

**Statement of Organization
Reciprocal Committee**

Statement Type Initial Amendment
 Not yet qualified or List I.D. number: # _____

2014 FEB 11 10:08 AM
 City of Garden Grove
 City Clerk's Office

RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 2013 DEC 17 A 10:53

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CALIFORNIA 410
 FORM
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 RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 JAN 08 2014

1. Committee Information

NAME OF COMMITTEE: **BILL DALTON FOR MAYOR**
 STREET ADDRESS (NO P.O. BOX): **9862 CATHERINE AVE**
 CITY: **GARDEN GROVE** STATE: **CA** ZIP CODE: **92841** AREA CODE/PHONE: **(714)539-1592**
 MAILING ADDRESS (IF DIFFERENT): _____
 FAX / E-MAIL ADDRESS: _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER: **WILLIAM J DALTON**
 STREET ADDRESS (NO P.O. BOX): **9862 CATHERINE AVE**
 CITY: **GARDEN GROVE** STATE: **CA** ZIP CODE: **92841** AREA CODE/PHONE: **(714)539-1592**
 NAME OF ASSISTANT TREASURER, IF ANY: _____
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

COUNTY OF DOMICILE: **ORANGE COUNTY** JURISDICTION WHERE COMMITTEE IS ACTIVE: **GARDEN GROVE**

NAME OF PRINCIPAL OFFICER(S): **WILLIAM J DALTON**
 STREET ADDRESS (NO P.O. BOX): **9862 CATHERINE AVE**
 CITY: **GARDEN GROVE** STATE: **CA** ZIP CODE: **92841** AREA CODE/PHONE: **(714)539-1592**

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on 12/17/13 By William J Dalton SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 12/17/13 By William J Dalton SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA
FORM
460

COVER PAGE

Statement covers period from <u>JULY 1, 2013</u> through <u>DEC 05, 2013</u>	Date of election if applicable: (Month, Day, Year) <u>2013 DEC 17 A 10: 54</u>	Page <u>1</u> of <u>4</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER
1225968

BILL DALTON FOR MAYOR

Treasurer(s)

NAME OF TREASURER

WILLIAM J DALTON

MAILING ADDRESS

9862 CATHERINE AVE

GARDEN GROVE

CA 92841

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 12/17/13 Date
By William J Dalton Signature of Treasurer or Assistant Treasurer

Executed on 12/17/13 Date
By William J Dalton Signature of Controlling Offfholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA
 FORM
460

Statement covers period
 from JULY 1, 2013 through DEC 05, 2013
 Page 2 of 4
 I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
BILL DALTON FOR MAYOR

Contributions Received

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 49804.59	100404.59
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 49804.59	100404.59
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 49804.59	100404.59

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 49804.59	
13. Cash Receipts	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 49804.59	
15. Cash Payments	Column A, Line 8 above 0	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 0	

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

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

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

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

Expenditure Limit Summary for State Candidates

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

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

**Schedule E
Payments Made**

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

Statement covers period
from JULY 1, 2013
through DEC 05, 2013

Page 3 of 4

CALIFORNIA FORM 460

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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
SUBTOTAL \$			24,904.59

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 49,804.59
- 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 \$** 49,804.59

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>JULY 1, 2013</u> through <u>DEC 05, 2013</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>4</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BOYS AND GIRLS CLUB OF GARDEN GROVE 10540 CHAPMAN AVE GARDEN GROVE CA 92840	CVC			10,000.00
H.O.P.E. 11022 ACACIA GARDEN GROVE CA 92840	CVC			4,900.00
THOMAS HOUSE PO BOX 2737 GARDEN GROVE CA 92842	CVC			10,000.00

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

SUBTOTAL \$ 24,900.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
Date Stamp
JUL 25 P 2:54

COVER PAGE
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JAN 1, 2013</u> through <u>JUNE 30, 2013</u>	Date of election if applicable: (Month, Day, Year) <u>2013 JUL 25 P 2:54</u>	Page <u>1</u> of <u>4</u> For Official Use Only
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

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

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER
WILLIAM J DALTON

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

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

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7/15/13 Date
By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 7/25/13 Date
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

Campaign Disclosure Statement Summary Page

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

Statement covers period
from JAN 1, 2013
through JUNE 30, 2013

Page 2 of 4

CALIFORNIA
FORM
460

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

Contributions Received

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

Expenditures Made

6. Payments Made	50,600.00	50,600.00
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	50,600.00	50,600.00
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	0	0
11. TOTAL EXPENDITURES MADE	50,600.00	50,600.00

Current Cash Statement

12. Beginning Cash Balance	100,404.59
13. Cash Receipts	0
14. Miscellaneous Increases to Cash	0
15. Cash Payments	50,600.00
16. ENDING CASH BALANCE	49,804.59

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

17. LOAN GUARANTEES RECEIVED	
18. Cash Equivalents	
19. Outstanding Debts	

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

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

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

Expenditure Limit Summary for State Candidates

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

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period from <u>JAN 1, 2013</u> through <u>JUNE 30, 2013</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>4</u>	I.D. NUMBER 1225968

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | tv. or cable airtime and production costs |
| FL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSE | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 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
SUBTOTAL \$				30,000

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 50,500.00
- Unitemized payments made this period of under \$100 \$ 100.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 50,600.00**

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

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

SCHEDULE E (CONT.)

Statement covers period
from JAN 1, 2013
through JUNE 30, 2013

Page 4 of 4

**CALIFORNIA
FORM 460**

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GARDEN GROVE HISTORICAL SOCIETY PO BOX 4297 GARDEN GROVE CA 92842	CVC			5,000.00
ACACIA ADULT DAY CARE 11391 ACACIA GARDEN GROVE CA 92842	CVC			5,000.00
THOMAS HOUSE PO BOX 2737 GARDEN GROVE CA 92842	CVC			5,000.00
STRAWBERRY FESTIVAL ASSOCIATION PO BOX 2287 GARDEN GROVE CA 92842	CVC			3,000.00
ASSISTANCE LEAGUE 10432 TRASK GARDEN GROVE CA 92843	CVC			2,500.00

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

SUBTOTAL \$ 20,500.00

**Recipient Committee
Campaign Statement
Cover Page**

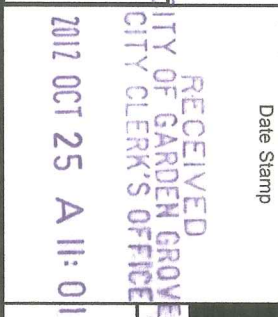
Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from OCT 1, 2012
through OCT 20, 2012

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



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

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

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER
WILLIAM J DALTON

MAILING ADDRESS
9862 CATHERINE AVE

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

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

I. Verification

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

Executed on Oct 23, 2012
Date

Executed on Oct 23, 2012
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

**Campaign Disclosure Statement
Summary Page**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
BILL DALTON FOR MAYOR

Statement covers period
from OCT 1, 2012
through OCT 20, 2012

Page 2 of 3

I.D. NUMBER
1225968

**CALIFORNIA
FORM
460**

SUMMARY PAGE

Contributions Received

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

Expenditures Made

1. Payments Made	Schedule E, Line 4 125.00	114312.00
2. Loans Made	Schedule H, Line 3 0	0
3. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 125.00	114312.00
4. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
5. Nonmonetary Adjustment	Schedule G, Line 3 0	0
6. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 125.00	114312.00

Current Cash Statement

1. Beginning Cash Balance	Previous Summary Page, Line 16 100901.04	
2. Cash Receipts	Column A, Line 3 above 0	
3. Miscellaneous Increases to Cash	Schedule I, Line 4 125.00	
4. Cash Payments	Column A, Line 8 above 100776.04	
5. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 100776.04	

Cash Equivalents and Outstanding Debts

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

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

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

**Expenditure Limit Summary for State
Candidates**

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

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

**Schedule E
Payments Made**

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

Statement covers period
from OCT 1, 2012
through OCT 20, 2012
Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER ID NUMBER)
**BARBARA ROBERTSON & ASSOCIATES
2990 INLAND EMPIRE BLVD #107
ONTARIO CA 91764**

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRO			125.01
SUBTOTAL \$			125.01

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

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 125.00
- 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).) \$
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 125.00

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

**CALIFORNIA
FORM 460**

COVER PAGE

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from OCT 21, 2012
through DEC 31, 2012

Date Stamp
**RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2013 JAN 31 P 3:28**

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

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

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER
1225968

BILL DALTON FOR MAYOR

Treasurer(s)

NAME OF TREASURER

WILLIAM J DALTON

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

STATE CA ZIP CODE 92841

AREA CODE/PHONE 714-539-1592

MAILING ADDRESS
9862 CATHERINE AVE

STATE CA ZIP CODE 92841

AREA CODE/PHONE 714-539-1592

CITY GARDEN GROVE STATE CA ZIP CODE 92841

AREA CODE/PHONE 714-539-1592

MAILING ADDRESS

STATE CA ZIP CODE 92841

AREA CODE/PHONE 714-539-1592

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

1. 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 1/31/13 Date

By _____

Executed on 1/31/13 Date

By _____

Executed on _____ Date

By _____

Executed on _____ Date

By _____

William J Dalton
Signature of Treasurer or Assistant Treasurer

Walter A. Baker
Signature of Controlling Officer/Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officer/Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officer/Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

Statement covers period from OCT 21, 2012 through DEC 31, 2012
Page 2 of 3

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

Contributions Received

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

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

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

Expenditures Made

Payments Made	Schedule E, Line 4 371.45	11802.65
Loans Made	Schedule H, Line 3 0	0
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 371.45	11802.65
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
Nonmonetary Adjustment	Schedule G, Line 3 0	0
TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 371.45	11802.65

Expenditure Limit Summary for State Candidates

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

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

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

Current Cash Statement

Beginning Cash Balance	Previous Summary Page, Line 16 100776.04
Cash Receipts	Column A, Line 3 above 0
Miscellaneous Increases to Cash	Schedule I, Line 4 0
Cash Payments	Column A, Line 8 above 371.45
ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 100404.59

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$ _____

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

Statement covers period
from OCT 21, 2012
through DEC 31, 2012

Page 3 of 3

**CALIFORNIA
FORM 460**

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

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

- M/P campaign paraphernalia/misc.
- M/S campaign consultants
- T/B contribution (explain nonmonetary)*
- V/C civic donations
- L candidate filing/ballot fees
- ND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- EG legal defense
- IT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OFFICE DEPOT 11100 GARDEN GROVE BLVD GARDEN GROVE CA 92840	OFC			271.45
BARBARA ROBERTSON & ASSOCIATES 2990 INLAND EMPIRE BLVD #107 ONTARIO CA 91764	PRO			100.00
SUBTOTAL \$				371.45

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

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 371.45
- 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).) \$ _____
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 371.45

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA
FORM
460

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JULY 1 2012
through SEPT 30, 2012

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

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CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 OCT 25 A 11: 0

Date Stamp
Page 1 of 4
For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER

WILLIAM J DALTON

MAILING ADDRESS

9862 CATHERINE AVE

CITY

GARDEN GROVE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)

9862 CATHERINE AVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

GARDEN GROVE

CA

92841

714 539-1592

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on OCT. 25, 2012

Date

By _____

Signature of Treasurer or Assistant Treasurer

Executed on OCT. 25, 2012

Date

By _____

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

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

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

Statement covers period
from JULY 1 2012
through SEPT 30, 2012

Page 2 of 4

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

Contributions Received

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

Expenditures Made

1. Payments Made	Schedule E, Line 4 9738.46	11306.20
2. Loans Made	Schedule H, Line 3 0	0
3. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 9738.46	11306.20
4. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
5. Nonmonetary Adjustment	Schedule C, Line 3 0	0
6. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 9738.46	11306.20

Current Cash Statement

1. Beginning Cash Balance	Previous Summary Page, Line 16 110639.50	
2. Cash Receipts	Column A, Line 3 above 9738.46	
3. Miscellaneous Increases to Cash	Schedule I, Line 4 9738.46	
4. Cash Payments	Column A, Line 8 above 100901.04	
5. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 100901.04	

Cash Equivalents and Outstanding Debts

6. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ _____
7. Cash Equivalents	See instructions on reverse \$ _____
8. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ _____

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

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

20. Contributions Received	\$ _____	1/4 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		

Expenditure Limit Summary for State Candidates

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

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

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

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

Statement covers period
 from JULY 1 2012
 through SEPT 30, 2012

CALIFORNIA
FORM
460

SCHEDULE E

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
 1225968

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/12	FRIENDS OF STEVE JONES FOR GARDEN GROVE CITY COUNCIL 2012	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5000.00	5000.00	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				5000.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 5000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 5000.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 5000.00

**Schedule E
Payments Made**

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

Statement covers period
from JULY 1 2012
through SEPT 30, 2012

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FRIENDS OF STEVE JONES FOR GG CC 2012 ID #1300173 11542 MONTCLAIR DR GARDEN GROVE CA 92841	CTB			5000.01
BARBARA ROBERTSON & ASSOCIATES 2990 INLAND EMPIRE BLVD #107 ONTARIO CA 91764	PRO			4375.01
OC REGISTER PO BOX 7154 PASADENA CA 91109	OFC			166.71
Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				9541.71

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 9541.70
- 2. Unitemized payments made this period of under \$100 \$ 196.76
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 9738.46

Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from JAN 1, 2012 through JUNE 30, 2012

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

Date Stamp

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 JUL 31 A 11:09

CALIFORNIA FORM 460

Page 1 of 1

For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER
WILLIAM J. DALTON

MAILING ADDRESS
9862 CATHERINE AVE

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

CITY
GARDEN GROVE

STATE
CA

ZIP CODE
92841

AREA CODE/PHONE
714 539-1592

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

CITY
GARDEN GROVE

STATE
CA

ZIP CODE
92841

AREA CODE/PHONE
714 539-1592

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7/31/12 Date

By *William J. Dalton* Signature of Treasurer or Assistant Treasurer

Executed on 7/31/12 Date

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

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement

Summary Page

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2012</u> through <u>JUNE 30, 2012</u>	CALIFORNIA FORM 460
Page <u>2</u> of <u>4</u>	I.D. NUMBER 1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

Contributions Received

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

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 1567.74	\$ 1567.74
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 1567.74	\$ 1567.74
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 1567.74	\$ 1567.74

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 112207.24
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	1567.74
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 110639.50

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

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

Cash Equivalents and Outstanding Debts

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

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

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JAN 1, 2012
through JUNE 30, 2012

Page 3 of 4

NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OC REGISTER PO BOX 7154 PASADENA CA 91109	OFC			142.23
CHASE CARD SERVICES PO BOX 940 PALENTINE FL 60094	WEB			136.30
EL CAPITAN DIST BOY SCOUTS OF AMERICA 1211 EAST DYER RD SANTA ANA CA 92705	CVC			250.00
SUBTOTAL \$				528.53

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1517.74
2. Unitemized payments made this period of under \$100 \$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1567.74

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
BILL DALTON FOR MAYOR

Statement covers period
from JAN 1, 2012
through JUNE 30, 2012

Page 4 of 4

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ST COLUMBAN FESTIVAL 10801 STANFORD AVE GARDEN GROVE CA 92840	CMP			400.00
OFFICE DEPOT 11100 GARDEN GROVE BLVD GARDEN GROVE CA 92840	OFC			249.21
CITIBANK PO BOX 26892 SANFRANCISCO CA 94216-6892	OFC			340.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 989.21**



STATEMENT OF ECONOMIC INTERESTS

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2012 APR - 2 A 8:00

1. Office, Agency, or Court

Agency Name _____ City of Garden Grove

Division, Board, Department, District, if applicable _____ City of Garden Grove

City Council _____

Your Position _____ Mayor

Agency: _____
West Orange County Water Board
Orange County Sanitation District
Orange County Fire Training Authority
Orange County Board of Supervisors

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

State

Multi-County

City of Garden Grove

Other _____

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

Annual: The period covered is January 1, 2011, through December 31, 2011.

Leaving Office: Date Left _____ (Check one)

The period covered is January 1, 2011, through the date of leaving office.

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

Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 7

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

11222 Acacia Parkway Garden Grove CA 92840

DAYTIME TELEPHONE NUMBER _____ (714) 741-5035
E-MAIL ADDRESS (OPTIONAL) _____ kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed _____

March 29, 2012 (month, day, year)

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

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
 (Ownership Interest is Less Than 10%)
 Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY: Ford Motor Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Vehicle Manufacturer

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

NATURE OF INVESTMENT: Stock Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: ACQUIRED 10/10 / 10 / 10 DISPOSED

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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

NATURE OF INVESTMENT: Stock Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: ACQUIRED 10/10 / 10 / 10 DISPOSED

NAME OF BUSINESS ENTITY: WALT DISNEY CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: ENTERTAINMENT

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

NATURE OF INVESTMENT: Stock Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: ACQUIRED 10/10 / 10 / 10 DISPOSED

NAME OF BUSINESS ENTITY: ZEROX CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: COPY MACHINE EQUIPMENT

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

NATURE OF INVESTMENT: Stock Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: ACQUIRED 10/10 / 10 / 10 DISPOSED

NAME OF BUSINESS ENTITY: HARTFORD FINANCIAL INSURANCE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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

NATURE OF INVESTMENT: Stock Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: ACQUIRED 10/10 / 10 / 10 DISPOSED

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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

NATURE OF INVESTMENT: Stock Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: ACQUIRED 10/10 / 10 / 10 DISPOSED

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

Leasehold Yrs. remaining _____ Other

NATURE OF INTEREST
 Property Ownership/Deed of Trust
 Stock
 Partnership

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

ACQUIRED / 09 /
 DISPOSED / 09 /

IF APPLICABLE, LIST DATE: _____

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

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
10632 CLAUSSEN ST.

INVESTMENT REAL PROPERTY

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

Leasehold Yrs. remaining _____ Other

NATURE OF INTEREST
 Property Ownership/Deed of Trust
 Stock
 Partnership

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

ACQUIRED / 09 /
 DISPOSED / 09 /

IF APPLICABLE, LIST DATE: _____

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

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
9852 CATHARINE AVE.

INVESTMENT REAL PROPERTY

1. BUSINESS ENTITY OR TRUST

ION MAZUREK

1. BUSINESS ENTITY OR TRUST

TOM CALLAGAN

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

FAIR MARKET VALUE
 Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000
 \$0 - \$499
 OVER \$100,000

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

FAIR MARKET VALUE
 Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000
 \$0 - \$499
 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (INCLUDE A BRIEF DESCRIPTION OF THE SOURCE)

YOUR BUSINESS POSITION
 Sole Proprietorship
 Partnership
 Other

NATURE OF INVESTMENT
 Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000

ACQUIRED / 09 /
 DISPOSED / 09 /

IF APPLICABLE, LIST DATE: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (INCLUDE A BRIEF DESCRIPTION OF THE SOURCE)

YOUR BUSINESS POSITION
 Sole Proprietorship
 Partnership
 Other

NATURE OF INVESTMENT
 Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000

ACQUIRED / 09 /
 DISPOSED / 09 /

IF APPLICABLE, LIST DATE: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

4. BUSINESS ENTITY OR TRUST

Name WILLIAM J. DALTON
 Address (Business Address Acceptable) 9852 CATHARINE AVE.

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

4. BUSINESS ENTITY OR TRUST

Name WILLIAM J. DALTON
 Address (Business Address Acceptable) 9852 CATHARINE AVE.

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name WILLIAM DALTON

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

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

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton Address (Business Address Acceptable): 9862 Catherine Ave.
 Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Sold Property

FAIR MARKET VALUE: IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 ACQUIRED: 11/11 DISPOSED: 11/11
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT: Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION: _____

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

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

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

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

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: 11912 JOHN AVE GARDEN GROVE

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

FAIR MARKET VALUE: IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 ACQUIRED: 11/11 DISPOSED: 11/11
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST: Partnership Stock Other Leasehold Yrs. remaining _____

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

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

CALIFORNIA FORM 700
 FAIR-POWERFUL PRACTICES COMMISSION

Name: William Dalton

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton

Address (Business Address Acceptable): 9862 Catherine Ave.

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

YOUR BUSINESS POSITION

NATURE OF INVESTMENT

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

ACQUIRED / / 09

DISPOSED / / 09

Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000

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

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

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

Check one box: REAL PROPERTY INVESTMENT

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 11861 Mac GILL GARDEN GROVE

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

ACQUIRED / / 09

DISPOSED / / 09

Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000

NATURE OF INTEREST

Property Ownership/Deed of Trust
 Stock
 Partnership

Leasehold Other

Yrs. remaining

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

1. BUSINESS ENTITY OR TRUST

Name: William J - Dalton

Address (Business Address Acceptable): 9862 Catherine Ave.

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

YOUR BUSINESS POSITION

NATURE OF INVESTMENT

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

ACQUIRED / / 09

DISPOSED / / 09

Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000

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

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

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

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 9862 Catherine Ave. GARDEN GROVE

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

ACQUIRED / / 09

DISPOSED / / 09

Over \$1,000,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 \$2,000 - \$10,000

NATURE OF INTEREST

Property Ownership/Deed of Trust
 Stock
 Partnership

Leasehold Other

Yrs. remaining

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

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

1. BUSINESS ENTITY OR TRUST

Name William J. Dalton
 Address (Business Address Acceptable) 9862 CATHARINE AVE.
 Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____
 NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other
 YOUR BUSINESS POSITION _____

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

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

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

CLAY BOK

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

Check one box: REAL PROPERTY INVESTMENT

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
9862 CATHARINE AVE. GARDEN GROVE
 Description of Business Activity or City or Other Precise Location of Real Property
GARDEN GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____
 NATURE OF INTEREST
 Over \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$2,000 - \$10,000
 ACQUIRED 3/15/10 DISPOSED 1/10
 Over \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$2,000 - \$10,000
 ACQUIRED 6/1/10 DISPOSED 1/10

NATURE OF INTEREST
 Leasehold Other Property Ownership/Deed of Trust Stock Partnership
 Yrs. remaining _____
 Check box if additional schedules reporting investments or real property are attached

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

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

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

NAME OF LENDER _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 HIGHEST BALANCE DURING REPORTING PERIOD _____
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

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

INTEREST RATE _____ %
 TERM (Months/Years) _____

Comments: _____

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JULY 1, 2011
through DEC 31, 2011

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

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 OCT -4 P 3:31
Page 1 of 2
For Official Use Only

CALIFORNIA FORM 460

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

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

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495
- AMENDED FORM TO CORRECT CURRENT CASH STATEMENT AMOUNTS**

3. Committee Information

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

I.D. NUMBER
1225968

BILL DALTON FOR MAYOR

Treasurer(s)

NAME OF TREASURER

WILLIAM J DALTON

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

MAILING ADDRESS
9862 CATHERINE AVE

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

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

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

MAILING ADDRESS

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

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

4. Verification

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

Executed on 9/20/12 Date
Executed on 9/20/12 Date
Executed on _____ Date
Executed on _____ Date

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

Campaign Disclosure Statement Summary Page

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

Statement covers period from <u>JULY 1, 2011</u> through <u>DEC 31, 2011</u>	CALIFORNIA FORM 460
Page <u>2</u> of <u>2</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

Contributions Received

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

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 1178.95	2341.38
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 1178.95	2341.38
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 1178.95	2341.38

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 113386.19
13. Cash Receipts	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 1178.95
15. Cash Payments	Column A, Line 8 above 112207.24
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 112207.24

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

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

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JULY 1, 2011</u> through <u>DEC. 31, 2011</u>	Date of election if applicable: (Month, Day, Year) <u>2011 JAN 30 A 11: 29</u>	Date Stamp RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE 2011 JAN 30 A 11: 29
---	--	---

COVER PAGE
**CALIFORNIA
FORM
460**

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BILL DALTON FOR MAYOR I.D. NUMBER 1235968

Treasurer(s)

NAME OF TREASURER WILLIAM J. DALTON

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

MAILING ADDRESS 9862 CATHERINE AVE.

CITY GARDEN GROVE, CA STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-539-1582

CITY GARDEN GROVE, CA STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-539-1582

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

MAILING ADDRESS _____

4. Verification

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

Executed on JAN. 31, 2012 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on JAN. 31, 2012 Date

By [Signature] Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

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

Executed on _____ Date

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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE
CALIFORNIA
FORM
460

Statement covers period
from JULY 1, 2011
through Dec. 31, 2011
Page 2 of 4

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER BILL DALTON FOR MAYOR
I.D. NUMBER 1225968

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1178.95	\$ 2341.38
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1178.95	\$ 2341.38
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1178.95	\$ 2341.38

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 111079.92	
13. Cash Receipts	Column A, Line 3 above	\$ 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0	
15. Cash Payments	Column A, Line 8 above	\$ 1178.95	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 109900.97	

LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ _____

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

Expenditure Limit Summary for State Candidates

20. Contributions Received	1/1 through 6/30	\$ _____	7/1 to Date	\$ _____
21. Expenditures Made	1/1 through 6/30	\$ _____	7/1 to Date	\$ _____
22. Cumulative Expenditures Made*	(If Subject to Voluntary Expenditure Limit)	\$ _____	Total to Date	\$ _____

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

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

**Schedule E
Payments Made**

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

Statement covers period
from July 2011
through Dec 31, 2011

CALIFORNIA
FORM **460**
Page 3 of 4
I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton For Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OC REGISTER P.O.-BOX 7154 PASADENA, CA 91109	OTC			\$ 124 46
GARDEN GROVE STORAGE 13632 E UCLID ST. GARDEN GROVE, CA 92843	CRP			\$ 615 00
CHASE CARD SERVICES P.O.-BOX 94014 PALM BEACH, FL 33404	WEB			\$ 179 20
SUBTOTAL \$				

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1044 16
2. Unitemized payments made this period of under \$100 \$ 134 24
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1178 40

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

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July 1, 2011
through Dec 31, 2011

Page 4 of 4

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

NAME OF FILER BILL DALTON For Mayor

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GARDEN GROVE LIONS P.O. BOX 351 GARDEN GROVE, CA 92842			CVC	\$ 125.00

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

SUBTOTAL \$ \$ 125.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JAN 1, 2011
through JUNE 30, 2011

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

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 OCT -4 P 3:31
CALIFORNIA FORM 460
Page 1 of 2
For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

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

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

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

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
WILLIAM J DALTON

MAILING ADDRESS
9862 CATHERINE AVE

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

MAILING ADDRESS _____

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

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

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

Campaign Disclosure Statement
Summary Page

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
BILL DALTON FOR MAYOR

Statement covers period
 from JAN 1, 2011
 through JUNE 30, 2011
 Page 2 of 2
 I.D. NUMBER
 1225968

Contributions Received

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

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 1162.43	1162.43
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 1162.43	1162.43
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 1162.43	1162.43

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
 (if Subject to Voluntary Expenditure Limit)
 Date of Election (mm/dd/yy) Total to Date
 / / \$ _____
 / / \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 114548.62	\$ _____
13. Cash Receipts	Column A, Line 3 above 0	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	0
15. Cash Payments	Column A, Line 8 above 1162.43	1162.43
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 113386.19	\$ _____

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0	\$ _____
18. Cash Equivalents	See instructions on reverse 0	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0	\$ _____

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

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JAN. 1, 2011</u> through <u>JUNE 30, 2011</u>	Date of election if applicable: (Month, Day, Year) <u>2011 AUG - 1 A 11: 20</u>	Date Stamp RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE	CALIFORNIA FORM 460
			Page <u>1</u> of <u>3</u> For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER

WILLIAM T. DALTON

MAILING ADDRESS

9862 CATHERINE AVE.

CITY

GARDEN GROVE, CA-9284

STATE

ZIP CODE

AREA CODE/PHONE

714 5391592

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

BILL DALTON For Mayor

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 August 1, 2011

By

William T. Dalton
Signature of Treasurer or Assistant Treasurer

Executed on August 1, 2011

By

William T. Dalton
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE
**CALIFORNIA
FORM
460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period
from Jan 1, 2011
through June 30, 2011

Page 2 of 3

I.D. NUMBER
1225968

Contributions Received

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1162.43	1162.43
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1162.43	1162.43
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1162.43	1162.43

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1122.42.35	
13. Cash Receipts	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 1162.43	
15. Cash Payments	Column A, Line 8 above 111079.92	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 111079.92	

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

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

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
1	1/1	\$ 0
2	1/1	\$ 0

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

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

**Schedule E
Payments Made**

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

Statement covers period
from JAN-1, 2011
through JUNE 30, 2011

**CALIFORNIA
FORM 460
SCHEDULE E**

Page 3 of 3
I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton For Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHASE CARD SERVICES P.O. BOX 94014 PALENTINE, ILL. 60094	WEB			\$ 179.70
GARDEN GROVE PONY BASEBALL 12192 WEST ST. GARDEN GROVE, CA 92840	CVC			\$ 300.00
GARDEN GROVE SECURED STORAGE 13632 EVCLID ST. GARDEN GROVE, CALIF 92843	CMP			\$ 492.00
SUBTOTAL \$				

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 971.70
- Unitemized payments made this period of under \$100 \$ 190.73
- 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 \$** 1162.43

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
 Official Use Only

date stamp unavailable
 3/17/11
 1:33pm

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Dalton William J

1. Office, Agency, or Court

Agency Name
 City of Garden Grove
 Division, Board, Department, District, if applicable
 Your Position
 Mayor

City Council
 If filing for multiple positions, list below on an attachment.
 North Net Fire Training Authority
 Acwa Joint Powers Insurance Auth.
 cc council of governments
 cc water Board District
 cc sanitation

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

State
 Multi-County
 City of Garden Grove
 Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010.
 Assuming Office: Date _____, through the date of leaving office.
 Candidate: Election Year _____, Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____, (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
 Total number of pages including this cover page: 7
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
 -or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
 STREET
 CITY
 STATE
 ZIP CODE
 11222 Acacia Parkway
 Garden Grove
 CA
 92840
 DAYTIME TELEPHONE NUMBER
 (714) 741-5035 (City Clerk's Office)
 E-MAIL ADDRESS
 pamha@garden-grove.org
 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date Signed March 17, 2011 (month, day, year)
 Signature [Signature]
 (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

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

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY: Feed Hotel Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: VEHICLE MANUFACTURE

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

NATURE OF INVESTMENT: Stock Other Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: _____

ACQUIRED: 10 / / DISPOSED: / /

NAME OF BUSINESS ENTITY: WALT DISNEY CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: ENTERTAINMENT

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

NATURE OF INVESTMENT: Stock Other Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: _____

ACQUIRED: 10 / / DISPOSED: / /

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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

NATURE OF INVESTMENT: Stock Other Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: _____

ACQUIRED: 10 / / DISPOSED: / /

NAME OF BUSINESS ENTITY: ZEROX CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: COPY MACHINE EQUIPMENT

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

NATURE OF INVESTMENT: Stock Other Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: _____

ACQUIRED: 10 / / DISPOSED: / /

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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

NATURE OF INVESTMENT: Stock Other Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: _____

ACQUIRED: 10 / / DISPOSED: / /

NAME OF BUSINESS ENTITY: HARTFIELD FINANCIAL

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: INSURANCE

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

NATURE OF INVESTMENT: Stock Other Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: _____

ACQUIRED: 10 / / DISPOSED: / /

Comments: _____

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

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton Address (Business Address Acceptable): 9862 Catherine Ave.
 Name: Tom Callagan Address (Business Address Acceptable): 9862 Catherine Ave.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

IF APPLICABLE, LIST DATE: _____

FAIR MARKET VALUE

\$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

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

Tom Callagan

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

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 9852 Catherine Ave. Garden Grove

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

IF APPLICABLE, LIST DATE: _____

FAIR MARKET VALUE

\$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership Other

Leasehold _____ Yrs. remaining _____

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

of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name

William Dalton

1. BUSINESS ENTITY OR TRUST

1. BUSINESS ENTITY OR TRUST

Name William J. Dalton
 Address (Business Address Acceptable) 9862 CATHLAMET AVE.
 Check one Trust, go to 2 Business Entity, complete the box, then go to 2

Name William J. Dalton
 Address (Business Address Acceptable) 9862 CATHLAMET AVE.
 Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 NATURE OF INVESTMENT _____
 Sole Proprietorship Partnership Other
 YOUR BUSINESS POSITION _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 NATURE OF INVESTMENT _____
 Sole Proprietorship Partnership Other
 YOUR BUSINESS POSITION _____

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

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

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

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

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

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

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

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

Check one box: INVESTMENT REAL PROPERTY

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property 16772-80 S. TRAIL ROAD GARDEN GROVE
 Description of Business Activity or City or Other Precise Location of Real Property GARDEN GROVE

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED 09 / 09 / 09
 DISPOSED _____ / _____ / _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: _____
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED 09 / 09 / 09
 DISPOSED _____ / _____ / _____

NATURE OF INTEREST _____
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other _____
 Check box if additional schedules reporting investments or real property are attached _____

NATURE OF INTEREST _____
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other _____
 Check box if additional schedules reporting investments or real property are attached _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: William J. Dalton

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
Address (Business Address Acceptable): 9862 Catherine Ave.
Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/>	\$2,000 - \$10,000	ACQUIRED	/	/	09
<input type="checkbox"/>	\$10,001 - \$100,000	DISPOSED	/	/	09
<input type="checkbox"/>	Over \$1,000,000				

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

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

INCOME OF \$10,000 OR MORE

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

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

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 11861 Mac Gill GARDEN GROVE

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/>	\$2,000 - \$10,000	ACQUIRED	/	/	09
<input type="checkbox"/>	\$10,001 - \$100,000	DISPOSED	/	/	09
<input checked="" type="checkbox"/>	\$100,001 - \$1,000,000				
<input type="checkbox"/>	Over \$1,000,000				

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold Other

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

1. BUSINESS ENTITY OR TRUST

Name: William J. Dalton
Address (Business Address Acceptable): 9862 Catherine Ave.
Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/>	\$2,000 - \$10,000	ACQUIRED	/	/	09
<input type="checkbox"/>	\$10,001 - \$100,000	DISPOSED	/	/	09
<input type="checkbox"/>	Over \$1,000,000				

NATURE OF INVESTMENT

Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

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

INCOME OF \$10,000 OR MORE

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

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

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 9862 Catherine Ave. GARDEN GROVE

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/>	\$2,000 - \$10,000	ACQUIRED	/	/	09
<input type="checkbox"/>	\$10,001 - \$100,000	DISPOSED	/	/	09
<input checked="" type="checkbox"/>	\$100,001 - \$1,000,000				
<input type="checkbox"/>	Over \$1,000,000				

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold Other

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

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

1. BUSINESS ENTITY OR TRUST

Name WILLIAM J. DALTON
 Address (Business Address Acceptable) 9862 CATHARINE AVE.
 Check one Trust, go to 2 Business Entity, complete the box, then go to 2

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____
 FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
 ACQUIRED 3/15/10 / 10 / 10 DISPOSED _____
 NATURE OF INVESTMENT Sole Proprietorship Partnership Other _____
 YOUR BUSINESS POSITION _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____
 FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
 ACQUIRED 10 / 10 / 10 DISPOSED _____
 NATURE OF INVESTMENT Sole Proprietorship Partnership Other _____
 YOUR BUSINESS POSITION _____

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

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

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

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

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

CLAY BOK

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

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

Check one box: REAL PROPERTY INVESTMENT

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property 9912 CATHARINE AVE GARDEN GROVE
 Description of Business Activity or City or Other Precise Location of Real Property _____
 IF APPLICABLE, LIST DATE: _____
 FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
 ACQUIRED 3/15/10 / 10 / 10 DISPOSED _____
 NATURE OF INTEREST Partnership Stock Property Ownership/Deed of Trust Other _____
 Leasehold Yrs. remaining _____
 Check box if additional schedules reporting investments or real property are attached _____

Check one box: REAL PROPERTY INVESTMENT

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property _____
 Description of Business Activity or City or Other Precise Location of Real Property _____
 IF APPLICABLE, LIST DATE: _____
 FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
 ACQUIRED 10 / 10 / 10 DISPOSED _____
 NATURE OF INTEREST Partnership Stock Property Ownership/Deed of Trust Other _____
 Leasehold Yrs. remaining _____
 Check box if additional schedules reporting investments or real property are attached _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name: William Datta

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ST. COLUMBAN School

ADDRESS (Business Address Acceptable) 10855 Stanford Ave

BUSINESS ACTIVITY, IF ANY, OF SOURCE CLERICAL (EDUCATION)

YOUR BUSINESS POSITION SECRETARY

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

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

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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

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

NAME OF LENDER _____

INTEREST RATE _____ %
 None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None
 Personal residence

Real Property Street address _____
 City _____

Guarantor _____

Other (Describe) _____

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

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

ADDRESS (Business Address Acceptable) _____

Comments: _____

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from OCT 17, 2010
through DEC 31, 2010

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

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 OCT -4 P 3:30
Page 1 of 3
For Official Use Only

CALIFORNIA 460 FORM

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

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

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495
- AMENDED FORM TO CORRECT CONTRIBUTIONS RECEIVED AND CURRENT CASH STATEMENT AMOUNTS ADDED SCHEDULE 1**

3. Committee Information

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

BILL DALTON FOR MAYOR

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

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

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

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
WILLIAM J DALTON

MAILING ADDRESS
9862 CATHERINE AVE

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

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 9/22/12 Date
Executed on 9/22/12 Date
Executed on _____ Date
Executed on _____ Date

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

Campaign Disclosure Statement
Summary Page

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

Statement covers period
 from OCT 17, 2010
 through DEC 31, 2010
 Page 2 of 3

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
 1225968

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 9699.00	\$ 14699.00
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 9699.00	\$ 14699.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 9699.00	\$ 14699.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 7869.85	\$ 22506.18
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 7869.85	\$ 22506.18
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 7869.85	\$ 22506.18

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 112104.47	
13. Cash Receipts	Column A, Line 3 above 9699.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 615.00	
15. Cash Payments	Column A, Line 8 above 7869.85	
16. ENDING CASH BALANCE	Add 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 \$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$

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

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

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

21. Expenditures Made \$ /1/1 through 6/30 7/1 to Date \$

Expenditure Limit Summary for State Candidates

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

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

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

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

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

Statement covers period
from Oct-17, 2010
through Dec-31, 2010

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

Page 6 of 10

NAME OF FILER: BILL DARTON FOR MAYOR I.D. NUMBER: 1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
11/18/10	AKM CONSULTING 553 WARD IRVINE, CA. 92618	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 200 ⁰⁰	\$ 200 ⁰⁰	
11/23/10	CITY OF GARDEN GROVE 11222 ALCIA PARKY GARDEN GROVE, CA. 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CANDIDATE STATEMENT REFUND	\$ 615⁰⁰	\$ 615⁰⁰	Moved to Schedule 1
11/26/10	ALFIERO BALZANO 4333 SUNNY LN. TORREBA LUNDA, CA. 92686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250 ⁰⁰	\$ 250 ⁰⁰	
10/22/10	TOUG SIK CHI 9580 GARDEN GROVE BLVD. GARDEN GROVE, CA. 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GUNNER A.R. SUPERMARKT	\$ 500 ⁰⁰	\$ 500 ⁰⁰	
10/22/10	MILAN CAPITAL MGMT 888 S. DISNEY LAND DR. ANAHEIM, CA. 92802 #8250-00	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000 ⁰⁰	\$ 1000 ⁰⁰	
SUBTOTAL \$ <u>2565⁰⁰</u>						

1950

*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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from OCT 1, 2010
through OCT 16, 2010

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

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

CALIFORNIA
FORM
460

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

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

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495
- AMENDED FORM TO CORRECTLY REPORT EXPENDITURES MADE AND CURRENT CASH STATEMENT AMOUNTS

3. Committee Information

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

Treasurer(s)
NAME OF TREASURER
WILLIAM J DALTON

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

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

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

MAILING ADDRESS
9862 CATHERINE AVE

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

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 9/22/12 Date
Executed on 9/22/12 Date
Executed on _____ Date
Executed on _____ Date

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

Campaign Disclosure Statement
Summary Page

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

Statement covers period
 from OCT 1, 2010
 through OCT 16, 2010

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
BILL DALTON FOR MAYOR

I.D. NUMBER
 1225968

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 5000.00	\$ 5000.00
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5000.00	\$ 5000.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5000.00	\$ 5000.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2982.58	\$ 14636.33
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2982.58	\$ 14636.33
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 6 + 9 + 10 \$ 2982.58	\$ 14636.33

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 110087.05	
13. Cash Receipts	Column A, Line 3 above \$ 5000.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above \$ 2985.58	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 112104.47	

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

LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

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

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
✓	✓	\$ _____
✓	✓	\$ _____

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

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JULY 1, 2010
through SEPT 30, 2010

Date of election if applicable:
(Month, Day, Year)
2012 OCT -4 P 3:30

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
Date Stamp
CALIFORNIA
FORM
460
Page 1 of 2
For Official Use Only

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

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

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495
- AMENDED FORM TO CORRECT YTD EXPENDITURES MADE
AND CURRENT CASH STATEMENT AMOUNTS

3. Committee Information

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

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
WILLIAM J DALTON

MAILING ADDRESS
9862 CATHERINE AVE

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

MAILING ADDRESS _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 9/25/12 Date
Executed on 9/25/12 Date
Executed on _____ Date
Executed on _____ Date

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

Campaign Disclosure Statement

Summary Page

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

SUMMARY PAGE
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

Statement covers period
from JULY 1, 2010
through SEPT 30, 2010

Page 2 of 2

I.D. NUMBER
1225968

Contributions Received

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

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 9458.69	11653.75
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 9458.69	11653.75
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 9458.69	11653.75

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
✓	✓	\$ _____
✓	✓	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 119545.74
13. Cash Receipts	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 9458.69
15. Cash Payments	Column A, Line 8 above 110087.05
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 110087.05

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

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

Cash Equivalents and Outstanding Debts

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

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

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JAN 1, 2010
through JUNE 30, 2010

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

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 OCT -4 P 3:30
Page 1 of 2
For Official Use Only

CALIFORNIA FORM 460

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

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

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495
- AMENDED FORM TO CORRECTED EXPENDITURES MADE AND CURRENT CASH AMOUNTS**

3. Committee Information

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

Treasurer(s)

NAME OF TREASURER WILLIAM J DALTON

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

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

MAILING ADDRESS
9862 CATHERINE AVE

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

NAME OF ASSISTANT TREASURER, IF ANY

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

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 9/22/12 Date
Executed on 9/24/12 Date
Executed on _____ Date
Executed on _____ Date

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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BILL DALTON FOR MAYOR

Statement covers period
from JAN 1, 2010
through JUNE 30, 2010

Page 2 of 2

I.D. NUMBER
1225968

Contributions Received

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

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 2195.06	2195.06
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 2195.06	2195.06
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 2195.06	2195.06

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 121740.80
13. Cash Receipts	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 2195.06
15. Cash Payments	Column A, Line 8 above 119545.74
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 119545.74

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

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

Cash Equivalents and Outstanding Debts

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

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct. 17, 2010
through Dec. 31, 2010

Date of election if applicable:
(Month, Day, Year)
Nov 2, 2010

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CLERK'S OFFICE
2011 JUL 11 P 12:37

CALIFORNIA FORM 460
Page 1 of 10
For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

Treasurer(s)

NAME OF TREASURER William J. Dalton
MAILING ADDRESS 9862 CATHERINE AVE.

STREET ADDRESS (NO P.O. BOX) Bill Dalton For Mayor
CITY 9862 CATHERINE AVE. STATE _____ ZIP CODE _____
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX GARDEN GROVE CA. 92841 AREA CODE/PHONE 714 539-1592

CITY GARDEN GROVE CA. STATE CA. ZIP CODE 92841 AREA CODE/PHONE 714 539 1592
NAME OF ASSISTANT TREASURER, IF ANY _____
MAILING ADDRESS _____

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

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

4. Verification

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

Executed on 7/11/11 Date _____ By William A. Dalton Signature of Treasurer or Assistant Treasurer
Executed on 7/11/11 Date _____ By William A. Dalton Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date _____ By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
Executed on _____ Date _____ By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 10/17/2010 through 12/31/2010

CALIFORNIA FORM **460**

Page 2 of 10

I.D. NUMBER

12259168

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bill Dalton for Mayor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>10314-</u>	\$ <u>15314.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>10314-</u>	\$ <u>15314.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>10314-</u>	\$ <u>15314.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>7869.85</u>	\$ <u>22506.18</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>7869.85</u>	\$ <u>22506.18</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>7869.85</u>	\$ <u>22506.18</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>109798.20</u>	
13. Cash Receipts	Column A, Line 3 above <u>10314-</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>	
15. Cash Payments	Column A, Line 8 above <u>7869.85</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>112242.35</u>	

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

LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>OCT. 17, 2010</u> through <u>DEC. 31, 2010</u>	Date of election if applicable: (Month, Day, Year)	Date Stamp CITY OF CALIFORNIA CLERK'S OFFICE Page <u>10</u> of <u>10</u> 2011 JAN 31 5:28 For Official Use Only
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

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

2. Type of Statement:

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

3. Committee Information

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

Treasurer(s)

NAME OF TREASURER WILLIAM J. DALTON

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

MAILING ADDRESS 9862 CATHERINE AVE.
CITY GARDEN GROVE, CA. STATE CA. ZIP CODE 92841 AREA CODE/PHONE 714 5391592

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

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

4. Verification

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

Executed on 1/31/11 By [Signature]
Executed on 1/31/11 By [Signature]
Executed on _____ By _____
Executed on _____ By _____

amended 7/11/11

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from OCT-17, 2010
through Dec-31, 2010

Page 2 of 10

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>10,314.00</u>	\$ <u>15,314.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>10,314.00</u>	\$ <u>15,314.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>7869.85</u>	\$ <u>20,311.12</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>7869.85</u>	\$ <u>20,311.12</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>7869.85</u>	\$ <u>20,311.12</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>109,798.25</u>	
13. Cash Receipts	Column A, Line 3 above \$ <u>10,314.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>7869.85</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>112,242.40</u>	

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

See instructions on reverse

\$ 0

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

\$ 0

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

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

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) Total to Date

_____ \$ _____

_____ \$ _____

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

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from OCT. 17, 2010
through Dec. 31, 2010

CALIFORNIA
FORM **460**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BILL DARTON FOR MAYOR

I.D. NUMBER
1225968

Page 3 of 10

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/10	ORANGE COUNTY AUTO 3737 BIRCH ST. BEALES NEWPORT BEACH, CA FPPC# 870777 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
11/11/10	VAN HANH ASSOCIATES DBA CHUA LIEN HOA 9561 BIXBY GARDEN COLORS, CA 92814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
11/2/10	PATTI WIDDICOMBE 2448 AQUA SANTA TRUSTY, CA. 92782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER MCDONALDS RESTAURANT	\$100.00	\$100.00	
11/2/10	TAE KIM 21661 BROOKHURST HUNTINGTON BEACH CA 92646	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER SPT CLEANERS	\$100.00	\$100.00	
11/2/10	CENTRE FOR PRIMARY CARE 8700 WARNER FOUNTAIN VALLEY, CA 92704	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
SUBTOTAL \$				<u>2950.00</u>		

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 10,314.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 10,314.00

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

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

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

SCHEDULE A (CONT)

Statement covers period
from Oct. 17, 2010
through Dec. 31, 2010

Page 4 of 10

CALIFORNIA FORM 460

NAME OF FILER: BILL DALTON For Mayor I.D. NUMBER: 1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/10	Donna Lee 8697 Hillcrest Bueno Park, Ca. 90021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	\$1000.00	\$1000.00	
11/2/10	Yousee Tae An 9902 Garden Grove Blvd. Garden Grove, Ca. 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTAURANT owner	\$200.00	\$200.00	
11/2/10	Caldwell's Town 1519 N. Fairview Santa Ana, Ca. 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
11/2/10	Manual Nunes 9731 Regal Palm Garden Grove, Ca. 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
11/4/10	Chirs Townsend 26022 Horses How Laguna Hills, Ca. 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT	\$500.00	\$500.00	
SUBTOTAL \$				<u>1900.00</u>		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA
 FORM **460**

Statement covers period
 from Oct. 17, 2010
 through Dec. 31, 2010

Page 5 of 10

NAME OF FILER
BILL DALTON For Mayor

I.D. NUMBER
1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/4/10	GARDEN Grove Secured Staked 3700 Camp US Dr. Newport Beach, 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250.00	\$ 250.00	
11/4/10	RONNIE LAM 411 E. HURSTON Azusa, CA. 91006	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KAM SANG DEVELOPMENT owner	\$ 1000.00	\$ 1000.00	
11/4/10	TONY LAM 14132 WYNN ST WESTMINSTER, CA. 92683	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEE'S SANDWICHES owner	\$ 200.00	\$ 200.00	
11/6/10	KTGY Group 17922 FITCH IRVINE, CA. 92614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT KEN RYAN	\$ 100.00	\$ 100.00	
11/6/10	GRIFFIN STRUCTURES 385 SECOND ST. LAGUNA BEACH, CA. 92651	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 249.00	\$ 249.00	
SUBTOTAL \$ 1799.00						

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 05-17-2010
 through Dec-31-2010

Page 4 of 10

I.D. NUMBER
1225-968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED, ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/10	AKM CONSULTING 553 WARD IRVINE, CA. 92618	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 200 ⁰⁰	\$ 200 ⁰⁰	
11/23/10	CITY OF GARDEN GROVE 11222 A CACIA PARKY GARDEN GROVE, CA. 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CANDIDATE STATEMENT REFUND	\$ 615 ⁰⁰	\$ 615 ⁰⁰	
11/26/10	ALFIEGO BALZANO 4333 SUNNY LN. TOWERS LUNDA, CA. 92686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250 ⁰⁰	\$ 250 ⁰⁰	
10/22/10	JOOG SIK CHI 9580 GARDEN GROVE BLVD. GARDEN GROVE, CA. 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER A.R. SUPERMARKT	\$ 500 ⁰⁰	\$ 500 ⁰⁰	
10/22/10	MILAN CAPITAL MGMT. 888 S. DISNEY LAND BLVD. ANAHEIM, CA. 92802 #8250-00	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000 ⁰⁰	\$ 1000 ⁰⁰	
SUBTOTAL \$				2565⁰⁰		

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from OCT. 17, 2010
through Dec. 31, 2010

Page 7 of 10

CALIFORNIA
FORM **460**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Bice Dalton Fox Mavor
I.D. NUMBER 1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/10	MO Alan 8799 SUGBIRD AVE. FOUNTAIN VALLEY, CA. 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAKER SELF-EMPLOYED	\$ 1000 ⁰⁰	\$ 1000 ⁰⁰	
10/24/10	COMMUNITY VET 13200 EUCLID ST. GARDEN GROVE, CA. 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 100 ⁰⁰	\$ 100 ⁰⁰	
SUBTOTAL \$				<u>1100⁰⁰</u>		

Schedule A Summary

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

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DARTON For Mayor

Statement covers period
from OCT. 17, 2010
through Dec. 31, 2010

CALIFORNIA
FORM
460

SCHEDULE E

Page 8 of 10
I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (if COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GARDEN GROVE JOURNAL 1286 MAIN ST GARDEN GROVE, CA. 92840	PER		AD	\$ 567.00
CITIZENS FOR GOOD GOVERNMENT 728 W. EDNA PL. COVINA, CA. 91722 PD# 599010	LIT		STATE MAILER	\$ 200.00
DEMOCRATIC VOTERS GUIDE 728 W. EDNA PL PD# COVINA, CA. 91722 595002	LIT		STATE MAILER	\$ 160.00
SUBTOTAL \$				927.00

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

Schedule E Summary

1. Itemized payments made this period: (Include all Schedule E subtotals.) \$ 7795.54
2. Unitemized payments made this period of under \$100 \$ 74.31
3. Total interest paid this period on loans: (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 7869.85

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

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

SCHEDULE E (CONT)

Statement covers period
from Oct. 17, 2010
through Dec. 31, 2010

**CALIFORNIA
FORM 460**

Page 7 of 10

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

1225968

NAME OF FILER BILL DALTON FOR MAYOR

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INTERGALITY FUND RAISING 12151-F BROOKHURST ST. GARDEN GROVE, CALIF 92870	FRD			\$1500.00
OFFICE DEPOT 11180 GARDEN GROVE BLVD. GARDEN GROVE, CALIF 92870	FRD			\$128.83
CARDINAL'S ITALIAN RESTAURANT 12045 CHAPMAN AVE. GARDEN GROVE, CALIF 92870	FRD		ELECTION RESULTS NIGHT PARTY	\$4000.00
DAN MURRAY P.O. BOX 2325 ORANGE, CALIF. 92859	CNS			\$500.00
CHASE CARD SERVICES P.O. BOX 94014 PALENTINE, ILL 60914	WEB			\$59.90

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

SUBTOTAL \$ 6188.73

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

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

SCHEDULE E (CONT)

CALIFORNIA
FORM **460**

Statement covers period
from 04.17.2010
through Dec-31, 2010

Page 10 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
O.C. REGISTER P.O. BOX 7154 PASADENA, CA. 91109	OFc			\$ 140.81
POSTMASTER 10401 STANFORD AVS GARDEN GROVE, CA. 92843	Pos			\$ 176.00
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CA. 92843	CHP			\$ 363.00

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

SUBTOTAL \$ 679.81

497 Contribution Report

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

NAME OF FILER BILL DALTON For Mayor		RECEIVED CITY OF BIRMINGHAM CITY CLERK'S OFFICE Date Stamp: 2008 OCT 30 A 9:52 AM	
AREA CODE/PHONE NUMBER 714-539-1592	ID. NUMBER (if applicable) 1225968	Date of This Filing 11/10	RECEIVED CALIFORNIA FORM 497 NOT for Official Use Only
STREET ADDRESS 9862 CATHERINE AVE		Report No. 3	
CITY GARDEN GROVE	STATE CALIF	Amendment to Report No. _____ (explain below)	
	ZIP CODE 92841	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/11	VAN HANH ASSEMBLY DBA CHUA LIEN HOA 9561 BIXBY AVE. GARDEN GROVE, CA. 92841-3708	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

*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

497 Contribution Report

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

NAME OF FILER

BILL DACTON FOR MAYOR

AREA CODE/PHONE NUMBER

714 539-1592

ID. NUMBER (if applicable)

1225968

STREET ADDRESS

9862 CATHARINE AVE.

CITY

GARDEN GROVE

STATE

CALIF

ZIP CODE

92841



497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/24/10	MO ALAM 8799 SUN BIRD AVE. FOUNTAIN VALLEY, CALIF. 92709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAKER SELF EMPLOYED	\$15000 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

*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

497 Contribution Report

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

RECEIVED
CITY OF GARDEN 497 CONTRIBUTION REPORT

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

DATE OF THIS FILING: **10/22/10**

DATE STAMP: **2010 OCT 22**

CALIFORNIA FORM **497**
For Official Use Only

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

REPORT NO.: **1**

STREET ADDRESS: **9862 CATHERINE AVE. CA.**

AMENDMENT TO REPORT NO. (explain below):

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

NO. OF PAGES: **1**

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/22/10	MILAN CAPITAL NGHT TRUST 888 S. DISNEYLAND DRIVE ANN ARBOR, CALIF 92802 #8250-00	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide Interest rate: _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide Interest rate: _____%

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

Reason for Amendment: _____

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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

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

Statement covers period
from OCT 1, 2010
through OCT 14, 2010

Date of election if applicable:
(Month, Day, Year)
2011 JUL 1
NOV 2, 2010

RECEIVED
CITY OF GARDEN GROVE
CITY OF GARDEN GROVE'S OFFICE

Date Stamp
NOV 2, 2010 1 P 12:37

**CALIFORNIA
FORM 460**

Page 1 of 6
For Official Use Only

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER

WILLIAM J. DALTON

MAILING ADDRESS

9862 CATHERINE AVE

CITY

GARDEN GROVE CA

STATE

CA - 92841

AREA CODE/PHONE

714 5391592

STREET ADDRESS (NO P.O. BOX)

9862 CATHERINE AVE

CITY

GARDEN GROVE CA

STATE

CA 92841

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

9862 CATHERINE AVE

STATE

CA - 92841

AREA CODE/PHONE

714 5391592

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7/11/11

By

William J. Dalton
Signature of Treasurer or Assistant Treasurer

Executed on 7/11/11

By

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

Executed on _____

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton for Mayor

Statement covers period from 10/1/2010 through 10/16/2010

Page 2 of 4

I.D. NUMBER

1225968

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 5000 -	\$ 5000 -
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5000 -	\$ 5000 -
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5000.00	\$ 5000 -

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2982.58	\$ 141036.33
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2982.58	\$ 141036.33
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2982.58	\$ 141036.33

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 107786.78	
13. Cash Receipts	Column A, Line 3 above \$ 5000.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 2982.58	
15. Cash Payments	Column A, Line 8 above \$ 109798.80	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 109798.80	

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

See instructions on reverse
\$ 0

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above
\$ 0

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

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

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) Total to Date

_____ \$ _____

_____ \$ _____

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>Oct 1, 2010</u> through <u>Oct 16, 2010</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 2, 2010</u>	Date Stamp RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE 2010 OCT 21 P 12:50	CALIFORNIA FORM 460
		Page <u>1</u> of <u>6</u>	For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER
1225968

Treasurer(s)

NAME OF TREASURER

WILLIAM J. DALTON

MAILING ADDRESS

9862 CATHERINE AVE.

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on Oct 21, 2010 Date

By _____

Signature of Treasurer or Assistant Treasurer

Executed on Oct 21, 2010 Date

By _____

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

Executed on _____ Date

By _____

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

Executed on _____ Date

By _____

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

amended 7/11/11

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM 460

Statement covers period
from OCT. 1, 2010
through OCT. 16, 2010

Page 2 of 6

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>5000.00</u>	\$ <u>5000.00</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>5000.00</u>	\$ <u>5000.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>2982.58</u>	\$ <u>12441.21</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>2982.58</u>	\$ <u>12441.21</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>2982.58</u>	\$ <u>12441.21</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>107780.83</u>
13. Cash Receipts	Column A, Line 3 above <u>5000.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>
15. Cash Payments	Column A, Line 8 above <u>2982.58</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>109798.25</u>

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from Oct 1, 2010
through Oct 19, 2010

CALIFORNIA
FORM **460**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BILL DALTON FOR MAYOR

I.D. NUMBER
1225968

Page 3 of 6

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/10	TIP TOE SANDWICHES 14094 BROOKHURST GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 ⁰⁰	\$1000 ⁰⁰	
10/18/10	SEHUN OH 224 VINTAGE IRVINE, CA 92620	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150 ⁰⁰	\$150 ⁰⁰	
10/13/10	JAMES ROSS 12462 MORRIS LN. GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100 ⁰⁰	\$100 ⁰⁰	
10/14/10	SOUTH COAST APT. ASSN, 18552 MACARTHUR IRVINE, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 ⁰⁰	\$1000 ⁰⁰	
10/14/10	CLEVE CHANNEL 19320 HARBORCATE TOLLENDALE, CA 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 ⁰⁰	\$1000 ⁰⁰	
SUBTOTAL \$				3250⁰⁰		

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals) \$ 5000⁰⁰
- Amount received this period - unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5000⁰⁰

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

Schedule A Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct. 1, 2010
through Oct. 16, 2010

Page 4 of 6

NAME OF FILER
Bill Dalton For Mayor

I.D. NUMBER
1225968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/10	MIRET 30151 TOMAS ST. Rancho Santa Margarita 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 750.00	\$ 750.00	
10/16/10	SUNNY REACTY & MGMT 9944 GARDEN GROVE BLVD. GARDEN GROVE, CALIF. 92640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000.00	\$ 1000.00	
SUBTOTAL \$ 1750.00						

Schedule A Summary

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

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

**Schedule E
Payments Made**

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

SCHEDULEE
**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Oct-11-2010
through Oct-16-2010

Page 5 of 6
I.D. NUMBER
1225968

NAME OF FILER
Bill Dalton For Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DEMOCRATS FOR BETTER CALIF. 1218 EL PRADO AVS. # 122-0T15	LY		STATE MAILER	\$ 172.00
TOLERANCE, CALIF. 90501	LY		STATE MAILER	\$ 138.00
CALIF. VETERAN VOTERS #598002 1218 EL PRADO AVS.	LY		STATE MAILER	\$ 136.00
TOLERANCE, CALIF. 90501				
WOMENS VOTER GUIDE #1326222 10625 ALABAMA AVS.	LY		STATE MAILER	\$ 136.00
CHATSWORTH, CALIF. 91311				
SUBTOTAL \$				446.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals) \$ 2898.89
- Unitemized payments made this period of under \$100 \$ 83.09
- 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 \$** 2982.58

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

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

SCHEDULE E (CONT)

Statement covers period
from 02/15/2010
through 05/10/2010

Page 6 of 6

**CALLIFORNIA
FORM
460**

I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dastal For Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
POSTMASTER 10441 STANFORD AVE. GARDEN GROVE, CALIF 92842	POS			\$ 132.00
ST. COLUMBAN FESTIVAL 10801 STANFORD AVE. GARDEN GROVE, CALIF 92840	PR			\$ 425.00
INTEGRITY FUND RAISING 12151 BROOKHURST ST. GARDEN GROVE, CALIF 92841	FN			\$ 1000.00
PRINTMASTER 85 15311 SPAR ST. GARDEN GROVE, CA. 92843	CMP			\$ 649.89
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST GARDEN GROVE, CALIF. 92843	CMP			\$ 246.00

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

SUBTOTAL \$ 2452.89

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

COVER PAGE
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/11/2010
through 9/30/2010

Date of election if applicable:
(Month, Day, Year) 2011
Nov. 2, 2010

JUL 11 P 12:37

Page 1 of 4
For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Bill Dalton for mayor I.D. NUMBER 122 5968

Treasurer(s)

NAME OF TREASURER William J. Dalton

STREET ADDRESS (NO P.O. BOX) 9862 Catherine Ave.
CITY GARDEN GROVE CA 92841 STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS 9862 Catherine Ave.
CITY GARDEN GROVE CA 92841 STATE CA ZIP CODE 92841 AREA CODE/PHONE 714 539-1592
NAME OF ASSISTANT TREASURER, IF ANY

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

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

4. Verification

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

Executed on 7/11/11 Date
By William J. Dalton Signature of Treasurer of Assistant Treasurer
Executed on 7/11/11 Date
By William J. Dalton Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton for Mayor

Statement covers period from 7/1/2010 through 9/30/2010

CALIFORNIA FORM **460**
Page 2 of 4

I.D. NUMBER 1225968

SUMMARY PAGE

Contributions Received

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

Expenditures Made

6. Payments Made	\$ 9458.69	\$ 11653.75
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 9458.69	\$ 11653.75
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 9458.69	\$ 11653.75

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 117239.53
13. Cash Receipts	Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 9458.69
15. Cash Payments	Column A, Line 8 above	\$ 107780.78
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 9458.69

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July 1, 2010
through SEPT 30 2010

Date of election if applicable:
(Month, Day, Year)
Nov. 2, 2010



CALIFORNIA
FORM 460
Page 1 of 4
For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

NAME OF TREASURER WILLIAM J. DALTON

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

MAILING ADDRESS 9862 CATHERINE AVE.
CITY GARDEN GROVE STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-539-1592

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

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

4. Verification

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

Executed on Oct 5 2010 Date
Executed on Oct 5 2010 Date
Executed on _____ Date
Executed on _____ Date

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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period from JULY 1, 2010 through SEPT-30 2010

CALIFORNIA FORM **460**
Page 2 of 4
I.D. NUMBER 1225968

Contributions Received

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 9458.69	11053.75 9458.69
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 9458.69	9458.69
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 9458.69	9458.69

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 117239.47	
13. Cash Receipts	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 9458.69	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 107780.83	

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
	1/1	\$ _____
	11/05/10	\$ _____

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

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

Statement covers period
from JULY 1, 2010
through SEPTEMBER 30, 2010

Page 3 of 4
I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INTEGRITY FUND RAISING 12151 BROOK HURST ST. GARDEN GROVE, CALIF 92840	FND		FUNDRAISOR	1,000.00
ALTY OF GARDEN GROVE 11222 RACIA PICUT GARDEN GROVE, CALIF. 92840	FIL		FILING FEE	2,700.00
CHASE BANK P.O. BOX 94014 PALM SPRING, IL. 60094	WEB		WEBSITE	119.50
SUBTOTAL \$				3819.80

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 9298.52
- Unitemized payments made this period of under \$100 \$ 160.12
- 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 \$** 9458.64

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

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DARTON FOR MAYOR

Statement covers period
from July 1, 2010
through SEPT-30, 2010

Page 4 of 4

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS SOUTH 3309 S. MAW ST. SAUTA AWA, CA. 92707	OMP		POLITICAL SIGNS INSTALLATION, REMOVAL	4,278.22
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CA. 92843	OMP		CAMPAIGN PARAPHERNALIA	240.00
GARDEN GROVE LIONS P.O. BOX 351 GARDEN GROVE, CA. 92842	CTC		CIVIC DONATION	125.00
CONTRIVING THE REPUBLICAN 1300 BELSTOL ST. NEWPORT BEACH, CA. 92660	CTC		STATE MAILERS	200.00
VOTER GUIDE STATE CARDS 6285 E-SPRING ST, LONG BEACH, CA. 90808	CTC		STATE MAILERS	635.00

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

SUBTOTAL \$ 5478.22

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from July 1, 2010 through June 30, 2010

Date of election if applicable: (Month, Day, Year)
2010 JUL 19 A 11: 11

Date Stamp

CITY OF GARDEN GROVE CITY CLERK'S OFFICE
RECEIVED
CALIFORNIA FORM 460
 Page 1 of 4
 For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

Treasurer(s)

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

STREET ADDRESS (NO P.O. BOX) BLVD DALTON Foe MAYOR
 CITY 9862 CATHERINE AVE. STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX GARDEN GROVE CALIF. 92841 539-1592

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

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

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

4. Verification

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

Executed on July 19, 2010 By William J. Dalton Signature of Treasurer or Assistant Treasurer
 Executed on July 19, 2010 By William J. Dalton Signature of Controlling Officer/Offender, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 Executed on _____ Date _____ By _____ Signature of Controlling Officer/Offender, Candidate, State Measure Proponent
 Executed on _____ Date _____ By _____ Signature of Controlling Officer/Offender, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE
CALIFORNIA FORM 460

Statement covers period from Jan 1, 2010 through June 30, 2010

Page 2 of 4

I.D. NUMBER 1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER BILL DALTON FOR MAYOR

Contributions Received

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

Expenditures Made

6. Payments Made	\$ 2195.06	\$ 0
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 2195.06	\$ 0
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 2195.06	\$ 0

Current Cash Statement

12. Beginning Cash Balance	\$ 119434.53	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	\$ 0	
14. Miscellaneous Increases to Cash	\$ 2195.06	
15. Cash Payments	\$ 2195.06	
16. ENDING CASH BALANCE	\$ 117239.47	

Cash Equivalents and Outstanding Debts

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

Expenditure Limit Summary for State Candidates

20. Contributions Received	\$ 0	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ 0		
22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	\$ 0		

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

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill Dalton For Mayor

Statement covers period
from JAN 1, 2010
through JUNE 30, 2010

Page 3 of 4

I.D. NUMBER
1225968

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTERED, NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ORANGE COUNTY REGISTER P.O. BOX 71514 PASADENA, CA. 91109-7154	OFc			210.36
CHASE BANK P.O. BOX 94014 PALATINE, IL 60094	WEB			179.70
GARDEN GROVE SECURED STORAGE 13632 EUCLID ST. GARDEN GROVE, CA. 92843	CMP			742.75
SUBTOTAL \$				1132.81

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1944.69
- Unitemized payments made this period of under \$100 \$ 250.37
- 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 \$** 2195.06

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

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

SCHEDULE E (CONT)

Statement covers period
from JAN 1 2010
through JUN 30 2010

CALIFORNIA
FORM **460**

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I.D. NUMBER
1225968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BILL DALTON FOR MAYOR

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOI voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
P R I N T M A S T E R S 15311 SPAE ST. GARDEN GROVE, CA. 92843	CMP			516.88
GARDEN GROVE HIGH SCHOOL P.O. BOX 1691 GARDEN GROVE, CALIF 92840	PR			295.00

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

SUBTOTAL \$ 811.88