JUDICIAL CAMPAIGI	FORM JC/OH COVER SHEET PG 1			
The JC/OH Instruction	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS (MR)	Dayie/	<u></u>	OFFICE USE ONLY
NAME	NICKNAME DOM	Gilliam	SUFFI	Date Received
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX		ITY; STATE; ZIP CC	DE 0002
MAILING ADDRESS	Victori		7904	JAN 11 2023
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	William .
OFFICEHOLDER PHONE	(361)	576-496		Date Hand delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR DF	FIRST	1 MI	Receipt # Amount \$
TREASURER NAME	Dr.	Kobert	///.	Date Processed
	Bob	Gilliam	SUFFI	Date Imaged
7 CAMPAIGN		(NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE
TREASURER ADDRESS (Residence of Business)	4 Some	erset Place,	Victoria,	Texas 77904
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361)	578-6155		
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	etion Exceeded Mo Reporting Lim	Tillar report (Attach Gron Till)
10 PERIOD COVERED	Month 7	Day Year / 1 / 2022	THROUGH /	Month Day Year 2022
11 ELECTION	ELECTION DA		ELECTIO	
	Month Day	Year Primary		ription
	11/8/	/2022 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT	
	Judge of Cou	unty Court at Cau	#2 Judge of	County Court at Law #2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT	URES MADE BY POLITICAL COMMITTEES TO SUPPORT HE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
A //A	COMMITTEE TYPE	COMMITTEE NAME	A	
Additional Pages	GENERAL	COMMITTEE ADDRESS		
-	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
W/A menus	NotAnnlina	Le" GO TO	PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) Paule 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Signature of Candidate/Officeholder Please complete either option below: KIMBERLY K. KOETTER My Notary ID # 11129833 Expires February 19, 2026 NOTARY STAMP/SEAL Daniel F. Gilliam this the 11th Sworn to and subscribed before me by , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is __, and my date of birth is _ My address is

(street)

_____, county, State of _____, on the ____

(citv)

(state)

Signature of Candidate/Officeholder (Declarant)

(month)

(zip code)

(country)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

COVER SHEET PG 3					
19 FILER	19 FILER NAME Daviel F. Gilliam 20 Filer ID (Ethics Co				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 27.06			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CC	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polli by Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ries/Wages/Contract Labor Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Cabadala E1	The Instruction Guide explains hov					
1 Total pages Schedule F1:	Daniel F. Gillian	3 Filer ID (Ethics Commission Filers)				
4 Date 9/18/2022	5 Payee name Outburst Advertis 7 Payee address;	ing, LLC				
6 Amount (\$) (27.06	P.O. Box 3926, Vica	oria, Texas 77903-3926				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul Advertising Expense	Internet Domain Name Renewal- Expense for Political Advertising				
EXPENDITURE	0 1	Expense for folitical Advertising				
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	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				
	Check if travel outside of Texas. Complete Schedule	Charles VA anti- TV off and the site				
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held				
expenditure to benefit C/OH		S.MOS (Mala				
Date	Payee name					
Amount (\$)	Payee address;	City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

OUTSTANDING LOANS 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:				
2 FILER NAME 7	Daviel F. Gilliam	3 Filer ID	(Ethics Com	mission Filers)			
LENDER INFORMATION	Daniel F. Gilliam 5 Lender address; 406 Chimney Rock Drive,	victoria,	State; / CXAS	Zip Code 77 904			
GUARANTOR INFORMATION	6 Name of guarantor	City;	State;	Zip Code			
not applicable	NA						
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; C	Dity;	State;	Zip Code			
GUARANTOR INFORMATION	Name of guarantor						
not applicable	Guarantor address; (Dity;	State;	Zip Code			
LENDER INFORMATION	Name of lender						
	Lender address;	City;	State;	Zip Code			
GUARANTOR INFORMATION	Name of guarantor						
not applicable		City;	State;	Zip Code			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED		,			