JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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

The 10/01/ 10-11 11		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
I ne JC/OH Instruction G	Guide explains how to complete this form.	(Ethics Commission mers)	9
3 CANDIDATE/	MS/MRS/MR ) FIRST	MI	
OFFICEHOLDER	W 1	<b>/</b> "	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Dan Gilliam		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING	406 Chimney Ro	A Marila	Jurgette fell
ADDRESS	1	•	Date Hand-belivered of Date Postmarked
Change of Address	Victoria, Tx 1	77904	:
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
OFFICEHOLDER PHONE	(361) 576-4962	) -	Date Processed
6 CAMPAIGN	MS/MRS/MR	MI	
TREASURER	D. I. t	// ···	Date Imaged
NAME	Vr. RODERI		
	NICKNAME LAST	SUFFIX	
	Bob Gilliam	,	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	,,	ZIP CODE
TREASURER ADDRESS	4406 N. Lauren	* Wintaria TX	77901
(Residence or business)	1700 1000000000000000000000000000000000	o, oracina, in	11101
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361) 578-010	07	
	()4/)		
9 REPORTTYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	n Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	1/1/2010 THRO	1 / 21.	/ 2010
11 ELECTION	ELECTION DATE ELECTION TY	PE.	
	Month Day Year Primary	Runoff	Constal
	3/2/10	[ Runoii]	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
	I NA	Judge of Cou	unty Court of Law #2
14 NOTICE		Junge of Col	array - rail as that " 2
OF DIRECT	Direct campaign expenditures are campaign expe		
CAMPAIGN	Candidates are required to disclose this information of	only it they receive notification of the dire	or cambaign expenditure. ••
EXPENDITURE BY OTHER	Name		
INDIVIDUALS	N/A		
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	April 3 dite #, Oity, State,	EIP COUG	
additional pages			
,			
	GO TO	PAGE 2	*
<u> </u>		· · · · · · · · · · · · · · · · · · ·	

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

## FORM JC/OH COVER SHEET PG 2

15 C/OHNAME	el F. (	Gilliam	16 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	17 NOTICE FROM POLITICAL  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.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ 50.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$50.00 \$450.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$-0-					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,910.53			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$7,167,39					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$1,000,00					
19 AFFIDAVIT			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
-			of perjury, that the accompanying report is information required to be reported by me			
	JENNIFER FOX ary Public, State of Te ly Commission Expire July 10, 2012	s Lawel &	andidate or Officeholder			
AFFIX NOTARY ST	AMP / SEAL ABOVE	K T A.11.	15+			
Sworn to and subscrib	. 🙃	the said <u>Daniel F. Gilliam</u> tify which, witness my hand and seal of office.	, this the day			
Jennier - Signature of difficer admir	nistering oath	Dennifer Fox Not Print name of officer administering oath	Tary Public, State of Texas Title of officer administering oath			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	edule A(J):
2 FILER NAME	ruiel F. Gilliam		3 ACCOUNT # (Et	pics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
1-11-10 6 Contributor address; City; State; Zip Code P.O. Box 835 Seadrift, TX 77983-0835		(COO, OO	description(if applicable)	
• Contributoro o				of Texas, complete Schedule T)
1/	rincipal occupation	10 Contributor's job	title	
11 Contributor's e		12 Law firm of contril	butor's spouse (if any	w)
Λ	1/A	WA	outer o operato (ii a.i.	y)
13 If contributor is	a child, law firm of parent(s) (if any)			:
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
1-14-10	Contributor address; Sty; State; Zip Codel 1903 Bon Aire Au Victoria, TX 1990	h e. 1-4200	(If travel outside	description(if applicable)
Contributor's pr	rincipal occupation	Contributor's job t	itle	
<u>K</u>	etirea	MA	L	
Contributors e	mployer/law firm	Law firm of contru	outor's spouse (if any	<b>()</b>
If contributor is a child flaw firm of parent(s) (if any)				
Date	Full name of contributor	)	Amount of	In-kind contribution
1-15-10	O.F. Jones III  Contributor address; City, State; Zip Code  P.O. Box E  Victoria, TX 7790	2-1830	(If travel outside	description(if applicable)
Contributor's pr	rincipal occupation Horney	Contributor's job t	itle rnev	
Contributor's e	mployar/law firm Left Employed	Law firm of contrib	outor's spouse (if any	/)
If contributor is	a child, law firm of parent(s) (if any)			:
	7			

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 DI EDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

O MER MARY LEDGES OR LOANS (SUBICIAL)					
The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	edule A(J):	
2 FILSER NAME Daniel F. Gilliam			3 ACCOUNT # (Ethics Commission filers)		
4 Date 1-21-10	5 Full name of contributor out-of-state PAC (ID#:	2-1601	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)  All the second of Texas, complete Schedule T)	
	principal occupation Tauraut OWNET	10 Contributor's job	title Wurer	:	
11 Contributor's e		12 Law firm of contril		/)	
13 If contributor is	s a child, law firm of parent(s) (if any)		7		
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) of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job t	title		
Contributor's e	mployer/law firm	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor		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 e	Contributor's employer/law firm Law firm of contributor's spouse (if any)			·)	
If contributor is	s a child, law firm of parent(s) (if any)				
				:	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Daniel F. Gillie	3 ACCOUNT # (Ethics Commission filers)
1-5-10 Separate Victoria County E. 6 Payee address; City; State; Sip Code Victoria, TX	lections 11,39
8 Purpose of payment (See instructions regarding type of information required.)  Public intormation on voters (If travel outside of Texas, complete Schedule T)	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
Date Payee name  Region III Education  1-7-10 Payee address; City; State; Zip Code  1905 Leary Lai  Victoria, TX 7-	ou Service Center (8)  1901
Purpose of payment (See instructions regarding type of information required.)  Campaga buttons  (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  Lamar Adverti  1-8-10 Payee address; City; State; Zip Code  P.O. Box 96030  Baton Rouge, CA	Sing.  6,107.85  70896
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 Office sought Office held
Date Payee name  Donna Andre Payee address; City; State; Zip Code  115 North Brid Victoria, TX	ge Street 50,00
Purpose of payment (See instructions regarding type of information required.)  Advertising Expense.  (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES			S	CHEDULE F
The Instruction	on Guide explains how to complete this form.		1 Total pages Schedule	<b>∍F</b> :
2 FILER NAME	Vauiel F. Gilliam		3 ACCOUNT # (Ethics C	commission filers)
	5 Payee name  Victoria Ouutu 6 Payee address; City; State; Zip Code  Victoria, TX 776	Election ext 901	15	Amount (\$) 4,50
required.) Pu	ment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder n	lirect expenditure to benefit name Office sough	
(If travel outside	e of Texas, complete Schedule T)			
Date     -   9 -   0	Payee name  Victoria Advoca  Payee address; City; State; Zip Code  311 East Constit  Victoria, Tx 779	te	3,	Amount (\$), 660, 03
required.) $\hat{\mathcal{A}}_{\ell}$	ment (See instructions regarding type of information  AVENTISiNG  of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder n	lirect expenditure to benefit name Office sough	
Date .	Payee name			Amount (\$)
required.)	ment (See instructions regarding type of information  de of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder n	irect expenditure to benefit name Office sough	
Date	Payee name			Amount
				(\$)
Purpose of payn required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	irect expenditure to benefit ( name Office sough	
(If travel outside	e of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	IEEDED	:

POLITION MADE F	S	CHEDULE <b>G</b>		
The Instruction	on Guide explains how to complete this form.	1 Total pages Schee	dule G:	:
2 FILER NAME	eviel F. Gilliam	3 ACCOUNT # (Eth	ics Comn	nission filers)
4 Date	5 Payee name  COUCS  6 Payee address; City; State; Zip Code  8602 North Navarro Street  Victoria, TX 77904  7 Purpose of expenditure  Sign Supplies		8	Amount (\$)  G. 71  Reimbursement from political contributions intended
Date /-18-10	Payee address; City; State; Zip Code  **Coloria** Type of Expenditure    Coloria** City** State; Zip Code    Coloria** City** C	eet	×	Amount (\$)  / 8, 34  Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure			Amount (\$)  Reimbursement from political contributions
	(If travel outside of Texas, complete Schedule T)			intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure  (If travel outside of Texas, complete Schedule T)			Amount (\$)  Reimbursement from political contributions intended
Date	Payee name 			Amount (\$)
	Purpose of expenditure  (If travel outside of Texas, complete Schedule T)			Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	AS NEEDED		

OUTSTANDING LOANS				SCHEDULE L			
The Instruction	Guide explains how to comp	plete this form.		1 Total pages Schedul	le L:		
2 FILER NAME	Daniel F.	Gilliam		3 ACCOUNT # (Ethics	Commission filers)		
LENDER INFORMATION	4 Name of lender		amstate;	zip Code letoria, TX	7.7904		
GUARANTOR INFORMATION	6 Name of guarantor						
not applicable	7 Guarantor address;	City;	State;	Zip Code			
LENDER INFORMATION	Name of lender	10000					
	Lender address;	City;	State;	Zip Code			
GUARANTOR INFORMATION	Name of guarantor	The state of the s		MMM and an array of the second and a second a			
not applicable	Guarantor address;	City;	State;	Zíp 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				and the state of the		
not applicable	Guarantor address;	City;	State;	Zip Code			
	ATTACH ADDI	TIONAL COPIES O	F THIS FORM AS N	IEEDED			

. . .

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME Daniel F. Gilliam	3 ACCOUNT # (Ethics Commission filers)
Daniel F. Gilliam  Description of Asset  Coroplast Advertising Signs of V	'arious sizes
Description of Asset	
Description of Asset	•
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS FORM A	AS NEEDED