

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>ISAAC</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>PARTAIN</u> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>902 Old SANEZS HAMILTON, TX 76531</u>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(254)</u> PHONE NUMBER: <u>339-4171</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>KEVIN</u> MI: _____ NICKNAME: _____ LAST: <u>GILMORE</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>815 W. STANDIFER HAMILTON, TX 76531</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(254)</u> PHONE NUMBER: <u>216-3075</u> EXTENSION: _____	Date Imaged	
9 REPORT TYPE	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED FOR RECORD</div> at <u>4:14</u> o'clock <u>P</u> M <div style="text-align: center; font-weight: bold; font-size: 1.2em;">JAN 16 2024</div>		
10 PERIOD COVERED	Month Day Year: <u>01 / 01 / 2023</u> THROUGH Month Day Year: <u>12 / 31 / 2023</u>		
11 ELECTION	ELECTION DATE: Month Day Year: <u>03 / 05 / 2023</u> 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)	13 OFFICE SOUGHT (if known)	
		<u>SHERIFF</u>	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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14 C/OH NAME ISAAC PATAIN 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.

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

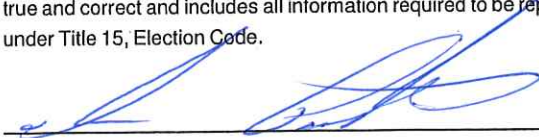
COMMITTEE CAMPAIGN TREASURER ADDRESS

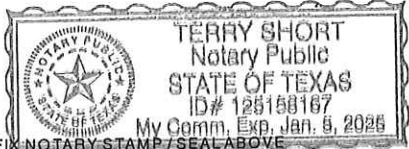
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,800</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>16,266.58</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,107.4</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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 15, Election Code.

  
Signature of Candidate or Officeholder

  
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Isaac Patatin, this the 14<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

Terry Short Signature of officer administering oath  
Terry Short Printed name of officer administering oath  
Notary Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*ISAAC PARTAIN*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" 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 type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

~~ISAAC PARTAM~~ ISAAC PARTAM

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOSH BOATWRIGHT

7 Amount of contribution (\$)

\$1,000<sup>00</sup>

6 Contributor address; City; State; Zip Code

HAMILTON, Tx 76531

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

BILLY LAWSON

Amount of contribution (\$)

~~500~~ 500<sup>00</sup>

Contributor address; City; State; Zip Code

913 OLD SHINE RD HAMILTON, Tx 76531

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MARY K GARDNER

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

590 HWY 22 HAMILTON Tx 76531

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MARY LASATER

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address; City; State; Zip Code

HAMILTON, Tx 76531

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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