

**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) <i>N/A</i>	2 Total pages filed:  <i>11</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>(Mr.)</i> FIRST LAST SUFFIX <i>Mr. Daniel F.</i> NICKNAME LAST SUFFIX <i>Dan Gilliam</i>	<b>OFFICE USE ONLY</b> Date Received  <i>FEB 22 2010</i> Date Hand-delivered or Date Postmarked  <i>M. Hill</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>406 Chimney Rock Drive Victoria, TX 77904</i>		
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 LAST SUFFIX <i>Dr. Robert M.</i> NICKNAME LAST SUFFIX <i>Bob Gilliam</i>	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4406 N. Laurent, Victoria, TX 77904</i>	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 578-0107</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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>1 / 22 / 2010    2 / 20 / 2010</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 2 / 10</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>Judge of County Court at Law #2</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name <i>N/A</i> Address / PO Box; Apt. / Suite #; City; State; Zip Code		

**GO TO PAGE 2**

*"N/A" means "not applicable."*

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

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME Daniel F. Gilliam 16 ACCOUNT # (Ethics Commission Filers) N/A

17 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME N/A  
 COMMITTEE ADDRESS  
 COMMITTEE CAMPAIGN TREASURER NAME  
 COMMITTEE CAMPAIGN TREASURER ADDRESS

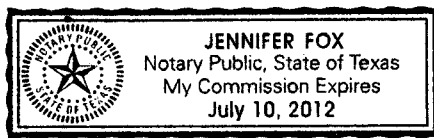
additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,900.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,595.76</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,820.63</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000.00</u>

19 AFFIDAVIT

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 16, Election Code.

Daniel F. Gilliam  
 Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel F. Gilliam, this the 22<sup>nd</sup> day of February, 20 10, to certify which, witness my hand and seal of office.

Jennifer Fox Signature of officer administering oath  
Jennifer Fox Print name of officer administering oath  
Notary Public, State of Texas Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>5</b>	
2 FILER NAME <b>Daniel F. Gilliam</b>		3 ACCOUNT # (Ethics Commission filers) <b>N/A</b>	
4 Date <b>1-23-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee R. Ferguson</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable) <b>N/A</b>
6 Contributor address; City; State; Zip Code <b>2432 Oliver Road Victoria, TX 77904</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Petroleum Land Person</b>		10 Contributor's job title <b>Land Manager</b>	
11 Contributor's employer/law firm <b>N/A</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>1-27-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Munir Munawat</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable) <b>N/A</b>
Contributor address; City; State; Zip Code <b>16107 Kensington DT, Suite 105 Sugarland, TX 77479-4224</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Investments</b>		Contributor's job title <b>owner</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>1-28-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark S. Klotzman</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable) <b>N/A</b>
Contributor address; City; State; Zip Code <b>P.O. Box 3723 Victoria, TX 77903</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Oil and Gas Operator</b>		Contributor's job title <b>owner</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>5</b>	
2 FILER NAME <b>Daniel F. Gilliam</b>		3 ACCOUNT # (Ethics Commission filers) <b>N/A</b>	
4 Date <b>1-31-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lisa B. Breech</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable) <b>N/A</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 5221 Victoria, TX 77903-5221</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>House wife</b>		10 Contributor's job title <b>N/A</b>	
11 Contributor's employer/law firm <b>N/A</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-1-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James H. Hoffman</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable) <b>N/A</b>
Contributor address; City; State; Zip Code <b>301 Woodridge Drive Victoria, TX 77904</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Certified Public Accountant</b>		Contributor's job title <b>OWNER</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-2-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>William P. Sage</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable) <b>N/A</b>
Contributor address; City; State; Zip Code <b>117 Medical Drive, Suite 1 Victoria, TX 77904-3114</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Medical Doctor</b>		Contributor's job title <b>Medical Doctor</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>5</b>	
2 FILER NAME <b>Daniel F. Gilliam</b>		3 ACCOUNT # (Ethics Commission filers) <b>N/A</b>	
4 Date <b>2-2-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce Ryan</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable) <b>N/A</b>
6 Contributor address; City; State; Zip Code <b>1501-C N. Navarro Victoria, TX 77901</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Physical Therapist</b>		10 Contributor's job title <b>Physical Therapist</b>	
11 Contributor's employer/law firm <b>N/A</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-7-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kimberly Kubecka</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable) <b>N/A</b>
Contributor address; City; State; Zip Code <b>208 McDow Victoria, TX 77901</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Office Manager</b>		Contributor's job title <b>Office Manager</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-8-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sylvia Melnar</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable) <b>N/A</b>
Contributor address; City; State; Zip Code <b>404 Chimney Rock Drive Victoria, TX 77904</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Retired Nurse</b>		Contributor's job title <b>Retired</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>5</b>	
2 FILER NAME <b>Daniel F. Gilliam</b>		3 ACCOUNT # (Ethics Commission filers) <b>N/A</b>	
4 Date <b>2-13-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathy McCormick</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable) <b>N/A</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 937 Lockhart, TX 78644</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Retired</b>		10 Contributor's job title <b>Retired</b>	
11 Contributor's employer/law firm <b>N/A</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-13-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Ryan Gilliam</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable) <b>N/A</b>
Contributor address; City; State; Zip Code <b>910 Rio Verde New Braunfels, TX 78310</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Human Resources</b>		Contributor's job title <b>Human Resources Director</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-16-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William M. Murphy, III</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable) <b>N/A</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1307 Victoria, TX 77901</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Rancher</b>		Contributor's job title <b>owner</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>5</b>	
2 FILER NAME <b>Daniel F. Gilliam</b>		3 ACCOUNT # (Ethics Commission filers) <b>N/A</b>	
4 Date <b>2-16-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bette Jo Buhler</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable) <b>N/A</b>
6 Contributor address; City; State; Zip Code <b>8607 N. Navarro St., Suite M Victoria, TX 77904-1631</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Investor</b>		10 Contributor's job title <b>owner</b>	
11 Contributor's employer/law firm <b>self employed</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME *Daniel F. Gilliam*

3 ACCOUNT # (Ethics Commission filers)

*N/A*

4 Date  
*1-26-10*

5 Payee name  
*Victoria PreSort*  
6 Payee address; City; State; Zip Code  
*801 S. Laurent  
Victoria, TX 77901*

7 Amount (\$)  
*1132.64*

8 Purpose of payment (See instructions regarding type of information required.)  
*Postage*  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name  
*N/A* Office sought Office held

Date  
*1-27-10*

Payee name  
*Bright Idea Media*  
Payee address; City; State; Zip Code  
*P.O. Box 7027  
Victoria, TX 77903*

Amount (\$)  
*2199.50*

Purpose of payment (See instructions regarding type of information required.)  
*TV Advertisement*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name  
*N/A* Office sought Office held

Date  
*1-28-10*

Payee name  
*Outburst Advertising*  
Payee address; City; State; Zip Code  
*P.O. Box 3926  
Victoria, TX 77903*

Amount (\$)  
*1297.60*

Purpose of payment (See instructions regarding type of information required.)  
*Printing and Signage*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name  
*N/A* Office sought Office held

Date  
*2-6-10*

Payee name  
*Bright Idea Media*  
Payee address; City; State; Zip Code  
*P.O. Box 7027  
Victoria, TX 77903*

Amount (\$)  
*1200.00*

Purpose of payment (See instructions regarding type of information required.)  
*TV Advertisement*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name  
*N/A* Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>Daniel F. Gilliam</b>		3 ACCOUNT # (Ethics Commission filers) <b>N/A</b>
4 Date <b>2-6-10</b>	5 Payee name <b>Victoria Pre Sort</b> 6 Payee address; City; State; Zip Code <b>801 S. Laurent Victoria, TX 77901</b>	7 Amount (\$) <b>223.19</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>List Processing/Printing</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>N/A</b> Office sought: _____ Office held: _____
Date <b>2-12-10</b>	Payee name <b>Outburst Advertising</b> Payee address; City; State; Zip Code <b>P.O. Box 3926 Victoria, TX 77903</b>	Amount (\$) <b>238.15</b>
Purpose of payment (See instructions regarding type of information required.) <b>Printing</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>N/A</b> Office sought: _____ Office held: _____
Date <b>2-12-10</b>	Payee name <b>Victoria Pre Sort</b> Payee address; City; State; Zip Code <b>801 S. Laurent Victoria, TX 77903</b>	Amount (\$) <b>1304.68</b>
Purpose of payment (See instructions regarding type of information required.) <b>Postage and Printing</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>N/A</b> Office sought: _____ Office held: _____
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

<b>OUTSTANDING LOANS</b>		<b>SCHEDULE L</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: <div style="text-align: center;">1</div>
2 FILER NAME <i>Daniel F. Gilliam</i>		3 ACCOUNT # (Ethics Commission filers) <i>N/A</i>
LENDER INFORMATION	4 Name of lender <i>Daniel F. Gilliam</i> 5 Lender address; City; State; Zip Code <i>406 Chimney Rock Drive, Victoria, Tx 77904</i>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	6 Name of guarantor <i>N/A</i> 7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender  Lender address; City; State; Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender  Lender address; City; State; Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender  Lender address; City; State; Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

