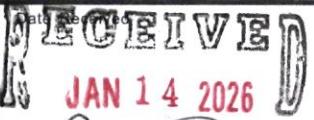


# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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>8</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr. Daniel F.</i> NICKNAME <i>Dan Gilliam</i>			MI SUFFIX <i>—</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>406 Chimney Rock Drive</i> APT / SUITE #: <i>—</i> CITY: <i>Victoria, Texas</i> STATE: <i>—</i> ZIP CODE: <i>77904</i>			OFFICE USE ONLY 		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>576-4962</i>	EXTENSION <i>—</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Dr. Robert M.</i> NICKNAME <i>Bob Gilliam</i>	FIRST <i>Robert</i>	MI <i>M.</i>	SUFFIX <i>—</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>4 Somerset Place, Victoria, Texas</i> CITY: <i>—</i> STATE: <i>—</i> ZIP CODE: <i>77904</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>578-6155</i>	EXTENSION <i>—</i>			
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 <i>7</i>	Day <i>1</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month <i>3</i> Day <i>3</i> Year <i>2026</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input 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				

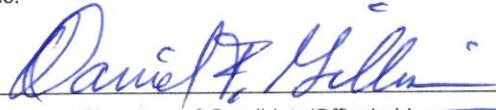
*"N/A" means "Not Applicable" GO TO PAGE 2*

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME	Daniel F. Gilliam		16 Filer ID (Ethics Commission Filers) MA
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -	
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,535.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 498.23	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,700.00	
OUTSTANDING LOAN TOTALS			

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.



Signature of Candidate/Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

OR

**(2) Unsworn Declaration**

My name is Daniel F. Gilliam, and my date of birth is October 22, 1960.  
My address is 406 Chimney Rock Drive, Victoria, TX 77904, U.S.A.  
(street) (city) (state) (zip code) (country)

Executed in Victoria County, State of Texas, on the 14th day of January, 20 26.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<i>Daniel F. Gilliam</i> <i>N/A</i>	
<b>21</b> 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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <u>1,700.00</u>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>1,535.00</u>
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	\$ <u>35.00</u>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>35.00</u>
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	\$

## LOANS (JUDICIAL)

## SCHEDULE E(J)

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

<p>The Instruction Guide explains how to complete this form.</p>				<b>1</b> Total pages Schedule E(J): <i>1</i>
<b>2</b> FILER NAME <i>Daniel F. Gilliam</i>				<b>3</b> Filer ID (Ethics Commission Filers) <i>N/A</i>
<b>4</b> TOTAL OF UNITEMIZED LOANS <i>\$ -0-</i>				
<b>5</b> Date of loan <i>10/31/2025</i>	<b>7</b> Name of lender <i>Daniel F. Gilliam</i>			<b>9</b> Loan Amount (\$) <i>\$ 1,700.00</i>
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code <i>406 Chimney Rock Drive Victoria, Texas 77904</i>			<b>10</b> Interest rate <i>0%</i>
				<b>11</b> Maturity date <i>None</i>
<b>12</b> Lender's Principal Occupation <i>Judge</i>		<b>13</b> Lender's Job Title <i>Judge, County Court at Law #2, Victoria County</i>		
<b>14</b> Lender's Employer/Law Firm <i>Victoria County</i>		<b>15</b> Law Firm of lender's spouse (if any) <i>N/A</i>		
<b>16</b> If lender is a child, law firm of parent(s) (if any) <i>N/A</i>				
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>18</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor <i>N/A</i>			<b>22</b> Amount Guaranteed (\$) <i>N/A</i>
	<b>21</b> Guarantor address; City; State; Zip Code <i>N/A</i>			
<b>23</b> Guarantor's Principal Occupation <i>N/A</i>		<b>24</b> Guarantor's Job Title <i>N/A</i>		
<b>25</b> Guarantor's Employer/Law Firm <i>N/A</i>		<b>26</b> Law Firm of guarantor's spouse (if any) <i>N/A</i>		
<b>27</b> If guarantor is a child, law firm of parent(s) (if any) <i>N/A</i>				
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Daniel F. Gilliam	N/A	
4 Date	5 Payee name		
9/23/2025	Daniel F. Gilliam		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 35.00	406 Chimney Rock Drive, Victoria, Texas 77904		
<input checked="" type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Reimbursement for Credit Card Payment from Personal Funds to pay County Court at Law, Judges Association Dues.	
	Loan Repayment/Reimbursement		
(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
11/13/2025	Victoria County Republican Party		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 1,500.00	115 S. Main Street, Victoria, Texas 77901		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Candidate Filing Fee for placement on ballot	
<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
N/A			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Check if individual's residence address.			
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
N/A			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
1	Daniel F. Gilliam	N/A

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ - 0 -

5 CREDIT CARD ISSUER	Name of financial institution <i>Synchrony Bank (Sam's Club Mastercard)</i>		
6 PAYMENT	(a) Amount Charged <i>\$ 35.00</i>	(b) Date Expenditure Charged <i>8/26/2025</i>	(c) Date(s) Credit Card Issuer Paid <i>10/3/2025</i>
7 PAYEE	(a) Payee name <i>Texas Center for the Judiciary</i>	(b) Payee address; <i>1210 San Antonio St, Suite 800, Austin, TX 78701</i>	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Dues for the County Court at Law Judges Association</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>		Office Sought Office Held
PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
			<input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought Office Held
PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
			<input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Daniel F. Gilliam	N/A	
4 Date	5 Payee name		
10/3/2025	Synchrony Bank (Sam's Club Mastercard)		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	P.O. Box 71711, Philadelphia, Pennsylvania, 19176-1711 <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Texas County Court at Law Judges Association Dues Payment	
	(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 N/A	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
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
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
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.

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