# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 1

			,
The JC/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr Daniel	F	Date Received
	NICKNAME LAST	SUFFIX	
	Dan Gillia	m	MEGETARE
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	1 0 6047
OFFICEHOLDER MAILING	406 Chimnerk	ock Drive	W JUL 1 2 2017 @
ADDRESS	11:11:1	7770.11	1.1.16
Change of Address	Victoria, le	xas 1/904	By. Juga Coga
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(361) 576-4	962 —	Daniel #
6 CAMPAIGN	MS/MRS/MR Dr. FIRST	MI MI	Receipt # Amount \$
TREASURER NAME	Dr. Robert	M	Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
p (	500 Gillia.	m	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE
TREASURER ADDRESS	4406 N. Laure	ent, Victoria, Te	exas 11904
(Residence or Business)	, , , , ,		
8 . *			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361) 578-010	7 -	
	***	<i>₩</i> //	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment
		_	(Officeholder Only)
	July 15 8th day before e	lection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD		Month Day	Year
COVERED	Month Day Year THRC		2017
	1/1/2017	W / JU/	2011
# ELECTION	ELECTION	ELECTION TYPE	
11 ELECTION	Month Day Year Primary	Runoff Other Description	
	3/6/2018 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	Judge of County	- Judge ot	County
	Court at Law#2	Court at	Law#2
GO TO PAGE 2			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME Daviel F. Gilliam 15 Filer ID (Ethics Commission Filers)				
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS			
	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
		\$-0-		
		\$-0-		
		\$ 150.00		
4. TOTAL	\$ 150,00			
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 358.18		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 3,000.00		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder				
P/SEALABOVE	4			
		, this the <u>/2±6</u>		
Regina Payton Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
	THIS BOX IS FOR N SUPPORT THE CANE KNOWLEDGE OR CO OF SUCH EXPENDITION COMMITTEE TYPE  1. TOTAL PEDGE  2. TOTAL (OTHER  3. TOTAL POF REPORT OF REPORT OF SUCH EXPENDITION COMMISSION Expires July 17, 2017	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE SUPPORT THE CANIDDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN OF SUCH EXPENDITURES.  COMMITTEE TYPE  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS).  3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LAST DAY OF THE REPORTING PERIOD  ISWEAR, OR Affirm, under penalty of peripting and correct and includes all inform under Title 15, Election Code.  Signature of Candid  POSSEALABOVE  ibed before me, by the said Samel F. Gillian  TOTAL POLITY Which, witness my hand and seal of office.		

### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

19	nmission Filers)	
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 150.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
		iams now to complete this form.	2 Files ID (Ethics Commission Filess)	
1 Total pages Schedule F1:	Daniel F.	Gilliam	3 Filer ID (Ethics Commission Filers)	
6/15/17	5 Payee name Victoria East	High School-	Cheerleaders	
6 Amount (\$)"  150, 00	7 Payee address; City; State; 4103 E. Mockin	ngbird Drive, Vi	Cheerleaders ictoria, Texas 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Advertising Ex	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense SEMENT Placement TCUShions	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### **OUTSTANDING LOANS**

### SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:
2 FILER NAME Danie	el F. Gilliam	3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION	Daniel F. Gilliam	
	Daniel F. Gilliam.  5 Lender address; City; State; Zip Code 406 Chimney Rock Drive, V	ictoria, Texas 77904
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# SCHEDULE M **ASSETS VALUED AT \$500 OR MORE** 1 Total pages Schedule M: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Daniel F. Gilliam MA pription of Asset Poroplast Advertising Signs of Various Sizes. 4 Description of Asset ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED