# 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 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MR8/MR FIRST  Ar Davie  NICKNAME LAST	SUFFIX	OFFICE USE ONLY  Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE/ OFFICEHOLDER	ADDRESS / POBOX; APT / SUITE #; CITY;  406 Chimney for Victoria, Texas  AREA CODE PHONE NUMBER  (361) 576-496	state; zipcode Rock Drive 11904 extension	Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed		
PHONE  6 CAMPAIGN TREASURER NAME	(361) 5-76-496  MS/MRS/MR Dr.) FIRST  Dr. Robert  NICKNAME  Bob Gillian	MI	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIPCODE, TEXAS 77904		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 578-01	07 EXTENSION			
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12/31/	Year 2013		
11 ELECTION	BLECTION DATE Month Day Year Primary	Runoff	General Special		
12 OFFICE	Judge of County Court at Caw #2	13 OFFICE SOUGHT (IF known) Tudge of Court a	County t Law #2		
	GO TO PA	GE 2			

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME	anie/	F. Gilliam 15 ACC	COUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME			
N/A	GENERAL	COMMITTEE/ADDRESS		
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
_		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ _0_	
	\$ -0-			
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$1,593.40	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 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		I swear, or affirm, under penalty of perjur	y, that the accompanying report is	
REGINA PAYTON My Commission Expires July 17, 2017  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 STA				
		me, by the said <u>Daniel F. Gilliam</u> , 20 <u>/4</u> , to certify which, witness my ha		
14th day of January, 20 14, to certify which, witness my hand and seal of office.  Regina Payton Signature of officer administering oath Print name of officer administering oath Title of officer administering oath				
Signature of officer admi	inistering oath	Print name of offider administering oath	of officer administering oath	

LOANS	(JUDICIAL)
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P.O. Box 12070

### SCHEDULE E (J)

The Instruction Guide explains how to complete this	/	1	
Daniel F. Gillia		(Ethics Commission Filers)	
TOTAL OF UNITEMIZED LOANS: ⇒		\$ -0 -	
10/17/13 Daviel F. Gil	state PAC (ID#:)	9 Loan Amount (\$) 2, 000, 99	
6 Is lender a financial Institution?  8 Lender address; City; State; Zip of the Chimnell	afinancial (1.4.6.0 A.)		
VO Victoria, Tex	as 77904	11 Maturity date  MA	
12 Lender's Principal Occupation	13 Lender's Job Title Judge		
14 Lender's Employer/Law Firm	15 Law Firm of lender's spouse (if any)		
16 If lender is child, law firm of parent(s) (if any)	/		
17 Description of Collateral	18 Check if personal funds were depos	ited into political account	
19 GUARANTOR INFORMATION  20 Name of guarantor  A  21 Guarantor address; City; State	e; Zip Code	22 Amount Guaranteed (\$)	
23 Guarantor's Principal Occupation	24 Guarantor's Job Title		
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spouse (if any)		
27 If guarantor is childr law firm of parent(s) (if any)			
The second secon			

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense

Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

### POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

Legal Services

### SCHEDULE F

Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District		candidate/Officeholder/Political Committee	е
Fees	Printing Expense	Office Overhead/Rent	al Expense O	THER (enter a category not listed above)	
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F:	2 FILER NAME Daniel	F. Gilli	am	3 ACCOUNT # (Ethics Commission File	rs)
10/14/13	5 Payee name Victoria	lounty Rep	ublica	n Party	Name of the last o
6 Amount (\$)	7 Payee address; City	VIII II	in Tx	71901	Parameter (columns of
75.00	P.O. Box 70	121, 010101	14/11	7 7 7 7	NO CONTRACTOR OF THE PERSON NAMED IN
8 PURPOSE OF	(a) Category (See categories listed a	t the top of this schedule)	b) Description (If	travel outside of Texas, complete Schedule T)	
EXPENDITURE	Aurenisin	g spense	80111	ICAL HOVEFISION	19
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder	páme /	Office sought	Office held	0
Date 10/14/13	Payee name Outburst	- Adverti	sing,	LLC	
Amount (\$)	Payee address; Cit	2 - 110	1.0-	TV -77009 - 200	1
18.40	P.O. BOX 3	5926, VICI	toria,	1 × 1 / 405 - 592	P
PURPOSE OF	Category (See categories listed a	it the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
EXPENDITURE	Halvertisin	g Expense.	interne	2) DOMQIMIVAME FENE	way
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder	hame	Office sought	The Office held	
Date / 9 / 13	Payee pame (	County R	Republ.	ican Party	
Amount (\$)	Payee address; City	y; State; Zip code	nin TV	777001	
1,500.00	P.U. DOX	od, Vicio	MAJIA	17901	
PURPOSE OF	Category (See categories listed a	t the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
EXPENDITURE	rees		Cunon	date Filing i ee	-
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder	name	Office sought	Offide held	
Date	Payee name /				
Amount (\$)	Payee address; City	y; State; Zip Code		. 1	
PURPOSE	Category (See categories listed a	it the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder DH	name	Office sought	Office held	
	ATTACH ADDITION	IAL COPIES OF THIS SC	HEDULE AS NI	EEDED	-

#### P.O. Box 12070 SCHEDULE L **OUTSTANDING LOANS** Total pages Schedule L: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 2 FILER NAME S LENDER INFORMATION **GUARANTOR** INFORMATION not applicable Zip Code City; Guara tor address; State: Name of lender LENDER INFORMATION Zip Code City; Lender address; State: Name of guarantor **GUARANTOR INFORMATION** Zip Code not applicable Guarantor address; City; State; Name of lender LENDER INFORMATION Lender address; City; Zip Code Name of guarantor **GUARANTOR** INFORMATION Zip Code not applicable City; State; Guarantor address; Name of lender LENDER INFORMATION Zip Code City; State; Lender address; Name of guarantor **GUARANTOR** INFORMATION not applicable Zip Code City; State: Guarantor address;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
ASSETS VALU	ED AT \$500 C	PR MORE		SCHEDULE M
The Instruction	n Guide explains how	to complete this form.	1 Total pages S	
2 FILER NAME DANI	iel F. 6	Filliam	3 ACCOUNT #	(Ethics Commission Filers)
		tising Signs	of Vario	us sizes
Description of Asset				
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