

**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. ••

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>N/A</u>
		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	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>450.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,910.53</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7,167.39</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 1st day of February, 20 10, to certify which, witness my hand and seal of office.

Jennifer Fox Signature of officer administering oath
Jennifer Fox Print name of officer administering oath
Notary Public, State of Texas 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): 2	
2 FILER NAME Daniel F. Gilliam		3 ACCOUNT # (Ethics Commission filers) N/A	
4 Date 1-11-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merle Cattan	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable) N/A
6 Contributor address; City; State; Zip Code P.O. Box 835 Seadrift, TX 77983-0835		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Retired	10 Contributor's job title N/A
11 Contributor's employer/law firm N/A	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 1-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Yarbrough	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 1903 Bon Aire Ave. Victoria, TX 77901-4200		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Retired		Contributor's job title N/A	
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

Date 1-15-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O.F. Jones, III	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code P.O. Box E Victoria, TX 77902-1830		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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): 2	
2 FILER NAME Daniel F. Gilliam		3 ACCOUNT # (Ethics Commission filers) N/A	
4 Date 1-21-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birgit I. Neitsch	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable) N/A
6 Contributor address; City; State; Zip Code P.O. Box 1601 Victoria, TX 77902-1601		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Restaurant owner		10 Contributor's job title owner	
11 Contributor's employer/law firm N/A		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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)			

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>Daniel F. Gilliam</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
4 Date <u>1-5-10</u>	5 Payee name <u>Victoria County Elections</u>	7 Amount (\$) <u>11.39</u>
6 Payee address; City; State; Zip Code <u>111 N. Glass Street Victoria, TX 77901</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>Public information on voters</u> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>N/A</u>
Date <u>1-7-10</u>	Payee name <u>Region III Education Service Center</u>	Amount (\$) <u>48.71</u>
Payee address; City; State; Zip Code <u>1905 Leary Lane Victoria, TX 77901</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Campaign buttons</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>N/A</u>
Date <u>1-8-10</u>	Payee name <u>Lamar Advertising</u>	Amount (\$) <u>6,107.85</u>
Payee address; City; State; Zip Code <u>P.O. Box 96030 Baton Rouge, LA 70896</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>N/A</u>
Date <u>1-16-10</u>	Payee name <u>Donna Andres</u>	Amount (\$) <u>50.00</u>
Payee address; City; State; Zip Code <u>115 North Bridge Street Victoria, TX 77901</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Advertising Expense</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>N/A</u>

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Daniel F. Gilliam		3 ACCOUNT # (Ethics Commission filers) N/A
4 Date 1-19-10	5 Payee name Victoria County Elections 6 Payee address; City; State; Zip Code 111 N. Glass Street Victoria, TX 77901	7 Amount (\$) 4.50
8 Purpose of payment (See instructions regarding type of information required.) Public information (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name N/A Office sought Office held
Date 1-19-10	Payee name Victoria Advocate Payee address; City; State; Zip Code 311 East Constitution Victoria, TX 77901	Amount (\$) 3,660.03
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name N/A Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G: <u>1</u>
2 FILER NAME: <u>Daniel F. Gilliam</u>	3 ACCOUNT # (Ethics Commission filers): <u>N/A</u>

4 Date: <u>1-2-10</u>	5 Payee name: <u>Lowe's</u>	8 Amount (\$): <u>9.71</u>
	6 Payee address; City; State; Zip Code: <u>8602 North Navarro Street Victoria, TX 77904</u>	
	7 Purpose of expenditure: <u>Sign Supplies</u> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date: <u>1-18-10</u>	Payee name: <u>Lowe's</u>	Amount (\$): <u>18.34</u>
	Payee address; City; State; Zip Code: <u>8602 North Navarro Street Victoria, TX 77904</u>	
	Purpose of expenditure: <u>Sign Supplies</u> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date:	Payee name:	Amount (\$):
	Payee address; City; State; Zip Code:	
	Purpose of expenditure: <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date:	Payee name:	Amount (\$):
	Payee address; City; State; Zip Code:	
	Purpose of expenditure: <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date:	Payee name:	Amount (\$):
	Payee address; City; State; Zip Code:	
	Purpose of expenditure: <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME *Daniel F. Gilliam*

3 ACCOUNT # (Ethics Commission filers)

N/A

LENDER INFORMATION

4 Name of lender

Daniel F. Gilliam

5 Lender address; City; State; Zip Code

406 Chimney Rock Drive, Victoria, TX 77904

GUARANTOR INFORMATION

6 Name of guarantor

N/A

7 Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

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