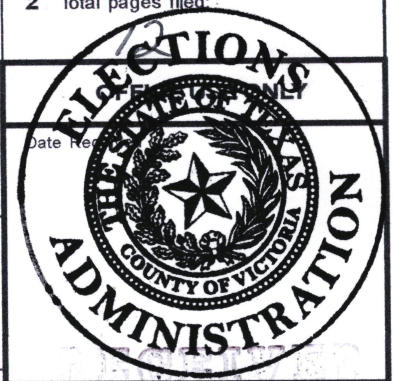


JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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>2</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Hon.</i> FIRST <i>Daniel</i> MI <i>F.</i> NICKNAME <i>Dan</i> LAST <i>Gilliam</i> SUFFIX _____ <i>Hon. Daniel Gilliam</i>	Date Received _____ Date Hand-delivered or Date Postmarked <b style="color:red;">JUL 07 2023 Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>406 Chimney Rock Drive Victoria, Texas 77904</i> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 576-4962</i> _____		
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 _____ <i>Dr. Robert Gilliam</i>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4 Somerset Place, Victoria, Texas 77904</i> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 578-6155</i> _____		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 2023</i> <i>6 / 30 / 2023</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)	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 <input type="checkbox"/> Additional Pages	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**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <u>Daniel F. Gilliam</u>		16 Filer ID (Ethics Commission Filers) <u>N/A</u>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>49.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,799.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,840.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>836.23</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

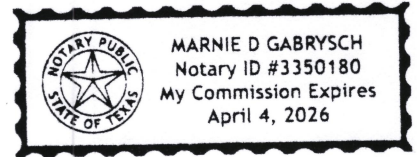
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Daniel F. Gilliam

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daniel Gilliam this the 7th day of July,

20 23, to certify which, witness my hand and seal of office.

Marnie D. Gabrysch MARNIE D. GABRYSCH NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>7,750.00</i>
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>7,840.00</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>240.00</i>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>240.00</i>
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0.24</i>

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1:

5

2 FILER NAME

Daniel F. Gilliam

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2/17/2023

5 Full name of contributor

Neftali Villafranca

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$300.00

6 Contributor address:

1507 N. Moody, Victoria, TX 77901

City:

State:

Zip Code

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney - Partner

10 Contributor's employer/law firm

Villafranca & Villafranca, P.C.

11 Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2/17/2023

Full name of contributor

Glenn D. Villafranca

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$200.00

Contributor address:

903 W. Constitution St., Victoria TX 77901

City:

State:

Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney - Partner

Contributor's employer/law firm

Villafranca & Villafranca, P.C.

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

2/17/2023

Full name of contributor

Diane Kliem

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$100.00

Contributor address:

364 Carefree Dr., Victoria, TX 77905

City:

State:

Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney - Partner

Contributor's employer/law firm

Kliem & Balusek, Attorneys at Law

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 SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME Daniel F. Gilliam		3 Filer ID (Ethics Commission Filers) N/A
4 Date 2/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kliem & Balusek, Attorneys at Law	7 Amount of contribution (\$) \$200.00
6 Contributor address: City: State: Zip Code P.O. Box 3451, Victoria, TX 77903		
8 Contributor's principal occupation Attorneys		9 Contributor's job title Attorneys - Partners
10 Contributor's employer/law firm Kliem & Balusek, Attorneys at Law		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 2/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Anderson, Smith, Null & Stofor, L.L.P.	Amount of contribution (\$) \$250.00
Contributor address: City: State: Zip Code P.O. Box 1969, Victoria, TX 77902		
Contributor's principal occupation Attorneys		Contributor's job title Attorneys
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 2/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cole, Cole, Easley & Sciba, P.C.	Amount of contribution (\$) \$1,000.00
Contributor address: City: State: Zip Code 302 W. Forrest St., Victoria, TX 77901		
Contributor's principal occupation Attorneys		Contributor's job title Attorneys - Partners
Contributor's employer/law firm Cole, Cole, Easley & Sciba, P.C.		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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME Daniel F. Gilliam		3 Filer ID (Ethics Commission Filers) N/A
4 Date 2/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Luther Easley	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 302 W. Forrest St., Victoria, TX 77901		
8 Contributor's principal occupation Attorney		9 Contributor's job title (Shareholder) Attorney - Partner
10 Contributor's employer/law firm Cole, Cole, Easley & Sciba, P.C.		11 Law firm of contributor's spouse (if any) Teresa R. Easley, Attorney at Law
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 2/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jim Cole	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 302 W. Forrest St., Victoria, TX 77901		
Contributor's principal occupation Attorney		Contributor's job title Attorney - Partner (Shareholder)
Contributor's employer/law firm Cole, Cole, Easley, & Sciba, P.C.		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 2/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Mickey Pachta	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. Box 2330, Victoria, TX 77902		
Contributor's principal occupation Attorneys		Contributor's job title Attorneys
Contributor's employer/law firm Law Office of Mickey Pachta		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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME Daniel F. Gilliam		3 Filer ID (Ethics Commission Filers) N/A
4 Date 2/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Garland Sandhop, Jr., Attorney	7 Amount of contribution (\$) \$ 500.00
6 Contributor address: City: State: Zip Code 104 Regency Ave., Victoria, TX 77904		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Garland Sandhop, Jr., Attorney		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 3/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ the Law Office of Pamela D. Orsak	Amount of contribution (\$) \$ 200.00
Contributor address: City: State: Zip Code 306-B E. Airline Road, Victoria, TX 77901		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Law Office of Pamela D. Orsak		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 3/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Dornburg Law	Amount of contribution (\$) \$ 1,000.00
Contributor address: City: State: Zip Code 101 W. Goodwin Ave., Suite 305, Victoria, TX 77901		
Contributor's principal occupation Attorneys		Contributor's job title Attorneys - Partners
Contributor's employer/law firm Dornburg Law		Law firm of contributor's spouse (if any) Dornburg 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.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME Daniel F. Gilliam		3 Filer ID (Ethics Commission Filers) N/A
4 Date 3/6/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bradicich & Uszynski, L.L.P.	7 Amount of contribution (\$) \$ 500.00
6 Contributor address: City: State: Zip Code 111 S. Main St., Victoria, TX 77901		
8 Contributor's principal occupation Attorneys		9 Contributor's job title Attorneys - Partners
10 Contributor's employer/law firm Bradicich & Uszynski, L.L.P.		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 3/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cullen, Carsner, Seerden & Cullen, L.L.P.	Amount of contribution (\$) \$ 1,000.00
Contributor address: City: State: Zip Code P.O. Box 2938, Victoria, TX 77902		
Contributor's principal occupation Attorneys		Contributor's job title Attorneys - Partners
Contributor's employer/law firm Cullen, Carsner, Seerden & Cullen, 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 3/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ruben Jimenez	Amount of contribution (\$) \$ 500.00
Contributor address: City: State: Zip Code P.O. Box 10034, Corpus Christi, TX 78460		
Contributor's principal occupation Plumbing Contractor		Contributor's job title Unknown
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		

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 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: <u>1</u>	2 FILER NAME <u>Daniel F. Gilliam</u>	3 Filer ID (Ethics Commission Filers) <u>N/A</u>
4 Date <u>1/11/2023</u>	5 Payee name <u>Victoria County GOP</u>	
6 Amount (\$) <u>\$600.00</u>	7 Payee address; City; State; Zip Code <u>115 South Main Street, Victoria, Texas 77901</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Contributions/Donations Made by Candidate/Officeholder/Political Committee</u>	
	(b) Description <u>Sponsorship of Victoria County Republican Party Gala Event</u>	
	(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 <u>N/A</u>	Office sought <u></u>
	Office held <u></u>	
Date <u>4/28/2023</u>	Payee name <u>Daniel F. Gilliam</u>	
Amount (\$) <u>\$7,000.00</u>	Payee address; City; State; Zip Code <u>406 Chimney Rock Drive, Victoria, Texas 77904</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Loan Repayment/Reimbursement</u>	
	Description <u>Political Expenditures made from personal funds reported as Loans from 4 different elections.</u>	
	<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 <u>N/A</u>	Office sought <u></u>
	Office held <u></u>	
Date <u>6/28/2023</u>	Payee name <u>Daniel F. Gilliam</u>	
Amount (\$) <u>\$240.00</u>	Payee address; City; State; Zip Code <u>406 Chimney Rock Drive, Victoria, Texas 77904</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Loan Repayment/Reimbursement</u>	
	Description <u>Reimbursement for Credit Card Payment from Personal Funds to pay Bar Dues for Law License and Processing Fee.</u>	
	<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 <u>N/A</u>	Office sought <u></u>
	Office held <u></u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1</i>	2 FILER NAME <i>Daniel F. Gilliam</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>- 0 -</i>
5 Date <i>5/4/2023</i>	6 Payee name <i>The State Bar of Texas</i>	
7 Amount (\$) <i>\$240.00</i>	8 Payee address; City; State; Zip Code <i>1414 Colorado Street, Austin, Texas 78701</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Bar Dues for law license and Processing Fee.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought
		Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>1</i>	2 FILER NAME <i>Daniel F. Gilliam</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>6/2/2023</i>	5 Payee name <i>Sam's Club Master Charge/Synchrony Bank</i>	
6 Amount (\$) <i>\$240.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>P.O.Box 71711, Philadelphia, PA 19176-1711</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	(b) Description <i>Bar Dues for Law License and Processing Fee Payment</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	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1
2 FILER NAME Daniel F. Gilliam		3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/28/2023	5 Name of person from whom amount is received NewFirst National Bank	8 Amount (\$) \$ 0.12
	6 Address of person from whom amount is received; City; State; Zip Code 10301 N.E. Zac Lentz Pkwy., Victoria, TX 77904	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest paid on checking account		
Date 5/31/2023	Name of person from whom amount is received NewFirst National Bank	Amount (\$) \$ 0.12
	Address of person from whom amount is received; City; State; Zip Code 10301 N.E. Zac Lentz Pkwy., Victoria, TX 77904	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest paid on checking account		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED