JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Daniel NICKNAME LAST Dan Gilliam	MI FSUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX: APT/SUITE#; CITY; 406 Chimney Roci Victoria, Texas	t Drive 17904	Date Hand-delivered or Bostmarked Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 516 - 1962	2 EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	Dr. Robert NICKNAME BOD Gilliam	MI 	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 4406 N. Caurent	t, Victoria,	TEXAS 77904	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 578-0107	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 6 / 30 /	201 4	
11 ELECTION	Month Day Year Primary	Runoff	Seneral Special	
12 OFFICE	Judge of County Court at Law #2	13 OFFICE SOUGHT (IFKNOWN) Fudge of Court a	f County t Law#2	
GO TO PAGE 2				

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"N/A" means "Not Applicable."

Revised 04/19/2013

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

Dani	el Fo	Gilliam	15 ACCOUNT # (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.				
GGMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME A A A A A B C C C C C C C C C C C C			
MA	GENERAL SPECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	I. IUIALI	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	* _ O _		
	4. TOTAL	POLITICAL EXPENDITURES	\$-0-		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 580.81				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$2,000.00				
18 AFFIDAVIT					
REGINA PAYTON My Commission Expires July 17, 2017 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, Dection Code. Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said <u>Daniel F. Gilliam</u> , this the					
day of July, 20 14, to certify which, witness my hand and seal of office.					
Signeture of officer administering oath Print name of officer administering oath Title of officer administering oath					
This of shield administrating dath					

P.O. Box 12070

OUTSTANDING LOANS		SCHEDULE L		
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule L:		
2 FILER NAME	Daniel F. Gilliam	3 ACCOUNT # (Ethics Commission Filers)		
LENDER INFORMATION	4 Name of lender Daniel F. Gilliam. 5 Lender address: City: State: 7in Code	ictoria, TX 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				

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME Daviel F. Gilliam	3 ACCOUNT # (Ethics Commission Filers)
Daviel F. Gilliam Description of Asset Coroplast Advertising Signs of	Various Sizes
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED