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) 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:			
3 CANDIDATE/	MS / MRS MR FIRST MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr. Daniel F. NICKNAME Gilliam SUFFIX	Date Received	
		NO TO	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	406 Chimney Rock Drive Victoria, Texas 77904	STORIA COUNTY, HE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION $= 361$) $= 576-4962$	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	NICKNAME BOB GILLIAM FIRST MI MI MI MI SUFFIX	Date Processed 1 5 2020 Date Imaged Kursten	
- 0414D41G11		OTATE TIP COPE	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; 4406 N. Laurent, Victoria,	Texas 77904	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 578-0107		
9 REPORT TYPE	January 15 30th day before election Runoff July 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH 12/31/	Year 2019	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special		
12 OFFICE	office HELD (if any) Judge of County Court at Caw#2 13 OFFICE SOUGHT (if known) Fudge of Court a	1 County + Law #2	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME \mathcal{I}	aniel F.	Gilliam	15 Filer ID (Ethics Commission Filers)	
16 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.			
N/A	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	* — O —	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-	
EXPENDITURE TOTALS	3. TOTAL UNLESS	POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$-0-	
	4. TOTAL POLITICAL EXPENDITURES \$ 500.00			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 175.70_	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$5,000.00	
18 AFFIDAVIT				
KIMBERLY KAY KOETTER My Notary ID # 11129833 Expires February 19, 2022 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 or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
		y the said Daniel F. Gilliam	, this the	
day of January, 20_20, to certify which, witness my hand and seal of office.				
Kumberly K 1		Kimberly K. Koetter	Notary	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	Daniel F. Gilliam 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 500.00
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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Unicenoider/Pointcal Committee Legal Services Salanes/vvages/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 Daniel F. Gillia	m 3	Filer ID (Ethics Commission Filers)
4 Date 9/18/19	- m	epublican city;	Party
6 Amount (\$) 500.00	7 Payee address; 115 South Main Stree	t, Victoria,	State; Zip Code Texas 77901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder	Donation to Expenses t	local Party for for political event.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held VA
Date	Рауее пате		
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, T	X, 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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, Ta	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
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:	
Daniel F. Gilliam		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender Daniel F. Gilliam 5 Lender address; city; 406 Chimney Rock Drive, Vice 6 Name of guarantor	state; zip Code toria, Texas 77904	
GUARANTOR INFORMATION	6 Name of guarantor		
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			