

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: <i>9</i>
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>	OFFICE USE ONLY	
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>	Date Received <i>RECEIVED JUL 15 2010</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 576 - 4962</i>	Date Hand-delivered or Date Postmarked	
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>	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (Residence or <u>Business</u>)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4406 N. Laurent, Victoria, TX 77904</i>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 598 - 0107</i>	Date Imaged	
9 REPORT TYPE	<input 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 checked="" 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>2 / 21 / 2010 6 / 30 / 2010</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 2 / 2010</i>	ELECTION TYPE Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>Judge of County Court at Law #2</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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. Name <i>N/A</i> Address / PO Box; Apt / Suite #; City; State; Zip Code		

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.

<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>20.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1270.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,473.03</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,118.60</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 15th day of July, 20 10, to certify which, witness my hand and seal of office.

<u>Jennifer Fox</u> Signature of officer administering oath	<u>Jennifer Fox</u> Print name of officer administering oath	<u>Notary Public, State of Texas</u> Title of officer administering oath
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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 Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

2-21-10

5 Full name of contributor out-of-state PAC (ID# _____)

Robert H. Johnston, Jr.

6 Contributor address; City; State; Zip Code

111 Pasadena Drive
Victoria, TX 77904-1608

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

N/A

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

medical doctor / Minister

10 Contributor's job title

medical doctor

11 Contributor's employer/law firm

self

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

2-21-10

Full name of contributor out-of-state PAC (ID# _____)

Texas Association of Realtors - Political Action Committee

Contributor address; City; State; Zip Code

P.O. Box 2246
Austin, TX 78768-2246

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

N/A - (Political Action Committee)

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

2-22-10

Full name of contributor out-of-state PAC (ID# _____)

Janet Russell

Contributor address; City; State; Zip Code

P.O. Box 4848
Victoria, TX 77903

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

self employed

Contributor's job title

owner

Contributor's employer/law firm

Bill Russell - Attorney at Law

Law firm of contributor's spouse (if any)

Bill Russell - Attorney at Law

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

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 3-2-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William F. Moeller	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable) N/A
6 Contributor address; City; State; Zip Code P.O. Box 3547 Victoria, TX 77903-3547		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney at Law		10 Contributor's job title Attorney at Law	
11 Contributor's employer/law firm William F. Moeller, Attorney at Law		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 3-25-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anderson, Smith, Null & Stofor, L.L.P.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code P.O. Box 1969 Victoria, Texas 77902-1969		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorneys at Law		Contributor's job title N/A	
Contributor's employer/law firm Anderson, Smith, Null & Stofor, L.L.P.		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 3-30-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McKenzie Law Firm	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 205 S. Main Street Victoria, TX 77901-8120		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney at Law - Sandra McKenzie		Contributor's job title Attorney at Law	
Contributor's employer/law firm McKenzie Law Firm		Law firm of contributor's spouse (if any) Same Law Firm	
If contributor is a child, law firm of parent(s) (if any) N/A			

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.

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>2-24-10</u>	5 Payee name <u>Victoria Presort</u>	
6 Amount (\$) <u>1208.72</u>	7 Payee address; City; State; Zip Code <u>801 S. Laurent Victoria, TX 77901</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Political Advertising</u>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <u>N/A</u>	Office sought
Date <u>2-25-10</u>	Payee name <u>Victoria Advocate</u>	
Amount (\$) <u>188.00</u>	Payee address; City; State; Zip Code <u>P.O. Box 1518 Victoria, TX 77902</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Political Advertising</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <u>N/A</u>	Office sought
Date <u>2-26-10</u>	Payee name <u>Region III Education Service Center</u>	
Amount (\$) <u>91.09</u>	Payee address; City; State; Zip Code <u>1905 Leary Lane Victoria, TX 77901</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Political Advertising Material</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <u>N/A</u>	Office sought
Date <u>3-8-10</u>	Payee name <u>Outburst Advertising</u>	
Amount (\$) <u>697.13</u>	Payee address; City; State; Zip Code <u>P.O. Box 3926 Victoria, TX 77903</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Political Advertising/Printing</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <u>N/A</u>	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 2	2 FILER NAME Daniel F. Gilliam	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 5-4-10	5 Payee name Victoria County Elections
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6 Amount (\$) 30.25	7 Payee address; City; State; Zip Code 111 N. Glass Street Victoria, TX 77901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Public Information	(b) Description (If travel outside of Texas, complete Schedule T) List of Voters
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 5-3-10	Payee name Victoria Advocate
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Amount (\$) 7.84	Payee address; City; State; Zip Code P.O. Box 1518 Victoria, TX 77902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G: 1	2 FILER NAME Daniel F. Gilliam	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 3/2/2010	5 Payee name American Legion Post 166
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6 Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1402 East Santa Rosa Victoria, TX 77901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Hall Rental/Beverage Expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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:

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

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

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