTIONS ON REVERSE

Summary of Expenditures VCTeque D

Type or print in ink.

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	Supporting/Opposing Other	Amounts may be rounded to whole dollars.	e rounded Illars.	fromJULY 1 2012		FORM 460
EE INSTRUCTION	EE INSTRUCTIONS ON REVERSE			throughSEPT 30, 2012	1	Page3 of4
BILL DALT	ME 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 EAR TO DATE (IF REQUIRED)
9/19/12	FRIENDS OF STEVE JONES FOR GARDEN GROVE CITY COUNCIL 2012	Monetary Contribution Nonmonetary Contribution		5000.00	5000.00	.00
	☑ Support ☐ Oppose	Expenditure				
·		Contribution Nonmonetary Contribution Independent				
	☐ Support ☐ Oppose	1 '				
		Monetary Contribution				
		Nonmonetary Contribution Independent				
4	Support Doppose	Expenditure				
			\$ SUBTOTAL	\$ 5000.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) 2. Unitemized contributions and independent expenditures made this period of under \$100	independent expenditures made this period. (Include all Schedule D subtotals.) Ind independent expenditures made this period of under \$100\$
all Schedule D subtotals.)	all Schedule D subtotals.)\$_ ler\$100\$_
	: : \$\frac{1}{2} \frac{1}{2} \frac{1} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \f

³ayments Made Schedule E

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BILL DALTON FOR MAYOR

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

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SEPT 30, 2012 Page 1225968 I.D. NUMBER 4 <u>್</u>ಲ

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ЯŠ **CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment campaign paraphernalia/misc member communications radio airtime and production costs

P 문 프 유 종 meetings and appearances office expenses

PROS PROS professional services (legal, accounting)

print ads

コピロミュ

fundraising events candidate filing/ballot fees

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

legal defense

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civic donations

contribution (explain nonmonetary)*

campaign consultants

petition circulating polling and survey research postage, delivery and messenger services phone banks

returned contributions

campaign workers' salaries

固 컹 candidate travel, lodging, and meals t.v. or cable airtime and production costs

TRS voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

information technology costs (internet, e-mail)

	edule D. SUBTOTAL\$	arized on Sch	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
166.7		OFC	OC REGISTER PO BOX 7154 PASADENA CA 91109
4375.0		PRO	BARBARA ROBERTSON & ASSOCIATES 2990 INLAND EMPIRE BLVD #107 ONTARIO CA 91764
5000.01		CTB	FRIENDS OF STEVE JONES FOR GG CC 2012 ID #1300173 11542 MONTCLAIR DR GARDEN GROVE CA 92841
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Schedule E Summary

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

TOTAL \$

9738.46

9541.70 196.76

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(Government Code Sections 84200-84216.5)

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Statement covers period

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

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Page 1	CALIFORNIA FORM
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SEE INSTRUCTIONS ON REVERSE	through JUNE 30, 2012		2012 JUL 31 A 11: 09	11: 09	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	mittees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee		Preelection Statement	חו	Quarterly Statement	tatement
State Candidate Election CommitteeRecall	Committee Controlled	Semi-annual Statement Termination Statement		」 Special Odd ☐ Supplemen	Special Odd-Year Report Supplemental Preelection
(Also Complete Part 5)	(Also Complete Part 6)	(Also file a Form 410 Termination) Amendment (Explain below)	nination)	Statement -	Statement - Attach Form 495
General Purpose CommitteeSponsored	☐ Primarily Formed Candidate/	On Grant Crypton South	,		
Small Contributor CommitteePolitical Party/Central Committee	Officeholder Committee (Also Complete Part 7)		2		
3. Committee Information	I.D. NUMBER 1225968	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	SOMMITTEE)	NAME OF TREASURER			
BILL DALTON FOR MAYOR		WILLIAM J. DALION			
		9862 CATHERINE AVE			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
9862 CATHERINE AVE		GARDEN GROVE	CA	92841	714 539-1592
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY		
GARDEN GROVE CA	92841 714 539-1592				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ET OR P.O. BOX	MAILING ADDRESS			
CITY STATE	E ZIP CODE AREA CODE/PHONE	СІТҮ	STATE	ZIP CODE	AREA CODE/PHONE
ORTIONAL: EAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	SS		

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	Executed on	Executed on 7/3///2	Executed on 7/3///2
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Méasure Proponent or Responsible Officer of Spons	By Signature of Treasurer's Assistant/Treasurer

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

Campaign Disclosure Statement Summary Page

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Amounts may be rounded to whole dollars.

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JUNE 30, 2012

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Statement covers period

JAN 1, 2012

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		0	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$0	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse
	for this calendar year, only carry over the amounts	\$0	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	subtracted from previous period amounts. If this is the first report being filed	\	If this is a termination statement, Line 16 must be zero.
	report. Some amounts in Column A may be negative flaures that should be	1567.74 110639.50	Cash Payments
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last	0	13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4
\$	To calculate Column B, add	\$ 112207.24	Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16
\$	\$1567.74	\$1567.74	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
Date of Election Total to Date (mm/dd/yy)	0	0 0	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 1567.74	\$ 1567.74	7. Loans Made
Expenditure Limit Summary for State Candidates	\$ 1567.74	\$ <u>1567.74</u>	xpenditures Made Payments Made
Made \$\$	\$0	\$0	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4
Ires	0	0	
20. Contributions Received \$ \$	\$ 0	\$	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+
1/1 through 6/30 7/1 to Date	0 0	9 0	1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B. Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Column B CALENDAR YEAR TOTALTODATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1225968			BILL DALTON FOR MAYOR
I.D. NUMBER	:: C 29:		SEE INSTRUCTIONS ON REVERSE

Payments Made Schedule E

NAME OF FILER

BILL DALTON FOR MAYOR

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period JAN 1, 2012 **CALIFORNIA**

SCHEDULEE

from through JUNE 30, 2012 Page . 1225968 I.D. NUMBER ယ <u>್</u>ಲ್ 4

 st Payments that are contributions or independent expenditures must also be summarized on Schedule D Schedule E Summary B ᄪ 3 吕 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. SANTA ANA CA 92705 EL CAPITAN DIST BOY SCOUTS OF AMERICA PALENTINE FL 60094 1211 EAST DYER RD PO BOX 940 CHASE CARD SERVICES PASADENA CA 91109 PO BOX 7154 OC REGISTER civic donations campaign consultants campaign paraphernalia/misc campaign literature and mailings independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* candidate filing/ballot fees undraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) P_Q 몽 OFC OFC 리 MBR office expenses meetings and appearances professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating member communications CODE CVC WEB OFC S **DESCRIPTION OF PAYMENT** YOT ᄗᇎ 컹 型系 꿈 information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/spcanor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions radio airtime and production costs t.v. or cable airtime and production costs SUBTOTAL\$ AMOUNT PAID 1517.74 250.00 528.53 136.30 142.23

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)
- 2. Unitermized payments made this period of under \$100
- က Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) (e).)
- 4.

TOTAL \$

1567.74

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SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from _____JAN 1, 2012

JAN 1, 2012 JUNE 30, 2012

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER **BILL DALTON FOR MAYOR** through 1225968

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989.21	\$ SUBTOTAL	chedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D	* Payments that are co
340.00		OFC	CA 94216-6892	CITIBANK PO BOX 26892 SANFRANCISCO CA 94216-6892
249.21		OFC	ROVE BLVD CA 92840	OFFICE DEPOT 11100 GARDEN GROVE BLVD GARDEN GROVE CA 92840
400.00		CMP	ESTIVAL) AVE CA 92840	ST COLUMBAN FESTIVAL 10801 STANFORD AVE GARDEN GROVE CA 92840
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	
e candidate/sponsor	code. Otherwise, describe the payment. 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 services TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	may enter the ications pearances g g y research and messenger s vices (legal, accour	ng codes accurately describes the page (MBR MIG OFC PET PHO POL PRO PRO PRO PRO PRT	CODES: If one of the following campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonets covic donations fill candidate filing/ballot fees fND fundraising events independent expenditure suppo

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FAIR POLITICAL PRACTICES COMMISSION CALIFORNIA FORM

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COVER PAGE

SION PS BORN Signature Date Signed l certify under penalty of perjury under the laws of the State of California that the foregging ja true and correct. herein and in any attached schedules is true and complete. I acknowledge this is a public document. 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 kathyb@ci.garden-grove.ca.us 9809-147 (417) DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL) Garden Grove 11222 Acacia Parkway 07876 AD (Business or Agency Address Recommended - Public Document) SIP CODE **MAILING ADDRESS STATE** STREET 5. Verification Mone - No reportable interests on any schedule Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Schedule D - Income - Giffs - schedule attached Schedule A-2 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments – schedule attached ■ Total number of pages including this cover page: Check applicable schedules or "None." 4. Schedule Summary Office sought, if different than Part 1: __ Candidate: Election Year the date of leaving office. Date assumed Office: Date assumed through ○ The period covered is December 31, 2011. leaving office. through The period covered is ○ The period covered is January 1, 2011, through the date of (Check one) December 31, 2011. Leaving Office: Date Left Annual: The period covered is January 1, 2011, through 3. Type of Statement (Check at least one box) City of Garden Grove TedfO 🗀 _ County of _ - YinuoO-iiluM 🗌 Judge or Court Commissioner (Statewide Jurisdiction) 2. Jurisdiction of Office (check at least one box) Charree County Beard the Supervisors prination ACUSA JOINT POWERS INDUVANCE Board Member West Orange County Water Board If filling for multiple positions, list below or on an attachment.

DINSIG no an attachment. orange county-transported or Bushan Ay Mayor City Council Division, Board, Department, District, if applicable Your Position City of Garden Grove Agency Name 1. Office, Agency, or Court 2012 APR -2 A 8: 00 Dalton William (MIDDLE) (LSAJ) NAME OF FILER (FIRST) CILX OF ERK'S OFFICE Please type or print in ink. CILL OF GARDEN GROVE

File the originally signed statement with your filing official.)

CALIFORNIA FORM YOU TAIR POLITICAL PRACTICES COMMISSION William J. Daiton

SCHEDNLE A-1

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

Do not attach brokerage or financial statements.

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

FPPC Form 700 (2009/2016) Sch. A-2 FPPC Form 700 (2009/2016) Sch. A-2	Соттепьт:
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CALIFORNIA FORM 700 Name Name Mame

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

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THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
NCOME OF \$10,000 OR MORE (Attach a separate sheet if necessan;)	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
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CALIFORNIA FORM

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

of Business Entities/Trusts **2CHEDNIE A-2**

(Ownership Interest is 10% or Greater) investments, income, and Assets

FPPC Form 700 (2009/2010) Sch. A-2	Comments:
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CALIFORNIA FORM TOOM Name Mame William J. Dalfon

SCHEDULE A-2 of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

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Comments:_

enoitieo9 Income, Loans, & Business SCHEDNTE C

(Other than Giffs and Travel Payments)

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Recipi Camp Cover

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.	<i>*</i>	COVER PAGE Date Stamp VED CALIFORNIA 460 CITY OF GARDEN G FORM CITY CLERK'S OF VE / YEAR
	Statement covers period I	Date of election if applicable: (Month, Day, Year)	2012 OCT - Ly P 3: 3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through DEC 31, 2011		
		AND	

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OPTIONAL: FAX / E-MAIL ADDRESS	СІТҮ	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	GARDEN GROVE	9862 CATHERINE AVE	BILL DALTON FOR MAYOR		COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Committee Information	1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. ② Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ② General Purpose Committee ○ Sponsored ○ Also Complete Part 7)
	STATE	STREET O	STATE				NO COM		I Committee
	ZIP CODE	OR P.O. BOX	ZIP CODE 92841				MITTEE)	I.D. NUMBER 1225968	tees - Complete Parts 1, 2 Primarily Formed Committee Controlled Sponsored (Also Complete Part 8) Also Complete Part 7)
	AREA CODE/PHONE		AREA CODE/PHONE 714 539-1592						Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
OPTIONAL: FAX / E-MAIL ADDRESS	CITY	MAILING ADDRESS	NAME OF ASSISTANT TREASURER, IF ANY	GARDEN GROVE	MAILING ADDRESS 9862 CATHERINE AVE	WILLIAM J DALTON	NAME OF TREASURER	Treasurer(s)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) AMENDED FORM TO CORRECT
	STATE			STATE CA					CURRE
	ZIP CODE			ZIP CODE 92841					☐ Quarte☐☐ Specia☐☐ Supple☐☐ Statem☐☐ CA.
	DE AREA CODE/PHONE			T14 539-1592	v				ement ement Special Odd-Year Report ement Supplemental Preelection 1410 Termination) Statement - Attach Form 495 plain below) TO CORRECT CURRENT CASH STATEMENT AMOUNTS

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

Executed on	Executed on	Executed on	Executed on	er penalty of perjury under the laws of the State of California that the foregoing is true and correct.
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proportent or Responsible Officer of Sponsor	By Signardire of Treasurer or Assistant Treasurer	oregoing is true and correct.

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Summary Page	to whole dollars.	Stater	Statement covers period	CALIFORNIA 460
		from	700 31 3011	2
SEE INSTRUCTIONS ON REVERSE		ill ongin		
NAME OF FILER BILL DALTON FOR MAYOR				I.D. NUMBER 1225968
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate: Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3	\$ 0 0 \$ 1		Contributions	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0 \$ 0	0	20. Contributions Received \$ 21. Expenditures Made \$	s s
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS	\$ 1178.95 \$ 0 \$ 1178.95 \$	2341.38 0 2341.38	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made	iture Limit Summary for State ates 22. Cumulative Expenditures Made*
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3 11. TOTALEXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 1178.95 \$	0 0 2341.38	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receints	\$ 113386.19 To c	To calculate Column B, add amounts in Column A to the		€9
Increases to Cashsss	0 corn 1178.95 repc Colu	corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ the for t	the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse		from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Toll-Free Helplin	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-8

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	OPTIONAL: FAX / E-MAIL ADDRESS	CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE ARE	STATE ZIP CODE NY NY NY	ON TOR MATOR MAILING ADDRESS	3. Committee Information I.D. NUMBER Treasurer(s)	Sofficeholder, Candidate Controlled Committee	SEE INSTRUCTIONS ON REVERSE through DEC. 31, 2011	30 A II: 29	Campaign Statement Type or print in ink. RECEIVED COVER Page CO
es is true and complete. I certify		DE AREA CODE/PHONE	DE AREA CODE/PHONE			Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495			CALIFORNIA A

Executed on _

Date

Executed on _

Date

Ву

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Ву

Campaign Disclosure Statement Summary Page

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

SUMMARY F

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	Managed	Outstanding Debts Add Line 2 + Line 9 in Column B above \$	19. Outstanding Deb
	from Lines 2, 7, and 9 (if any).	ts and Outstanding Debts See instructions on reverse \$	-
	for this calendar year, only carry over the amounts	ES RECEIVED Schedule B, Part 2 \$	17. LOAN GUARANTEES
	subtracted from previous period amounts. If this is	ment, Line 16 must be zero.	If this is a
reported in Column B.	rom Column B or your last report. Some amounts in Column A may be negative	Column A, Line 8 above	15. Cash Payments
*Amounts in this section may be different from amounts		to Cash Schodula I line 4	Cash Receipts . Miscellaneous In
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\$	7341.38	URES MADEAdd Lines 8 + 9 + 10 \$ 1178 - 85	11. TOTAL EXPENDITURES MADE
Date of Election Total to Date (mm/dd/yy)	0	Schedule C, Line 3	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	2341.38	Add Lines 6 +	SUBTOTAL CASH PAYMENTS Accrued Expenses (Hanaid Bills)
Expenditure Limit Summary for State Candidates	\$ 2341.38	Schedule E, Line 4 \$ 1) 78-95 Schedule H. Line 3	 Payments Made Loans Made
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21. Expenditures \$ \$	\$	TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 \$	5. TOTAL CONTRIBUTIONS RI
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1/1 through 6/30 7/1 to Date		Schedule B, Line 3	
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1.D. NUMBER 1225768		DALTON FOR MAYOR	NAME OF FILER
Dec. 31, 2011 Page 2 of 4	through _	EVERSE	SEE INSTRUCTIONS ON REVERSE
m July Loll FORM 460	from	to whole dollars.	oummary Page

Payments Made Schedule E

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

Statement covers period

201 7001 Page _ I.D. NUMBER 222568 W 으 4

NAME OF FILER SEE INSTRUCTIONS ON REVERSE アイトのの through Dec

 st Payments that are contributions or independent expenditures must also be summarized on Schedule D. 88 000 임상 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment civic donations campaign paraphernalia/misc. campaign consultants campaign literature and mailings contribution (explain nonmonetary)* independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees legal defense fundraising events いないののこ 0 A2007 3632 P-O-ROX ASA DOUA ONOX TASO つまるけるの ひとりひ のくのりんの NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 0000 いろのろの 25151 ナンの七か もつこと CCCC しのか 43009 D 몽리 MTG polling and survey research petition circulating office expenses meetings and appearances member communications professional services (legal, accounting) postage, delivery and messenger services phone banks On Contract of the Contract of CODE 유 DESCRIPTION OF PAYMENT 声 ş 컹 returned contributions radio airtime and production costs candidate travel, lodging, and meals information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals campaign workers' salaries t.v. or cable airlime and production costs SUBTOTAL \$ # ととか AMOUNT PAID 6 9 2 20 18

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)
- 2. Unitemized payments made this period of under \$100
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...... TOTAL \$ Co 33

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4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ...

Payments Made Schedule E (Continuation Sheet)

NAME OF FILER

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SEE INSTRUCTIONS ON REVERSE

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

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

Statement covers period

SCHEDULE E (CONT.

through Dec. 31, from. 1 2 / 201 1001

CALIFORNIA FORM '

Page (1.D. NUMBER 7268

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			GARDON GROVE LLONS P-0-130×351 GARDON GROVE, CA 92842	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings
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		ure Proponent	, State Measu	Signature of Controlling Officeholder, Candidate, State Measure Proponent	BySi			Executed on	
rue and complete. I certify	d schedules is t	in the attached	ned herein and	st of my knowledge the information contained herein and in the attached schedud correct. Signaluse of Treasurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	atement and to the best of my knowled foregoing is true and correct. By	reviewing this st f California that tt	reparing and if the State of	Verification 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 Date	4.
AREA CODE/PHONE	ZIP CODE	STATE	ADDRESS	OPTIONAL: FAX / E-MAIL ADD	AREA CODE/PHONE	ZIP CODE	STATE	OPTIONAL: FAX / E-MAIL ADDRESS	
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AREA CODE/PHONE 714 539-1592	ZIP CODE 92841	STATE CA] [E	9862 CATHERINE AVE CITY GARDEN GROVE				STREET ADDRESS (NO P.O. BOX) 9862 CATHERINE AVE	
				Treasurer(s) NAME OF TREASURER WILLIAM J DALTON MAILING ADDRESS	68 68	1.D. NUMBER 1225968 	AE IF NO CON	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BILL DALTON FOR MAYOR	့လ
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 CASH STATEMENT AMOUNTS	☐ Quarterly Statement☐ Special Odd-Year Rd ☐ Supplemental Preete Statement - Attach F		nt: ment cement ment 410 Termination) plain below) TO CORRECT	2. Type of Statement: □ Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 Termination) ② Amendment (Explain below) AMENDED FORM TO CORRECT	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	0	: All Committee thee	Type of Recipient Committee: All Committees - ② Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	
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CALIFORNIA 460 FORM	FIRE PRINTER	RETENDED OF GARDEN GRO CLERK'S OFFIC	YTIO	, k	in]	.5)	Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	0 0 0 Z

ted onBy	ted onBy	ted on 7/26/12 By	ted on 9/26/12 By
Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Signature of Treasurer or Assistant Treasurer

Campaign Disclosure Statement Summary Page

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

from _

Statement covers period JAN 1, 2011

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		through	JUNE 30, 2011 Page of
NAME OF FILER BILL DALTON FOR MAYOR			1.D. NUMBER 1225968
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
ω ω	0 0	0	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$	20. Contributions Received \$
4. Nonmonetary Contributions Schedule C, Line 3	0	0	₩
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 0	
xpenditures Made	4460	1160 / 2	Expenditure Limit Summary for State
7. Loans Made Schedule H, Line 3	0		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1162.43	\$ 1162.43	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F, Line 3	0	0 0	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$1162.43	\$1162.43	€
ent			€9
S Summary Page, Line 16	\$ 114340.02	To calculate Column B, add amounts in Column A to the	
Miscellaneous Increases to Cash	0	corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts
Colui	1162.43	report. Some amounts in Column A may be penalive	reported in Column p.
ANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 113386.19	figures that should be	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0	for this calendar year, only carry over the amounts	
sh Equivalents and Outstanding	0	from Lines 2, 7, and 9 (if any).	
Outstanding Debts			FPPC Form 460 (January/05)
19. Odistalitulily Debts Add Line z + Line 9 in Column B above			FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Campaign Statement Recipient Committee

Type or print in ink.

Date Stamp

CALIFORNIA **460**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE Cover Page (Government Code Sections 84200-84216.5) CITY CITY Committee Information OPTIONAL: FAX / E-MAIL ADDRESS STREET ADDRESS (NO P.O. BOX) Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) JARDEN General Purpose Committee Officeholder, Candidate Controlled Committee (Also Complete Part 5) State Candidate Election Committee) Recall Political Party/Central Committee Small Contributor Committee Sponsored DACTON ATHRAZE 0 ROVE Top STATE STATE AVE ZIP CODE 92841 ZIP CODE I.D. NUMBER 768 ZAYOR Primarily Formed Candidate/ Officeholder Committee Primarily Formed Ballot Measure Sponsored (Also Complete Part 7) (Also Complete Part 6) O Controlled Committee through I une from LAV. Statement covers period AREA CODE/PHONE AREA CODE/PHONE 5391592 00 1001 2011 Date of election if applicable:
(Month, Day, Year) 2 OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS NAME OF TREASURER Treasurer(s) Type of Statement: C) ACDEN 862 21723 Amendment (Explain below) Semi-annual Statement Preelection Statement (Also file a Form 410 Termination) Termination Statement 7 口ののころ (6 ROVE RECEIVED
Y OF GARDEN GROVE
TY CLERK'S OFFICE AUG - 1 A 11: 20 DY 3 STATE CAI STATE (70 か しの。 4826 ZIP CODE ZIP CODE Supplemental Preelection Statement - Attach Form 495 2 Special Odd-Year Report Quarterly Statement Page FORM カノイ For Official Use Only AREA CODE/PHONE AREA CODE/PHONE 539159 약

Verification

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

Executed on	Executed onByByByBy	easure Pro	Executed on
	, State Measure Proponent	Proponent or Responsible Officer of Sponsor	- /

Campaign Disclosure Statement Summary Page

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

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	PARAMATANA	\$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		\$	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse
	for this calendar year, only carry over the amounts	2 \$	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	figures that should be subtracted from previous period amounts. If this is	\$ 111079-92	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last report. Some amounts in Column A may be progrative	1162-43	Increases to Cashs
\$	To calculate Column B, add amounts in Column A to the	\$ 112242.35	Current Cash Statement 12. Beginning Cash Balance
⇔	\$ 1102-43	3 * <u>1162-43</u>	10. Nonmonetary Adjustment
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date	\$ 1162.43	\$ 1162-43	NTSd Bills)
Expenditure Limit Summary for State Candidates	\$ 1162.43	\$ 1162.43	Expenditures Made Schedule E, Line 4 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H Line 3
21. Expenditures Made \$ \$	\$	\$	5. TOTAL CONTRIBUTIONS RECEIVED
 ∽ . I	þφ	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Schedule B, Line 8UTIONS
General Elections 1/1 through 6/30 7/1 to Date	*	3 \$	Monetary Contributions Schedule A, Line
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
I.D. NUMBER (スス5968			BICCDACTON FOR MAYOR
through Tune 30, 2011 Page 2 of 3	through_		SEE INSTRUCTIONS ON REVERSE
m TANAL 2011 FORM	from	to whole dollars.	Summary Page

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

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SCHEDULE

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NAME OF FILER 7 0 I.D. NUMBER

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

contribution (explain nonmonetary)* 면영합 office expenses member communications meetings and appearances

몽 phone banks petition circulating

CAS CAS

campaign literature and mailings

legal defense fundraising events

independent expenditure supporting/opposing others (explain)

civic donations

candidate filing/ballot fees

campaign consultants

POS postage, delivery and messenger services polling and survey research

print ads

professional services (legal, accounting)

returned contributions radio airtime and production costs

t.v. or cable airtime and production costs campaign workers' salaries

SA 로 로 유명 staff/spouse travel, lodging, and meals candidate travel, lodging, and meals

voter registration transfer between committees of the same candidate/sponsor

information technology costs (internet, e-mail)

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		<u></u>	CARDEN CROVE CA. 92840
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....

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

SUBTOTAL \$

- 2. Unitemized payments made this period of under \$100 ...
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)(e).

TOTAL \$

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STATEMENT OF ECONOMIC INTERESTS



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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name William J. Dalfon

SCHEDULE A-1

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

Do not attach brokerage or financial statements.

ACQUIRED DISPOSED	Р СФЛІКЕВ DISPOSED
01 01	01 / 01 /
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
MATURE OF INVESTMENT Stock Other Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Stock Other (Describe) Stock Other (Describe)
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Comments: __

CALIFORNIA FORM 700 same Wame

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Leasehold Vis. remaining	Leasehold Tra. remaining Dither
NATURE OF INTEREST Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership Partnership
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City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
GARDEN GROVE	GALDEN GROVE
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NOTIA(I-I MANJIM	WILLIAM T. DAUTON
> PREMIESS EMILIA OBJUBILIZA	♣ 1 BUSINESS ENTITY OR TRUST

SCHEDNLE A-2

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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of Business Entitles/Trusts

(Ownership Interest is 10% or Greater)

FPPC Form 700 (2009/2010) Sch. A-2	Comments.
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
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Description of Business Activity of Real Property City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
GARDEN GROVE	BURAD GARAD
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property [[R12] TO N.A. A. VB.
☐ INVESTMENT ☑ REAL PROPERTY	Check one box:
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S LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE: OF SINCOME OF \$10,000 OR MORE (attach of separate short if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
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SHARE OF THE GROSS INCOME TO THE ENTITYTRUST) SHARE OF THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITYTRUST)
TNJRE OF INVESTMENT Sole Proprietorship qiranership other	VOUR BUSINESS POSITION Sole Proprietorship Other Other
### PAIR MARKET VALUE 15,000 - 3,000 - 3,000,000 PAIR PALICABLE, LIST DATE: 20,000 - 3,000,000 PAIR	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,000 - \$10,000,000 \$10,000 - \$1,000,000 \$1,000,000 - \$1,000,000 \$1,000,000 \$1,000,000
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Check one ☐ Business Entity, complete the box, then go to 2	Check one [Mathematics (complete the box, then go to 2] [Mathematics Entity, complete the box, then go to 2]
Name 9862 CATAGALDE A'VB. Address Address Acceptable)	Name PS & CATHERLUE AVG. Address Address Acceptable)
Wotuad . I naisuu	GOTIAL -I MILLIA
► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST

CALIFORNIA FORM TO CALIFORNIA FORM MAINS SOLITION TO THE SOLITION OF THE SOLIT

SCHEDULE A-2 Investments, Income, and Assets of Business Entitles/Trusts

(Ownership Interest is 10% or Greater)

Yrs. remaining Check box if additional schedules reporting investments or reat property are attached	Check box if additional schedules reporting investments or real property are attached
-Lessehold	-Leasehold Tre. rensining
NATURE OF INTEREST Stock Pathership/Deed of Trust Stock Pathership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$2,000 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAPPLICABLE, LIST DATE: Space Sp
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity of City or Other Precise Location of Real Property
BUDSO GORAS	GARDEN GROUB,
Name of Business Entity of Sured Number of Real Property Street Address or Assessor's Parcel Number of Real Property	Mame of Business Endity or Mamber of Real Property.
☐ INVESTMENT ☑ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
P.4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY THE</u> PUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
(AUESSAINIA) 1 - 10 c - 10 - 10 - 10 - 10 - 10 - 10	
S. LIST THE VAINE OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$40,000 OR MORE (entails places and decressor)	S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (citath a separate sheet if recreasing)
2 \$1,001 - \$10,000	000,001\$ - 100,01\$ 994\$ - 0\$ 000,001\$ ABVO 000,1\$ - 000\$ 000,1\$ - 100,1\$ \bigsim 000,01\$ - 100,1\$ \bigsim 000,01\$ - 100,1\$ \bigsim 000,01\$ \
S. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
NATURE OF INVESTMENT Sole Proprietorahip Other Other YOUR BUSINESS POSITION	VOUR BUSINESS POSITION Sole Proprietorship Partnership Other Other Business Position Other
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 - \$100,000 \ \$10,000 + \$100,000 - \$1,000,000 \ \$10,000 + \$1,000,000 \ \$1,000,000 + \$1,000,000 \ \$1,00	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 - \$100,000 \ 0.09 \ \ 0.09 \ 0.09 \ 0.00
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Check one Business Entily, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
Address Address Acceptable)	Address (Business Address Accepteble) Check one
Name 9862 Cattleaus Aire.	Name 9862 CATHERINE AUB.
hotlad . T Mallial	WILLIAM I - DA HOW
TSUST NO YTHING SESINEUR : . ≺	► 1. BUSINESS ENTITY OR TRUST

Comments:

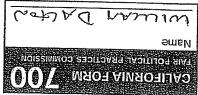
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Wame William J. Dalton

SCHEDULE A-2 of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Leasehold Other	Leasehold Yrs. remaining Other
NATURE OF INTEREST Stock Pathership Pathership	NATURE OF INTEREST Pencerty Ownership/Deed of Trust Stock Partnership
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	Over \$1,000,000 S / US / 10 DISPOSED S 100,000 - \$1,000,000 S / US / 10 Over \$1,000,000
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
Иате of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property 912 CATALE W. W. Street Address or Assessor's Parcel Number of Real Property 912 CATALE W. W. Street P. Stree
Check one box:	Check one box:
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	A. Investments and interests in Real property Held <u>by</u> the business entity or trust
	CLAY BOCK
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
20 - \$10°000 20 - \$1°000	\$6 - \$499 \$\left\(\) \$\left\(\) \$\right\(\) \$\righ
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHERE OF THE GROSS INCOME TO THE ENTITY/TRUST)	■ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION	YOUR BUSINESS POSITION Other Other Other
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Check one	Check one Business Entity, complete the box, then go to 2
Address (Business Acceptable)	Address (Business Address Acceptable)
Ивте	SUN SUSCHTAD SUBP
	WILLIAM T. DALTON
↑. BUSINESS ENTITY OR TRUST	↑. BUSINESS ENTITY OR TRUST

Comments:_



Income, Loans, & Business SCHEDULE C

(Other than Gifts and Travel Payments)

	Comments:
Other (Desculbe)	
,, <u>, , , , , , , , , , , , , , , , , ,</u>	OVER \$100,000
Custanior	000'001\$ - 100'01\$
	000,0r\$ - r00,r\$
	000'L\$ - 009\$
ssalppe jaang	HIGHEST BALANCE DURING REPORTING PERIOD
Real Property	
Mone Personal residence	BUSINESS ACTIVITY, IF ANY, OF LENDER
SECURITY FOR LOAN	
anoM 📗 %	ADDRESS (Business Address Acceptable)
INTEREST RATE TERM (Months/Years)	NAME OF LENDER"
sciosed as follows:	not in a lender's regular course of business must be di
our official status. Personal loans and loans received	gagigable to menale of the public without regard to yo
n the lender's regular course of business on terms	OF A FELLIN INSTANTIBLE OF CIEUR CARD (FAUSACUOR), MAGE II
ending institutions, or any indebtedness created as part	You are not required to report loans from commercial la
QQ	OISTA DINITROPAS AHT DINING DINING TATE REPORTING PERIO
	11
Terli O'liner (Describe)	(equosed)
	Other
Commission of Rental Income, list each source of \$10,000 or more	Commission of Rental Income, list each source of \$10,000 or more
(Property, car, boat, etc.)	(property, car, boat, etc.)
lo ala S	Sale of
Cosn repayment	Tosu repayment
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
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BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
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FPPC Form 700 (2009)2010) Sch. C FPPC Form 700 (2009)2010) Sch. C

Decinion Committe

COVER PAGE

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216-5)	Type or print in ink.	ink.	P북운경판 IVED CITY OF GARDEN GI CITY CLERK'S OFF	- THE WARD DOWN	CALIFORNIA 460
	Statement covers period OCT 17, 2010	Date of election if applicable: (Month, Day, Year)	7017 OCT - U	Page	7017 OCT - L P 3: 30 For Official Use Only
					3
SEE INSTRUCTIONS ON REVERSE	throughDEC 31, 2010				
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:) - -	
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐	Primarily Formed Ballot Measure Committee	☐ Preelection Statement ☐ Semi-annual Statement		Quarterly Statement Special Odd-Year R	Quarterly Statement Special Odd-Year Report
(Also Complete Part 5)	Controlled Sponsored (Also Complete Part 6)	☐ Termination Statement (Also file a Form 410 Termination)	rmination)	Supplement Statement -	Supplemental Preelection Statement - Attach Form 495
General Purpose Committee Sponsored	Primarily Formed Candidate/	AMENDED FORM TO CORRECT CONTRIBUTIONS RECEIVED AND	low) ORRECT CONTRIE	BUTIONS	RECEIVED AND
O Political Party/Central Committee	(Also Complete Part 7)	CURRENT CASH STAT	STATEMENT AMOUNTS ADDED SCHEDULE	ADDED :	SCHEDULE I
3. Committee Information	1.D. NUMBER 1225968	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE))	NAME OF TREASURER			
		WILLIAM J DALTON			
BILL DALTON FOR MAYOR		MAILING ADDRESS 9862 CATHERINE AVE			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
9862 CATHERINE AVE		GARDEN GROVE	CA (92841	714 539-1592
GARDEN GROVE CA 92841	AREA CODE/PHONE 714 539-1592	NAME OF ASSISTANT TREASURER, IF ANY	ER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	вох	MAILING ADDRESS		11	
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	SS		

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

penalty of perjury under the Jaws of the State of California that the foregoing is true and correct.	is true and correct.
Executed on $2/22/2$	Mulli Ha Walle
Executed on 2/24//2	Signalung of Treasurer of Assistant Treasurer
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	By
Date	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.

from _

Statement covers period OCT 17, 2010

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE	through .	DEC 31, 2010	Page of
NAME OF FILER BILL DALTON FOR MAYOR			1.D. NUMBER 1225968
Contributions Received Contributions Received Column A TOTAL THIS PERIOD (FROMATIACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Sum Running in Both the	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 9699.00 \$ 2. Loans Received Schedule B, Line 3 0	14699.00	1/1 th	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	14699.00	20. Contributions	⊊ A
4. Nonmonetary Contributions Schedule C, Line 3	0	TP C	c
5. TOTAL CONTRIBUTIONS RECEIVED	14699.00		⇔
Expenditures Made Schedule E, Line 4 \$ 7869.85 \$	22506.18	Expenditure Limit Summary for State Candidates	summary for State
7. Loans Made	0 22506 18	22. Cumulativ	22. Cumulative Expenditures Made*
Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0	Date of Election	Total to Date
10. Nonmonetary Adjustment 0	0	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	22506.18		€
ent			↔
is Summary Page, Line 16 \$	To calculate Column B, add amounts in Column A to the		
Increases to Cash Schedule I, Line 4 615.00	corresponding amounts from Column B of your last	*Amounts in this section m	*Amounts in this section may be different from amounts
Column A, Line 8 above 7869.85	report. Some amounts in		
d Lines 12 + 13 + 14, then subtract Line 15 \$ 114548.62			
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the a	alendar year, only r the amounts		
Cash Equivalents and Outstanding Debts from Lines 2, any).	s 2, 7, and 9 (if		
18. Cash Equivalents See instructions on reverse \$			
19. Outstanding Debts		FPPC Toll-Free Helplin	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I Miscellaneous Increases to Cash

NAME OF FILER

11/23/10

DATE RECEIVED

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

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)(e).) 2. Unitemized increases to cash of under \$100 this period..... 1. Itemized increases to cash this period.\$ Schedule | Summary SEE INSTRUCTIONS ON REVERSE **BILL DALTON FOR MAYOR** Attach additional information on appropriately labeled continuation sheets. **GARDEN GROVE CA 92840** 11222 ACACIA PKWY CITY OF GARDEN GROVE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CANDIDATE STATEMENT REFUND DESCRIPTION OF RECEIPT from. through Statement covers period OCT 17, 2010 . () . \$ DEC 31, 2010 SUBTOTAL \$ 615.00 1225968 I.D. NUMBER Page ____ AMOUNT OF INCREASE TO CASH of. 615.00 615.00

TOTAL

615.00

Summary Page, Line 14.)

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

000 Type or print in ink.
Amounts may be rounded to whole dollars. from 0-1-17, 2010 through Dec-31, Statement covers period 2010 Page C CALIFORNIA 460 I.D. NUMBER 1225968 SCHEDULE A (CONT.) of. ō

		00	SUBTOTAL\$ 2565			
				SCC	A-AHEIR, CA. 9280-0	1/0
	\$1000	10000			MILAN CAPITAL MOTITIONS	10/24
			SUPERMICT	SCC		110
	Noc so	\$ 50000	ourse A.R.	XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7580 GARDEN GROVE BUD.	10/22/
				SCC	TORBA CUDA Od. 92686	110
	# 2001	A 170			4333 50224 12.	"/26/
) 	1 3			ALPIGRO BALVANO	
/		/	Re FOND	- scc	GARDEN COLONO, CA. 92840	110
Scheduce	\$ 6 ts	# 25-1	STATEMENT		11222 ACACIA PEMY	152/11
moved to	8	000	CANDIDATE	COM	elty of Garden acres	7
28 .	я			Scc	IRVINE, CA. 92618	0//
	#200 N	#200°C			SS3 WACD	1811,
		*			AKA CONSUCTING	101
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
225968	[2]			DO	BILL DACTON TON HAVOR	310

*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

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COVER PAGE

OPTIONAL: FAX / E-MAIL ADDRESS	CITY STATE ZIP CODE	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	STATE	9862 CATHERINE AVE	BILL DALTON FOR MAYOR	COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)	3. Committee Information 1.D. NUMBER 1.D. NUMBER 1.225968	ittee	☐ General Purpose Committee ☐ Sponsored ☐ Primarily Formed Candid ☐ Small Contributor Committee ☐ Officeholder Committee		 Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4 Officeholder, Candidate Controlled Committee Primarily Formed Ballot Metable Committee 	SEE INSTRUCTIONS ON REVERSE through	from	Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
OPTIONAL:	AREA CODE/PHONE CITY	/14 539-1592 MAILING ADDRESS	ONE	GARDE	MAILING ADDRESS 9862 CATHER	WILLIAN	Treasurer(s)		date/ A		easure	0, 2010		Type or print in ink.
OPTIONAL: FAX / E-MAIL ADDRESS	STATE Z	DDRESS	NAME OF ASSISTANT TREASURER, IF ANY	GARDEN GROVE CA 9.	RINE AVE	WILLIAM J DALTON	er(s)	CURRENT CASH STATEMENT AMOUNTS	AMENDED FORM TO CORRECTYTD EXPENDITURES MADE AND	Termination Statement (Also file a Form 410 Termination)	1 🗆		Date of election if applicable: MIZ OCT -4 P 3: 3	REDGIESNAME D CITY OF GARDEN GROV CITY CLERK'S OFFICE
	ZIP CODE AREA CODE/PHONE			21P CODE AREA CODE/PHONE 92841 714 539-1592					NDITURES MADE AND	Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	Quarterly Statement		For Official Use Only	CALIFORNIA FORM

4. Verification

under per 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

Executed onBy	Executed on By	Executed on 7/26//2 By Sign	Executed on $\frac{9/26/2}{2/2}$ By	penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Of	Signature of Treasurer or Assistant Treasurer	correct.

Summary Page Campaign Disclosure Statement

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period OCT 1, 2010

from

through

OCT 16, 2010

Page _

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I.D. NUMBER

SUMMARY PAGE

φ, œ .7 <u>ი</u> ĊΊ 4. ယ Ņ 14. Miscellaneous Increases to Cash 11. TOTAL EXPENDITURES MADE **Expenditures Made** Cash Equivalents and Outstanding Debts 13. Cash Receipts **Current Cash Statement** 10. Nonmonetary Adjustment Contributions Received 19. Outstanding Debts 18. Cash Equivalents 17. LOAN GUARANTEES RECEIVED 15. Cash Payments..... 12. Beginning Cash Balance 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 **BILL DALTON FOR MAYOR** Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Loans Made SUBTOTAL CASH PAYMENTS Loans Received If this is a termination statement, Line 16 must be zero Payments Made TOTAL CONTRIBUTIONS RECEIVED Nonmonetary Contributions SUBTOTAL CASH CONTRIBUTIONS Monetary Contributions Add Line 2 + Line 9 in Column B above Add Lines 3 + 4 Previous Summary Page, Line 16 See instructions on reverse Column A, Line 8 above Column A, Line 3 above Add Lines 8 + 9 + 10 Schedule A, Line 3 Schedule H, Line 3 Schedule C, Line 3 Schedule B, Line 3 Schedule B, Part 2 Schedule C, Line 3 Schedule E, Line 4 Schedule I, Line 4 Add Lines 6 + 7 Add Lines 1 + 2 69 69 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Column A 112104.47 110087.05 5000.00 5000.00 2985.58 5000.00 2985.58 2985.58 5000.00 2982.58 0 0 0 0 To calculate Column B, add amounts in Column A to the from Lines 2, 7, and 9 (if carry over the amounts for this calendar year, only subtracted from previous period amounts. If this is figures that should be Column A may be negative report. Some amounts in corresponding amounts from Column B of your last the first report being filed Column B
CALENDAR YEAR
TOTAL TO DATE 14363.33 14363.33 14636.33 5000.00 5000.00 5000.00 0 0 reported in Column B. Candidates 21. Expenditures 20. Contributions **General Elections** Running in Both the State Primary and Calendar Year Summary for Candidates *Amounts in this section may be different from amounts **Expenditure Limit Summary for State** FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Made Received Date of Election (mm/dd/yy) Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 1225968 Total to Date 7/1 to Date

Recipient Committee

COVER PAGE

Campaign Statement Cover Page	Type or print in ink.	CITY OF GARDEN GROVE	CALIFORNIA 460
(Oppolition code occiona oreco ore 10.0)	Statement covers period from JULY 1, 2010		Page of
SEE INSTRUCTIONS ON REVERSE	through SEPT 30, 2010		
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
er, Candidate Controlled Committee andidate Election Committee	Primarily Formed Ballot Measure Committee Controlled		Quarterly Statement Special Odd-Year Report
	Controlled Sponsored (Also Complete Part 6)	Termination Statement (Also file a Form 410 Termination)	Supplemental Preelection Statement - Attach Form 495
☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ F	Primarily Formed Candidate/ Officeholder Committee	AMENDED FORM TO CORRECT YTD EXPENDITURES MADE	ITURES MADE
ittee	(Also Complete Part 7)	AND CURRENT CASH STATEMENT AMOUNTS	
3. Committee Information	.D. NUMBER 1225968	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		WILLIAM J DALTON	
BILL DALTON FOR MAYOR		MAILING ADDRESS 9862 CATHERINE AVE	
STREET ADDRESS (NO P.O. BOX) 9862 CATHERINE AVE		GARDEN GROVE CA 92841	AREA CODE/PHONE 714 539-1592
STATE	ЭĒ	EASURER, IF ANY	
GARDEN GROVE CA 92841	1 714 539-1592		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	OX	MAILING ADDRESS	
CITY STATE ZIP CODE	DE 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 k under penalty of perjury under the laws of the State of California that the foregoing is true and correct. State of California that the foregoing is true and correct. Executed on State of California that the foregoing is true and correct.	this statement and to the best of my kno a that the foregoing is true and correct.	Verification Ve	is true and complete. I certify
Executed on 9/24/2		Signature of Inseasurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Weasure Proponent of Responsible Officer of Sponsor	17)
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BySignature of Controlling Officeholder, Candidate, State Measure Proponent	Executed on
By	Executed on
Signature of Controlling Officeholder, Candidate, State Measure Proponent of Responsible Officer of Sp	Executed on $\frac{g/\mathcal{U}}{\mathcal{U}}/\mathcal{U}$
The foregoing is true and correct. By By	penalty of perjury under the laws of the state of California that the foregoing is true and correct. $9/2\xi//2$ Executed on

ponent 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

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Summary Page	Amounts may be rounded to whole dollars.	Stater from	Statement covers period m JULY 1, 2010	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through _	SEPT 30, 2010	Page 2 of 2
NAME OF FILER BILL DALTON FOR MAYOR				I.D. NUMBER 1225968
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
			20. Contributions Received \$ 21. Expenditures	1/1 through 6/30 7/1 to Date
5. TOTAL CONTRIBUTIONS RECEIVED	0 \$	0		₩
Expenditures Made 6. Payments Made	\$ 9458.69 \$	11653.75	Expenditure Limit S Candidates	Limit Summary for State
8. SUBTOTAL CASH PAYMENTS	\$ 9458.69 \$ 0 0 0 \$ 9458.69 \$	11653.75 0 0 11653.75	22. Cumulative (if Subjectto) Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Im/dd/yy) Total to Date Im/dd/yy)
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preases to Cash	0 corres from C	amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCE		Column A may be negative figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0 for this carry of	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse		from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Toll-Free Helplin	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Signature of Controlling Officeholder, Candidate, State Weasure Proponent	BySig	Executed on
sst of my knowledge the information contained herein and in the attached schedules is true and complete. I certify document. Signature of Controlling Officeholder, Candidate, State Measure Proponent of Responsible Officer of Sponsor	riewing this statement and to the best of my knowle selfornia that the foregoing is true and correct. By	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information conta under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on
OPTIONAL: FAX / E-MAIL ADDRESS		
CITY STATE ZIP CODE AREA CODE/PHONE	ZIP CODE AREA CODE/PHONE	STATE
MAILING ADDRESS	P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
NAME OF ASSISTANT TREASURER, IF ANY	ZIP CODE AREA CODE/PHONE 92841 714 539-1592	GARDEN GROVE CA C
GARDEN GROVE CA 92841 714 539-1592		9862 CATHERINE AVE
S2 CATHERINE AVE		BILL DALTON FOR MAYOR
WILLIAM J DALTON	i i e j	COMMITTEE NAME (OR CANDIDATE'S NAME IT NO COMMITTEE)
Treasurer(s)	1.D. NUMBER 1225968	3. Committee Information
CURRENT CASH AMOUNTS	(Also Complete Part 7)	Political Party/Central Committee
AMENDED FORM TO CORRECTYTD EXPENDITURES MADE AND	☐ Primarily Formed Candidate/ Officeholder Committee	 General Purpose Committee Sponsored Small Contributor Committee
Termination Statement (Also file a Form 410 Termination)	Controlled Sponsored (Also Complete Part 6)	(Also Complete Part 5)
	☐ Primarily Formed Ballot Measure Committee	 Officeholder, Candidate Controlled Committee State Candidate Election Committee
2. Type of Statement:	s – Complete Parts 1, 2, 3, and 4,	1. Type of Recipient Committee: All Committees - Complete Parts 1. 2. 3. and
	through JUNE 30, 2010	SEE INSTRUCTIONS ON REVERSE
· Official U	Statement covers period [] fromJAN 1, 2010	
CITY OF GARDEN GRO FORM		Cover Page (Government Code Sections 84200-84216.5)
Date Stamp CALIFORNIA 160	Type or print in ink.	Recipient Committee Campaign Statement

Executed on _

Date

Campaign Disclosure Statement Summary Page

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

Statement covers period

	from	JAN 1, 2010 FORM
SEE INSTRUCTIONS ON REVERSE	through	JUNE 30, 2010 Page 2 of 2
NAME OF FILER BILL DALTON FOR MAYOR		1.D. NUMBER 1225968
Contributions Received Contributions Received Column A TOTAL THIS PERIOD (FROMATIACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
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 \$	0000	20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made Schedule E, Line 4 \$ 2195.06 \$ 6. Payments Made Schedule H, Line 3 0 7. Loans Made Schedule H, Line 3 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 2195.06 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 \$ 2195.06 \$	2195.06 0 2195.06 0 2195.06	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 121740.80 To 13. Cash Receipts 0 o o 14. Miscellaneous Increases to Cash Schedule I, Line 4 0 cor 15. Cash Payments Column A, Line 8 above 2195.06 co 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 119545.74 figures If this in the subtract Line 15 sut	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	for this calendar year, only for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ O		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my kunder penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on	OPTIONAL: FAX / E-MAIL ADDRESS	3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) PROPERTY STREET ADDRESS (NO P.O. BOX) OCITY STATE STATE ZIP CODE CA 20 CA 50	1. Type of Recipient Committee: All Committees – Officeholder, Candidate Controlled Committee Ostate Candidate Election Committee ORecall (Also Complete Part 5) General Purpose Committee Osponsored Osmall Contributor Committee Osm	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE
Verification 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	ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS	I.D. NUMBER NAME OF TREASURER WILLIAM J. DALTON MAILING ADDRESS 9862 CATHERINE ZIP CODE AREA CODE/PHONE 12841 7/439-1592 MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS	Primarily Formed Ballot Measure Committee ○ Controlled ○ Sponsored (Also Complete Part 7) Primarily Formed Candidate/ (Also Complete Part 7) 2. Type of Statement: □ Preelection Statement □ Special Odd-Year Report □ Special Odd-Year Report □ Supplemental Preelection Statement □ Supplemental Preelection Statement - Attach Form 495	Type or print in ink. COVERPAGE Date Stamp CALIFORNIA 460 FORM FORM CALIFORNIA 460 FORM

Summary Page Campaign Disclosure Statement

Contributions Received

1405

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

SUMMARY PAGE

......Schedule F, Line 3 Schedule C, Line 3 Add Lines 6 + 7 Add Lines 3 + 4 Schedule H, Line 3 Schedule E, Line 4 Schedule C, Line 3 Schedule B, Line 3 Schedule A, Line 3 Add Lines 1 + 2 S S S Amounts may be rounded TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 06,30F.601 981 6 10014 186 to whole dollars. Column A 0 869. PIG. D C Sp 69 22506 22506 H1651 CALENDAR YEAR TOTAL TO DATE RIE Column B UT G 00 6 00 from through d Statement covers period 010e118121 1017 Candidates 21. Expenditures **Expenditure Limit Summary for State** 20. Contributions General Elections Running in Both the State Primary and Calendar Year Summary for Candidates Made Received Date of Election order (mm/dd/yy) 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 Page _ CALIFORNIA I.D. NUMBER 89168 FORM 9 Total to Date 7/1 to Date 약 5

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TOTAL CONTRIBUTIONS RECEIVED Nonmonetary Contributions SUBTOTAL CASH CONTRIBUTIONS

Loans Received Monetary Contributions

Expenditures Made

Payments Made

Current Cash Statement

10. Nonmonetary Adjustment

Accrued Expenses (Unpaid Bills)

SUBTOTAL CASH PAYMENTS

Loans Made.....

13. Cash Receipts 12. Beginning Cash Balance Previous Summary Page, Line 16 Column A, Line 3 above

S

- 15. Cash Payments...... Column A, Line 8 above 14. Miscellaneous Increases to Cash Schedule I, Line 4
- 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15
- If this is a termination statement, Line 16 must be zero
- Schedule B, Part 2 S

Cash Equivalents and Outstanding Debts 17. LOAN GUARANTEES RECEIVED

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

69

112242,36 - h1601 698 Ø Ø d from Lines 2, 7, and 9 (if carry over the amounts the first report being filed figures that should be Column A may be negative from Column B of your last amounts in Column A to the for this calendar year, only subtracted from previous report. Some amounts in corresponding amounts period amounts. If this is To calculate Column B, add

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

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

nent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California	ale Measure Proponent FPPC Toll-Free Helpline	Signature of Controlling Officeholder, Candidate, State Measure Proponent	By	Executed on
	ate Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
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true and complete. I certify	ein and in the attached schedules is	owledge the information contained her	g this statement and to the best of my kno ia that the foregoing is true and correct. Bv	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the formation 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
	ESS	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
AREA CODE/PHONE	STATE ZIP CODE	CITY	ODE AREA CODE/PHONE	CITY STATE ZIP CODE
		MAILING ADDRESS	2841	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
AREA CODE/PHONE	THERING AVE. STATE ZIP CODE GROVE, CA. 9284 REASURER, IF ANY	MAILING ADDRESS 9862 CATHELLO CITY CITY CARDEN GROVE NAME OF ASSISTANT TREASURER, IF ANY	GODE AREA CODE/PHONE	ADDRESS (NO P.O. BOX) 862 CATHERINE AVE
			1.D. NUMBER [225968] E)	3. Committee Information 1. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ermination)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, Officeholder, Candidate Controlled Committee Ostate Candidate Election Committee ORecall (Also Complete Part 5) Osponsored Osponsored Osponsored Osponsored Osmall Contributor Committee OPrimarily Formed (Officeholder Committee) Officeholder Committee OPolitical Party/Central Committee
			through DEC-31, 2010	SEE INSTRUCTIONS ON REVERSE
Page of of //	2011 JAN Pa	Date of election if applicable: (Month, Day, Year)	Statement covers period from OCT, 17, 2010	
	Date Stamp R C	ink.	Type or print in ink	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)

Campaign Disclosure Statement Summary Page

Type or print in ink.

SUMMARY PAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		\$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).		
	for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	subtracted from previous period amounts. If this is		If this is a termination statement, Line 16 must be zero.
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\$	\$ 20,311	\$ 1869	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
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ative Expenditure	\$ 20,3111	\$ 7869 2	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Accrued Expenses (Unpaid Bills)
callulates	9	ф	
Expenditure Limit Summary for State		501	2E
Made \$\$	•	\$	5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
Received \$ \$	\$ 12/3/4	\$ 150314	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3
1/1 through 6/30 7/1 to Date	0		Loans Received
General Elections	\$ 15314.00	\$ 10,31400	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATT	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
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I.D. NUMBER			NAME OF FILER
Dec. 31, 2010 Page 2 of 10	through_		SEE INSTRUCTIONS ON REVERSE
FORM 460	from OCT-	to whole dollars.	Cullillary Fage
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Schedule A Monetary Contributions Received

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

Statement covers period

SCHEDULE A

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	0102	from OCT- 17,				
CALIFORNIA A NO		Statement covers benou	to whole dollars.	to		islolicial y

Schedule A Summary

	-
(Include all Schedule A subtotals.)	 Amount received this period – itemized monetary contributions.

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

\$

3. Total monetary contributions received this period.

*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

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

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Monetary Contributions Received Schedule A (Continuation Sheet)

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

from <u>CCT. 17</u>, 2.510 Statement covers period

SCHEDULE A (CONT.)

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*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

Monetary Contributions Received Schedule A (Continuation Sheet)

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

Statement covers period

SCHEDULE A (CONT.)

NAME OF FILER	ontributions Received	to whole dollars.	ollars.	from OCY 11, 201 through DEC 31, 20	2010 Pa	CALIFORNIA 4.60 FORM FORM Page S of CD I.D. NUMBER 1.7.225968
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*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

Monetary Contributions Received Schedule A (Continuation Sheet)

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

Statement covers period

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CALIFORNIA FORM 460

SCHEDULE A (CONT.

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*Contributor Codes

COM - Recipient Committee IND - Individual

OTH - Other (e.g., business entity) (other than PTY or SCC)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

Statement covers period

SCHEDULE A

				from OCT: 17,	20:0	FORM	GEOR
SEE INSTRUCTIONS ON REVERSE	S ON REVERSE			through Dec. 31,	<u>6</u>	Page	of / 0
NAME OF FILER	our Darton Fac MA	ムンロス	Bo .	-		I.D. NUMBER	MBER 225968
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)
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Schedule A Summary 1. Amount received this peri (Include all Schedule A su	chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		€9		*Contributor Co IND – Individual COM – Recipier	*Contributor Codes IND – Individual COM – Recipient Committee	mittee
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Total moneta(Add Lines 1	Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	n A, Line 1.) .	TOTAL \$		scc-s	mall Contribut	SCC – Small Contributor Committee

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

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded Type or print in ink.

to whole dollars.

from

SCHEDULE

through Dec. Statement covers period 007.17 w ~ 500 2010 Page 🔏 .D. NUMBER 22596 ٥ ō

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

F E S E 끝 SAS SAS Q ₩ civic donations campaign paraphernalia/misc. contribution (explain nonmonetary)* campaign consultants tundraising events candidate filing/ballot fees 呂 OF S petition circulating office expenses meetings and appearances member communications phone banks SAL SAL 절절절절 campaign workers' salaries returned contributions

POS professional services (legal, accounting) postage, delivery and messenger services polling and survey research

print ads

campaign literature and mailings

legal defense

independent expenditure supporting/opposing others (explain)

radio airtime and production costs

t.v. or cable airtime and production costs

transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

information technology costs (internet, e-mail) voter registration

SUBTOTAL\$ 927 00		narized on	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
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AMOUNT PAID	CODE OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
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Schedule E Summary

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

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4.

- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)

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

TOTAL

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Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

705

CVC CNS CNS CNS CNS

CODES:

campaign paraphernalia/misc.

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

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동골끝

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

Statement covers period 007-

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CALIFORNIA FORM 460

SCHEDULE E (CONT.)

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through Dec - 31, 2010 Page ___ I.D. NUMBER 1225 6 0

describe the payment.

\$ 6/88 73	\$UBTOTAL \$	Schedule D.	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
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\$4000 B	PIGHT PARTY	PST	CAROLINA'S FITALIAN PESTALLANT 12045 CHAPMAN AVE. GALISM GROVE, CALIF, 92840
¥ 128 83		JZ TI	OFFICE DEPOT 11100 GARDEN GROVE BLUD. GARDEN GROVE, CALUE 92840
#150000		ITSU	FUTEGRITY FUND RAISING 12151-F BROOKHURST ST. GARDEN GROVE, CALLE 92840
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ts ime candidate/sponsor e-mail)	RAD radio airlime and production costs RED returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals senger services TSF transfer between committees of the same candidate/sponsor, accounting) 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	MP campaign paraphernalia/misc. MBR member community. MIG meetings and apportion (explain nonmonetary)* Civic donations L candidate filing/ballot fees ND fundraising events ND independent expenditure supporting/opposing others (explain)* EG legal defense PRT print ads

Schedule E Payments Made (Continuation Sheet)

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

Statement covers period

SCHEDULE E (CONT.

 st Payments that are contributions or independent expenditures must also be summarized on Schedule D. NAME OF FILER CODES: civic donations campaign paraphernalia/misc. candidate filing/ballot fees contribution (explain nonmonetary)* campaign consultants campaign literature and mailings independent expenditure supporting/opposing others (explain)* legal defense fundraising events のなりのなら POST MASTER たのとろ しつもの If one of the following codes accurately describes the payment, you may enter the code. Otherwise, そうつかと ASA DONA え の メ STAN TOCK アカロミーのア からりついと 6 (Brons) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) うつくの 0/0/0 てはると Sacred 0 × 7. 6 _0 2 200 _ 0 d 0 4 STOCAGE 목무용통류 2 office expenses member communications phone banks petition circulating meetings and appearances professional services (legal, accounting) postage, delivery and messenger services polling and survey research CODE 40 Ø DESCRIPTION OF PAYMENT from OLT. 17, 2010 돐 through Dec. 31 describe the payment. radio airtime and production costs voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries information technology costs (internet, e-mail) t.v. or cable airtime and production costs returned contributions **SUBTOTAL \$ CALIFORNIA** Page _ I.D. NUMBER **FORM** 10 of 10 # # 679 AMOUNT PAID 0 50 14071 6 (19) V 6 100 0

497 Contribution Report

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

	dollars.	
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	Amounts may	Amounts may be rounded to whole dollars.	RECEIVED	497 CONTRIBUTION REPORT
NAME OF FILER		Date of CIII	UF UDate Stamp	
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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	~	0 5 5 3 0 5 5 3 B	NOR OFFICIAN ISA DAN F
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STREET ADDRESS				
9862 CATHERINE AVE	CAVE	to Report No		
CITY	STATE ZIP CODE	(explain below)		
GARDEN GROVE	CALLE SUSA	No. of Pages		

1. Contribution(s) Received

Reason for Amendment:			a//	DATE RECEIVED
ent:			VAN HANH ASSEMBLY DEA CHUA LIEN HOA 9561 BIXBY AVE. CALDEN GLEVE, CL 92845-3708	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	□ IND □ COM OTH SCC	□ IND □ COM □ OTH □ PTY SCC	□ IND □ IND □ SCC	CONTRIBUTOR CODE *
*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				IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
er than PTY or SCC) ity)	☐ Check if Loan	☐ Check if Loan	Check if Loan Choride interest rate	AMOUNT RECEIVED

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Reason for Amendment:

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IBUTION REPORT

Contribution(s) Received

		10/24/10	DATE
		MO ALAN 8799 SUN BIRD AVE. FOUNTAIN VALLEY, CALIE. 92708	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)
O SCC SCC	O SCC	SCC NTO OTH NO OND NO	CONTRIBUTOR
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□ Check If Loan	Provide interest rate	Check If Loan	AMOUNT

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

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

	SCC - Small Contributor Committee			
than PTY or SCC)	COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party		nt:	Reason for Amendment:
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\$1000 EC		COM	1	10/22/
AMOUNT RECEIVED	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	CP CONTRIBUTOR	RECEIVED
			FULL NAME. STREET ADDRESS AND 75 DOGS	DATE
			11001	1. Contribution(s) Received
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		nt	9862 CATHERINE AVE. CA. DAMendment to Report No.	9862
For Official Use Only	200 UCT 22 Ford		714-539-1592 1225968 Report No	714-53
DRNIA 497	Date Stamp LERIN GALIFORNIA FORM	10/22/10	I.D. NIMBER MAYOR This Filing	AREA CODE/PHONE NUMBER
EIVED	CITY OF GARDEN GRAPA	hole dollars.	tion Report Type or print in lnk. Amounts may be rounded to whole dollars.	497 Contribution Report

A. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my lunder penalty of perjury under the laws of the State of California that the foregoing is true and correct executed on	OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS	STREET ADDRESS (NO P.O. BOX) 9862 CATHERINE AVE CITY GARDEN GROVE CA 92841	3. Committee Information	1. Type of Recipient Committee: All Committees – (Sofficeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
Verification Verification 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	P.O. BOX MAILING ADDRESS ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS	AREA CODE/PHONE	I.D. NUMBER 1225768 Treasurer(s) NAME OF TREASURER	Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Committee Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Complete Part 7) 2. Type of Statement: Preelection Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 Amendment (Explain below) Correct Total Powments Also Complete Part 7)	Type or print in ink. RECEIVED CALIFORNIA 460 FORM Statement covers period from OCT 1, 2-010 through OCT 16, 2-010 Type or print in ink. RECEIVED RECEIVED FORM RECEIVED FORM CALIFORNIA 460 FORM FORM Page 1 of 6 For Official Use Only For Official Use Only

Summary Page Campaign Disclosure Statement

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

SUMMARY PAGE
CALIFORNIA 460

Statement covers period

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	carry over the amounts from Lines 2, 7, and 9 (if any).	Ø Ø	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
	subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts.	\$ 80 10 9 19 19	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
*Amounts in this section may be different from amounts reported in Column B.	To calculate Column B, add amounts in Column A to the "orresponding amounts"om Column B of your last report. Some amounts in "o"-lumn A may be negative	\$ 107786,78 5000.00	12. Beginning Cash Balance
(If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) Total to Date		\$ 28 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made*	FF	3982.58	Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SURTOTAL CASH BAYMENTS
20. Contributions Received \$\$ 21. Expenditures Made \$\$	5000	\$ 5000 9	2. Loans Received
r Can Prima	Column B CALENDAR YEAR TOTALTODATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received 1. Monetary Contributions Schedule A, Line 3
1.D. NUMBER 1			Bill Dalton for mayor
10/14/a010 Page 2 of 6	through 10		SEE INSTRUCTIONS ON REVERSE
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SEE **→** I Cover Page (Government Code Sections 84200-84216.5) Campaign Statement Recipient Committee from Statement covers period -120 000 001110000 Type or print in ink. 2010 Date of election if applicable: (Month, Day, Year) NOV-2, 2010 2010 OCT 21 P 12: 50 RECEIVED TY OF GARDEN GROVE HTY CLERK'S OFFICE Date Stamp

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For Official Use Only

CALIFORNIA FORM

COVER PAGE

MAILING ADD	MAILING ADD		986	BIL		COMMITTEE	3. Committe	1. Type of Recipient Cou Officeholder, Candidate Co Officeholder, Candidate Elect Officeholder, Candidate Elect Officeholder, Candidate Elect Officeholder, Candidate Elect Officeholder, Candidate Counties Officeholder, Candidate Elect Officeh
	STATE	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	9862 CATHERINE AVE	702		COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	3. Committee Information	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Me Committee Committee Committee Controlled Controlled Controlled Controlled Controlled Controlled Controlled Complete Part 5) (Also Complete Part 6) Controlled Committee
	ZIP CODE	A. 928 T OR P.O. BOX	AVE.	FOR MAYOR		COMMITTEE)	1.D. N	mittees - Comp Con Prin Also Office
		. =		127			1.D. NUMBER 768	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Mea Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
	AREA CODE/PHONE	7538-159Z		20			00	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
	CITY	MAILING ADDRESS	CITY	MAILING ADDRESS	3	NAME OF	Treasurer(s)	2. Type o X Pree Serr (Als
		MAILING ADDRESS	CITY GARDEN GROVE, CA. 9284	9862 CATHERINE AVE	MULLIAM	NAME OF TREASURER	er(s)	Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
		OCKEX, IT ANY	ROVE	HERIN	J- DALTON			nt ent nt O Termination) n below)
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	ZIP CODE			P				Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form
	AREA CODE/PHONE		AREA CODE/PHONE					Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	HONE		192 592					

4. Verification

I	under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	I have used all reasonable diligence in preparing and reviewing this statement and to the best of my kno
		wledge the information contained herein and in the attached schedules is true and complete. I certify

Executed on Oct 21, 2010

Executed on Date

Executed on Date

Executed on Date

Date

Ву

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Ву Ву Ву Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent griature of Treasurer or Assistan

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.

CALIFORNIA 460

Statement covers period from OCT-(1 2010

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	Relievis	\$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		\$	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse
	the first report being filed for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	Column A may be negative figures that should be subtracted from previous period amounts. If this is	\$ 109798 23	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	amounts in Column A, to the amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in	2982 55 0 2982 55	to Cash
\$		\$ 107780 83	Current Cash Statement 12. Beginning Cash Balance
Date of Election Total to Date (mm/dd/yy)	\$ 12441 27	\$ 2982 52	3. Accrued Expenses (Onpaid Bills)
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	12 14th 21 \$	\$ 2982 52	
Expenditure Limit Summary for State Candidates	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 2982 58	Al - W
res -	\$	\$ \phi	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4
 ↔ 	\$ 50000	\$ 5000 %	2. Loans Received
General Elections 1/1 through 6/30 7/1 to Date	\$ 500000	\$ 5000 00	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER (225768	,	202	BILL DALTON FOR MA
007-16 2010 Page 2 of 6	through _		SEE INSTRUCTIONS ON REVERSE

Monetary Contributions Received Schedule A

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

SCHEDULE A

Monetary C	Monetary Contributions Received	o to	to whole dollars.	Statement covers period from OCT-() CO(O		N AIN	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	S ON REVERSE			through	8	Page of	
	ILL DALTON FOR M	イベトの人	-			1225768	
DATE	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 R TODATE (IF REQUIRED)	
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i co	BOALSIN HER			# 100	4		
160	FRUINE CA. 92620	Scc					
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0/2	FRUING CA. 92612	Scc					
10	19320 HARBORGATO	OTH MOS		\$1000	\$ 1000	β	
0),	TORRANCO, CA. 90501	SCC					
			\$UBTOTAL	3250 @			

Schedule A Summary

(Include all Schedule A subtotals.)	I. Afflount received this period – Itemized monetary contributions.
	nized monetary contributions.

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

3. Total monetary contributions received this period.

500000

*Contributor Codes

COM - Recipient Committee IND - Individual

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

SCHEDULE A

monotal y	Condibations Received	to ,	to whole dollars.	from OCT-() CO(O		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through OCT-	010291	Page
73	L DALTON FOR M	アイのグ	-			1225968
DATE	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)	YTE PER ELECTION TO DATE (IF REQUIRED)
01/2/10	TO SAMO	DD SCC		\$ 750.00	\$ 750 <u>8</u>	10
10/16/0	GALDEN GREVE, CAUE SUM	□ IND □ COM □ OTH □ PTY		\$ 1000 %	# 100000	c
		DD DTH SCC				
		OPTY SCC				
		ODD				
		And the second s	\$ SUBTOTAL	175055		
1. Amount rece (Include all S	chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		60		*Contributor Codes IND – Individual COM – Recipient Co	*Contributor Codes IND – Individual COM – Recipient Committee
 Amount received th Total monetary cont (Add Lines 1 and 2) 	Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this period.	of less than \$1			OTH - Ot PTY - Poli SCC - Sm	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

Payments Made Schedule E

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

from Statement covers period 000

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through

000 2000 Page ____ .D. NUMBER 2596 Od

CAS CNS **CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign consultants campaign paraphernalia/misc member communications

meetings and appearances

office expenses petition circulating

PS P B phone banks polling and survey research

professional services (legal, accounting) postage, delivery and messenger services

print ads

5 E S S Z

campaign literature and mailings

legal defense

independent expenditure supporting/opposing others (explain)*

civic donations

contribution (explain nonmonetary)*

candidate filing/ballot fees

fundraising events

SAL RA campaign workers' salaries returned contributions radio airtime and production costs

뒫 candidate travel, lodging, and meals t.v. or cable airtime and production costs

S 및 Y Y S transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

information technology costs (internet, e-mail) voter registration

CHATSWOLTH, CACIF 91311	CALIF. VETBRAN VOITS SHE #598002 1218 EL PRADO AVE. TORRANCE, CALIF. 90501	TOLERNCO CALLE GOSTER CALLE.	NAME AND ADDRESS OF PAYEE (IF COMMITTEL, ALSO ENTER I.D. NUMBER)	
43	3	2	CODE OR	The contract of the contract o
Î	ļ ,	/	OR	THE PROPERTY OF THE PROPERTY O
SCATE MALLER	SLATE MAILER	> SLATE MALLER	DESCRIPTION OF PAYMENT	
\$ 13600	\$ 13800	#17299	AMOUNT PAID	

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

SUBTOTAL \$ 1 9 8

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Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)......
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).

2. Unitemized payments made this period of under \$100

- ယ
- TOTAL \$

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Payments Made Schedule E (Continuation Sheet)

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

SCHEDULE E (CONT.)

from through Statement covers period 001 60 7070 CALIFORNIA Page 6 I.D. NUMBER FORM 앜

무區통물 CVC CAB CNS CNS Ş CODES: civic donations contribution (explain nonmonetary)* campaign paraphernalia/misc independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees campaign literature and mailings legal defense fundraising events campaign consultants CARAGO HOTEORITY FUND RASING のナーハションスかると CANDES GROVE POSTIVASTOR 10801 STANTERS AVO 0 13632 9 12151 BROOKHURST ST. GALDEN GROVE, CALLE GREDEN GREVE, ロイチー いけるし からし Si でこうていらうのに あからいろ If one of the following codes accurately describes the payment, you may enter ALOUS BLOVE 37 SPAN からってい @1000 GROUP, NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) いのういかのと しそるなら シンととり TOSTIVAL 727 のムスで、マンタケ 2 92843 Stores 92843 필유증 PS PS PS petition circulating office expenses print ads postage, delivery and messenger services meetings and appearances member communications professional services (legal, accounting) polling and survey research phone banks 0 CODE 62 유 the code. Otherwise, DESCRIPTION OF PAYMENT 世を習 MEN TRIS 궁 candidate travel, lodging, and meals describe the payment information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals campaign workers' salaries t.v. or cable airtime and production costs radio airtime and production costs returned contributions 225968 * # # H 7 AMOUNT PAID 649 のナス 852x 0000 132,00 18 8

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

SUBTOTAL \$

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Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent	By	Executed on
Verification Verification Verification Verification 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 the laws of the State of California that the foregoing is true and correct. Executed on	reviewing this statement and to the best of my know California that the foregoing is true and correct. By By Signature of Contr	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my lunder penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on
OPTIONAL: FAX / E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE	CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS
MAILING ADDRESS MAILING ADDRESS 9862 CATHOCY FAVE. STATE ZIP CODE STATE ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	TIP CODE TIM AREA CODE/PHONE SIP CODE TIM AREA CODE/PHONE TOR P.O. BOX	STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) GRAND CATHOLINE FUE STATE ZIP CODE STATE ZIP CODE GRAND CANCEL CATHOLING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Treasurer(s)	I.D. NUMBER 122 5968	3. Committee Information 1.1
2. Type of Statement: Preelection Statement	ttees - Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Committee Complete Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Me Committee Committee Committee Committee Committee Controlled Controlled Controlled Controlled Complete Part 5) Complete Part 5) Complete Part 5) Complete Part 6) Complete Part 7) Primarily Formed Candidat Controlled Committee Committ
Date of election if applicable: (Month, Day, Year) 2011 JUL 11 P 12: 37 COVER PAGE CALIFORNIA 460 FORM FORM CALIFORNIA 460 FORM FORM For Official Use Only	Statement covers period from 71112010 bthrough 9120200	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE

Sun Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

FPPC Form 460 (January/05)		₩	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		φ	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse
	the first report being filed for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	subtracted from previous period amounts. If this is	-	
reported in Column B.	s in ative	9458.6	15. Cash Payments Column A, Line 8 above
*Amounts in this section may be different from amounts	corresponding amounts from Column B of your last	9	14. Miscellaneous Increases to Cash Schedule I, Line 4
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	To calculate Column B, add	\$ 117239.50	h Balance Previous
7		1	Current Cash Statement
\$	\$ 11653.13	\$ 9458. TI	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
Date of Election Total to Date (mm/dd/yy)	Ø	Q g	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 11653.75	\$ 9 458.69	PAYMENTS
Expenditure Limit Summary for State Candidates	\$ 11653.75	\$ 9458 ed	Payments Made
	`		Expenditures Made
21. Expenditures \$ \$	Ø	\$ 	CEIVED
Received \$ \$	Ø	Ø	
20. Contributions	29 J		SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	<i>₽</i>	Ø Ø	
General Elections	,	5	
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
8965221			Bill Dalton for mayor
I.D. NUMBER			NAME OF FILER
9/30/30/0 Page 2 of 4	through _		SEE INSTRUCTIONS ON REVERSE
m_741/2010 FORM 460	fro	to whole dollars.	Sullillary Fage
		Amounts may be rounded	2

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

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Signature of Controlling Officeholder, Candidate, State Measure Proponent	Executed on By S
Signature of Controlling Officeholder, Candidate, State Measure Proponent	Executed on ByS
st of my knowledge the information contained herein and in the attached schedules is true and complete. I certify d correct. Signature of Treasurer Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information or under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS
MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS	STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE CHY CALDEN GROVE A 92841 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Sur	3. Committee Information I.D. NUMBER 1.D. NUMBER 1.D
2. Type of Statement: Preelection Statement	1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee Committee Committee Committee Committee Committee Committee Commolled Controlled Controlled Controlled Controlled Controlled Complete Part 6 Primarily Formed Candidate/ Officeholder Committee Committee Complete Part 7 Complete Part 7
Date of election if applicable; TY CLERK'S OFFICE Page 1 of 4 (Month, Day, Year) Page 1 of 4 For Official Use Only Nov. 2, 2010 200 901 - 5 A 11: 24	(Government Code Sections 84200-84216.5) Statement covers period from エルムリーとの は through Sミルで 30, 2010
RE	Recipient Committee Type or print in ink. Campaign Statement Cover Page

Signature of Controlling Officeholder, Candidate, State Measure Proponent onent FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Mult

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE CALIFORNIA 460

Statement covers period

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		\$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		•	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse
	the lifst report being filed for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	Column A may be negative figures that should be subtracted from previous period amounts. If this is	\$ 107780 83	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*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	\$245	ncreases to Cash
\$		e 117239, 47	Current Cash Statement 12. Beginning Cash Balance
Date of Election Total to Date (mm/dd/yy) \$	11 37 85 12 \$	\$ 85 46 \$	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 94.18 62 1108	35 85 Hb 8	8. SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates	25 25. 85 Hb \$	\$ 35.46 \$	xpenditures Made Payments Made
Made \$ \$	ф 		5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
	φ φ	φ φ	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3
1/1 through 6/30 7/1 to Date	 	(2. Loans Received Schedule B, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	CALENDAR YEAR TOTALTO DATE	TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received 1. Monetary Contributions
1225968			BILL DALTON FOR MATOR
SEAT-30,2010 Page 2 of 4	through SEPT-		SEE INSTRUCTIONS ON REVERSE
7/1, 2010 FORW	from UCL		

Payments Made Schedule E

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period 7770 7 200

CALIFOR) FORM

through SENT. 30,2010

Page I.D. NUMBER 잋 0 0 0

W DALTON Challen レスドゥ

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

CHS CNS CVC 금 civic donations contribution (explain nonmonetary)* campaign consultants campaign paraphernalia/misc OFC OFC office expenses member communications petition circulating meetings and appearances

independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees legal defense fundraising events POL postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks

드등 **N N**

campaign literature and mailings

print ads

RAD radio airtime and production costs

SAL campaign workers' salaries returned contributions

로움함트 staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs

Š voter registration transfer between committees of the same candidate/sponsor

information technology costs (internet, e-mail)

1195	MERSITE	hro	PACATINE HI GOOST
2,700 -8	FICING FEO	TA TA	CARDON GROVE CACIF. 92840
1,000 00	FUNDRAISOR	1750	12151 BROCK HURST ST. GREATEN GROVE, CALIF. 92840
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
New control of the state of the		ACCOMMONDAMENTAL COMMINGENIES C	

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.).....

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

SUBTOTAL \$

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- 2. Unitemized payments made this period of under \$100\$
- ယ Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)

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

TOTAL \$

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SCHEDULE

Payments Made Schedule E (Continuation Sheet)

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period JULY 1, 2010

CALIFORNIA **FORM**

SCHEDULE E (CONT.

through 55/1-30,2010 from

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Page _ I.D. NUMBER 6 으

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 크띮물 PNO CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, いろしま civic donations contribution (explain nonmonetary)* GARAGA GROVE O SCIPS legal defense independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees campaign consultants campaign paraphernalia/misc campaign literature and mailings S るくけんこうの たの 3632 FUCULD NOTEL BOURS garden grove, DAGG GRASO P.O. BOX 351 Sonoport SOO ROISTON ST 00 のこの 309 といって カシア (m) ROACH, 6/2015 S. JAS りつける E-S/RWG NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) FOXOH, Š NOATE SECURED 57 57 Š してのとい 92707 REPUBLICAN REVOLUTION . G 54 ンベルロの 90808 92843 92842 いたのとろうか 6 OFC OFC 图 member communications postage, delivery and messenger services office expenses print ads professional services (legal, accounting) polling and survey research phone banks petition circulating meetings and appearances NK. CODE 유 けっちなってもらう アシンけいとう CAMPAION PARAPHORAMIA 当とし 7010 DESCRIPTION OF PAYMENT 型SP B WE YES 컹 D describe the payment. information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions radio airtime and production costs 「あっ」とと t.v. or cable airtime and production costs DAILSON or A too いいこと ROLOVAC **SUBTOTAL \$** 12259 547821 4,2787 AMOUNT PAID 200 名の七つ 180

Cover Page Campaign Statement Recipient Committee Type or print in ink. Date Stamp

SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Committee Information CITY K OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS (NO P.O. BOX) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. General Purpose Committee Officeholder, Candidate Controlled Committee (Also Complete Part 5) O Recall State Candidate Election Committee ARDEN Political Party/Central Committee Small Contributor Committee Sponsored CATHERINE (DROVE 202 Tap STATE STATE 3 ZIP CODE ZIP CODE 17826 エイチのか I.D. NUMBER Primarily Formed Candidate/ Officeholder Committee Primarily Formed Ballot Measure (Also Complete Part 7) (Also Complete Part 6) Sponsored Controlled Committee from through JUNE 30, 2010 Statement covers period TARL AREA CODE/PHONE AREA CODE/PHONE 39-1592 2010 Date of election if applicable: (Month, Day, Year) Ņ OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS NAME OF TREASURER Treasurer(s) Type of Statement: 0 SIGNE Amendment (Explain below) Semi-annual Statement Preelection Statement 862 (Also file a Form 410 Termination) Termination Statement ARDGN GROVE CATHORINO L JUL 19 A 11: 11 V GA-92841 AUTO STATE STATE AUG ZIP CODE ZIP CODE Supplemental Preelection Statement - Attach Form 495 Special Odd-Year Report Quarterly Statement Page CALIFORNIA FORM For Official Use Only AREA CODE/PHONE AREA CODE/PHONE 2621-6 약 COVER PAGE 460 +

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Verification

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

Executed onDate	Executed on	Executed on July 19, 2016	Executed on July 12 with
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	Pg '	By Signature of Treasurer or Assisted Treasurer

Campaign Disclosure Statement Summary Page

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

d Statement covers period

SUMMARY PAGE CALIFORNIA 460

	from	JAN (ZOIO FORM TIME
SEE INSTRUCTIONS ON REVERSE	through	through T-ne 30, 2010 Page 2 of 4
13100 DACTON FOR MAYOR		
0	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
2. Loans Received		20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made Schedule E, Line 4 \$ 2 1 95-06 7. Loans Made Schedule H, Line 3	\$	Expenditure Limit Summary for State Candidates
\$ 2195.06		22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	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 formers that should he	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	the first report being filed for this calendar year, only carry over the amounts	
Sh Equivalents and Outstanding Debts Cash Equivalents	from Lines 2, 7, and 9 (if any).	
19. Outstanding Debts Add Line 2+Line 9 in Column B above \$		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Payments Made Schedule E

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

through 30,20(0 from Statement covers period 42 700 Page 3 I.D. NUMBER 앜

SCHEDULE

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NAME OF FILER SEE INSTRUCTIONS ON REVERSE

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

meetings and appearances member communications SAL 몽 RAD radio airtime and production costs campaign workers' salaries returned contributions

PO PO OFC OFC office expenses phone banks petition circulating

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civic donations

contribution (explain nonmonetary)*

campaign consultants

candidate filing/ballot fees

크변을

legal defense fundraising events

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

postage, delivery and messenger services professional services (legal, accounting) polling and survey research 젊젊 5

print ads

청垣 information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs

SUBTOTAL\$ 1/32-8/	SUBTOTAL\$	arized on Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
742-75		25 St.	CARDON CROVE, CA. 92843
179.70		a a a a a a a a a a a a a a a a a a a	PAVATIVE, HU GOOST
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AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)......
- 2. Unitemized payments made this period of under \$100
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)

TOTAL \$

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Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE E (CONT.)

from JAN 1, 2010 through 30~0 30, 2010

CALIFORNIA 460

Page 4 I.D. NUMBER 1225968 of F

88-118	rayments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$
295.00	GNUDEN CLOVE, CALLE 92840
516-88	PAR ST.
AMOUNT PAID	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT
ts me candidate/sponsor e-mail)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings FOD DES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications MBR member communications MBR member communications FCI office expenses OFC office expenses PCI phone banks POL postage, delivery and messenger services TRS transfer between committees of the payment. RAD radio airtime and production costs RFD campaign workers' salaries TCI candidate fravel, lodging, and meals TRS staff/spouse 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)