

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) <i>N/A</i>	2 Total pages filed: <b>6</b>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i> FIRST <i>Daniel</i> MI <i>F.</i> NICKNAME LAST SUFFIX <i>Dan Gilliam</i>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">JAN 14 2011</p> <p>BY: <i>M Hill</i></p> <p style="font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>406 Chimney Rock Drive Victoria, TX 77904</i>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 576-4962</i>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Dr.</i> FIRST <i>Robert</i> MI <i>M.</i> NICKNAME LAST SUFFIX <i>Bob Gilliam</i>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4406 N. Laurent, Victoria, TX 77904</i>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 578-0107</i>								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>7 / 1 / 2010    12 / 31 / 2010</i>								
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 2 / 2010</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any) <i>Judge of County Court at Law #2</i>	13 OFFICE SOUGHT (if known) <i>N/A</i>							
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	<p style="font-size: 0.8em;">DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.</p> <p>Name <i>N/A</i></p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>								

GO TO PAGE 2

*"N/A" means "not applicable."*

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME Daniel F. Gilliam 16 ACCOUNT # (Ethics Commission Filers) N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>250.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>11.91</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1356.69</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000.00</u>

19 AFFIDAVIT



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.

Daniel F. Gilliam

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel F. Gilliam, this the 14<sup>th</sup> day of January, 20 11, to certify which, witness my hand and seal of office.

Regina Payton  
Signature of officer administering oath

Regina Payton  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

1

2 FILER NAME

Daniel F. Gilliam

3 ACCOUNT # (Ethics Commission Filers)

N/A

4 Date

7-14-10

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Patrick A. Cullen

6 Contributor address; City; State; Zip Code

P.O. Box 2938  
Victoria, TX 77902-2938

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

N/A

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Attorney

11 Contributor's employer/law firm

Cullen, Carsner, Seerden & Cullen, L.A.P.

12 Law firm of contributor's spouse (if any)

N/A

13 If contributor is a child, law firm of parent(s) (if any)

N/A

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                       |                               |                                  |                                            |
|-----------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense ✓ | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking    | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense    | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense         | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                  | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>1</i>	<b>2</b> FILER NAME <i>Daniel F. Gilliam</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>N/A</i>
<b>4</b> Date <i>10/27/10</i>	<b>5</b> Payee name <i>Outburst Advertising</i>	
<b>6</b> Amount (\$) <i>11.91</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 3926 Victoria, TX 77903-3926</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Website Renewal</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <i>N/A</i>	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought

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**OUTSTANDING LOANS**

**SCHEDULE L**

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule L: <div style="text-align: center; font-size: 2em;">1</div>
<b>2</b> FILER NAME <i>Daniel F. Gilliam</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <div style="text-align: center; font-size: 2em;">N/A</div>

LENDER INFORMATION	<b>4</b> Name of lender <div style="font-size: 1.5em; font-family: cursive;">Daniel F. Gilliam</div>
	<b>5</b> Lender address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">406 Chimney Rock Drive, Victoria, TX 77904</div>

GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>6</b> Name of guarantor <div style="font-size: 1.5em; font-family: cursive;">N/A</div>
	<b>7</b> Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender <hr style="border-top: 1px dotted black;"/>
	Lender address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <hr style="border-top: 1px dotted black;"/>
	Guarantor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>

LENDER INFORMATION	Name of lender <hr style="border-top: 1px dotted black;"/>
	Lender address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <hr style="border-top: 1px dotted black;"/>
	Guarantor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>

LENDER INFORMATION	Name of lender <hr style="border-top: 1px dotted black;"/>
	Lender address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <hr style="border-top: 1px dotted black;"/>
	Guarantor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**ASSETS VALUED AT \$500 OR MORE**

**SCHEDULE M**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

1

2 FILER NAME

Daniel F. Gilliam

3 ACCOUNT # (Ethics Commission Filers)

N/A

4 Description of Asset

Coroplast Advertising Signs of Various Sizes

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED