

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 Filer ID (Ethics Commission Filers) <i>N/A</i>	2 Total pages filed: <i>5</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>(MR)</i> FIRST <i>Daniel</i> MI <i>F.</i> NICKNAME <i>Dan</i> LAST <i>Gilliam</i> SUFFIX _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>406 Chimney Rock Drive</i> APT / SUITE #: _____ CITY: <i>Victoria, Texas</i> STATE: _____ ZIP CODE: <i>77904</i>	Date Received <div style="border: 1px solid black; padding: 5px; text-align: center; color: red; font-weight: bold;">RECEIVED JAN 11 2023</div> <i>[Signature]</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(361)</i> PHONE NUMBER <i>576-4962</i> EXTENSION _____	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 <i>Bob</i> LAST <i>Gilliam</i> SUFFIX _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): <i>4 Somerset Place, Victoria, Texas</i> CITY: _____ STATE: _____ ZIP CODE: <i>77904</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(361)</i> PHONE NUMBER <i>578-6155</i> EXTENSION _____		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <i>7 / 1 / 2022</i> THROUGH Month Day Year <i>12 / 31 / 2022</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 8 / 2022</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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>Judge of County Court at Law #2</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <i>N/A</i> <input type="checkbox"/> Additional Pages	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 TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>N/A</i> COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

"N/A" means "Not Applicable." **GO TO PAGE 2**

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME <i>Daniel F. Gilliam</i>		20 Filer ID (Ethics Commission Filers) <i>N/A</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>27.06</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Daniel F. Gilliam</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>9/18/2022</i>	5 Payee name <i>Outburst Advertising, LLC</i>	
6 Amount (\$) <i>27.06</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 3926, Victoria, Texas 77903-3926</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	(b) Description <i>Internet Domain Name Renewal-Expense for Political Advertising</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought <u> </u>	Office held <u> </u>
---	---	------------------------------------	----------------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

OUTSTANDING LOANS

SCHEDULE L

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: 1
2 FILER NAME <i>Daniel F. Gilliam</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
LENDER INFORMATION	4 Name of lender <i>Daniel F. Gilliam</i>	
	5 Lender address; City; State; Zip Code <i>406 Chimney Rock Drive, Victoria, Texas 77904</i>	
GUARANTOR INFORMATION	6 Name of guarantor <i>N/A</i>	
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code <i>N/A</i>	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED