CANDIDAT CAMPAIGI							COVE		ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how	to complet	e this form.	1 Filer I	D (Ethics Comm	ission Filers)	2 Total p	pages file	ed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRS/MR Mrs. Manue		FIRST		Y.	" <b>.</b>	0	FFICE	USE ONLY
NAME	NICKNAME	ι	LAST (irkpatri	ck -	S	UFFIX	Date Received	→ Fi	LED Clock +P M
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	AF	PT / SUITE #; C	пу;	STATE: Z	IP CODE	(A	י ער	1 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE	NUMBER		EXTENSION		County/D	NDRE	A FLORES PER Criane Co. Texas
6 CAMPAIGN TREASURER	MS / MRS / MR		FIRST	·	N	li			. Amount S
NAME	MIS		ella LAST	******	<b>Y</b> s	UFFIX	Date Proces		
		Kirk	patrick				Date Image	eq	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX F	PLEASE): APT / SL	)TE #;	CITY;		S	TATE;	ZIP CODE
8 CAMPAIGN . TREASURER . PHONE	AREA CODE	PHONE	NUMBER		EXTENSION				
9 REPORT TYPE	January 15		30th day before el	ection	Runoff		Li Lre		er campaign pointment r Only)
	A July 15		8th day before elec	ction	Exceeds Reportin	d Modified g Limit	Fil	nai Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year			Month	Day	Year	
	01	)1	2024	THRO	DUGH	06	30	20	24
11 ELECTION	Month Day	Year	Primary General		noff EU	Other Description			
		2024	L						<del></del>
12 OFFICE	OFFICE HELD (frany) Commission	ner Dr	recinct 1		office sour Commiss	•	•	net	1
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDEDATE / OFFIC CONSENT. CANDIDATES	E OF POLITIC EKOLDER. 7	AL CONTRIBUTIONS A	ACCEPTED OF	POLITICAL EXP	ENDITURES N	ADE BY POLIT	1CAL CON FFICEHOL	IMITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	EE NAME						
Additional Pages	GENERAL	COMMITTE	EE ADDRESS		· · ·				
_	SPECIFIC	COMMITTE	EE CAMPAIGN TRE	ASURER NA	MÉ	-			<del></del>
		COMMITT	EE CAMPAIGN TRE	ASURER A	DORESS				
	·		GO TO	PAGE	2		·		· · · · · · · · · · · · · · · · · · ·

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

CAMPAIG	I FINANCE REPORT	i
15 C/OH NAME	16 FDe	er ID (Ethics Commission Filers)
Manuella	Y Kirkpatrick	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 403.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	swear, or affirm, under penalty of perjury, that the accompanying report is true and of quired to be reported by me under Title 15, Election Code.	correct and includes all information
	Manuella 1/2   Signature of Candidate	Kurpatule or Officerolder
	Please complete either option below:	
Notary P	CAH LOZANO ublic, State of Texas Expires 11-22-2024 y ID 130909276	
Swom to and subscribed	before me by Manuella Y. Kirkpertrick this the 11	day of <u>July</u>
l	which, witness my hand and seal of office.	
Un Mich War	Micah Lozano F	klmin. Assistant
Signature of officer administ		Title of officer administering oath
- 10 - 15 T	OR.	
(2) Unsworn Declarat		
My name is	, and my date of birth is	
My address is		
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of(month)	20 (year) .
	Signature of Candidate/Of	
þ:	Signature of Candidate/Of	unditrine (neggigiti)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILERNAME  Manuella Y Kirkpatrick  20 Filer ID (Ethic	s Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$.
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 33.32
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 369.76
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	/он \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>s</b>

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The instruction Guide explains how to complete this form. 3 FILER ID (Ethics Commission Filers) 1 TOTAL PAGES **2 FILER NAME** SCHEDULE F4: Manuella Y. Kirkpatrick 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 33.32 Name of financial institution 5 CREDIT CARD ISSUER Discover (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **5 PAYMENT** 2-6-24 \$ 33.32 1-23-24 7 PAYEE (a) Payee name City, State, Zip Code (b) Payee address; 275 Wyman Street Waltham MA 02451 Vista Print 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description EXPENDITURE Printing Expense **Business Cards** Political Non-Political Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY If direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Pald (b) Date Expenditure Charged PAYMENT (a) Amount Charged PAYEE City, State, Zip Code (a) Payee name (b) Payee address; **PURPOSE OF** (b) Description (a) Category (See Categories lixted at the top of this schedule) EXPENDITURE Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Held Office Sought Candidate / Officeholder name Complete ONLY if direct expenditure to banefit C/OH (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **PAYMENT** PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) EXPENDITURE **Political** Non-Political Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office Held Candidate / Officeholder name Office Sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

Adventising Expense
AccountingBenking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wedes/Contract Lobor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.					
1 Total pages Schedule G:	2 FILER NAME Manuella Y. Kirkpatrick	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
1-16-2024	Crane County						
6 Amount (\$) \$5.00 Rembursement/from political contributions intended	7 Payee address; 201 W. 6th Street, Rm. 110	City; State; Zip Code Crane TX 79731					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Printing Expense Precinct 1 Voter List						
	(c) Check if savel outside of Texas. Complete Schedule 7.	Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
1-17-2024	Stone's Home Center						
Amount (\$) \$20.56	Payee address;	City; State; Zip Code					
Reimbursement from political contributions intended	1502 S. Gaston Street	Crane Texas 79731					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description					
OF EXPENDITURE	Other Bungee Cords for Signs						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/I	Candidate / Officeholder name	Office sought Office held					
Date	Payes name						
1-24-2024	Stone's Home Center						
Amount (\$) \$54.02	Payee address;	City; State; Zip Code					
Rembursement from political contributions intended	1502 S Gaston Street	Crane Texas 79731					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description					
OF EXPENDITURE	Other	2X4X8 Wood Studs For Sign Fram					
	Check d'travel outside of Toxes, Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

· · · · · · · · · · · · · · · · · · ·		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)	•			
Advertising Expense Accounting/Banking 'Consulting Expense Contributions/Donations Made Candidate/Officoholder/Politic Credit Card Payment		Fees Offi Food/Beverage Expense Poli Gift/Awards/Memorials Expense Prin		ayment/Reimbursement erhead/Rental Expense xpense Expense Wagos/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4		<del></del>		· · · · · · · · · · · · · · · · · · ·				
1 Total pages Schedule G:	2 FILER NA Manuel	ме la Kirkpatrick			3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Pavee nam							
2-07-2024	Walte	Walter Watson / Amazon Purchase						
6 Amount (\$)	7 Payee add	iress;		City;	State;	Zip Code		
21.64  Reimbursement from political contributions intended	1816	Castle Gap Driv	е	Crane	TX	79731		
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	<del></del>			
PURPOSE OF EXPENDITURE	Othe	r	·	Solar Ligh	ts for Sig	ıns		
	(c) (c)	Check if travel outside of Texas. Complete	Schedule T.	Check If Austin	, TX, officeholder living	axpense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
Date 02-07-2024	Payee nar Walte	ne r Watson / Ston	e's Ho	ome Center P	urchase			
Amount (\$) 34.91  Reimbursement from political contributions intended	Payee add	<sup>dress;</sup> Castle Gap Dri	ve	City: Crane	State; TX 797	Zip Code 731		
	Category	(See Categories listed at the top of this	s schedule)	Description				
PURPOSE OF EXPENDITURE	Other			Stakes/Was	hers for S	Signs		
		Check if travel outside of Texas. Complete	Schedule T.	Check If Austin	ı, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name		Office sought	-	Office held		
Date	Payee nar	ne			**	<u></u>		
02-07-2024	Walt	er Watson						
Amount (\$) \$40.00	Payee ad 1816	dress; Castle Gap Dri	ve	City; Crane	State: TX 79	Zip Code 731		
Reimbursement from political contributions intended		_						
DUDBOOK	Category	(See Categories listed at the top of thi	s schedule)	Description				
PURPOSE OF EXPENDITURE	Lab	or		2 Hours	- Build Si	gn Frame		
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expenso		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held		
	477	CU ADDITIONAL CODIEC	OF THIS S	SOUPPIN P ACHTE		-		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

	<del></del>						
		EXPENDITURE CATE	ORIES	FOR BOX 8(a)		,	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Obnations Made Candidate/Officeholder/Poblic Credit Card Payment		Event Expense Fees Food/Bevorage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Politing Ex Printing E SalariesA	xpense Neges/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
4	2 51 50 14	AAT			2 53cc 10 (5thice	Commission Files)	
1 Total pages Schedule G:	2 FILER NA Manuel	<sub>lla</sub> Kirkpatrick			3 Filer ID (Etnics	Commission Filers)	
4 Date	5 Payee nar	me				<u> </u>	
2-06-2024	Stone	's Home Center					
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code	
12.88	1502 8	3 Gaston≡Street		ÇRane	Texas 7	9731	
Reimbursementfrom political contributions intended							
8 PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description			
OF EXPENDITURE	Other	· 		Sand Bags	for Signs		
	(c)	Check if travol outside of Texas, Complete Sch	redule T.	Check If Austi	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held	
Date	Payee na	me					
02-06-2024	Uni	ted States Postal	l Ser	vice			
Amount (\$) \$17.00	Payee ad 509	<sub>dress;</sub> S. Alford Street		City; Crane	State: Texas 79	Zip Code 9731	
political contributions intended							
	Categon	(See Categories listed at the top of this s	chedula)	Description			
PURPOSE OF EXPENDITURE	Other			POstage Stamps for Mail Out Cards			
	Check if travel outside of Texas. Complete Schedule T.			Check if Aust	in, TX, officeholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name		Office sought	· 	Office held	
Date	Payee na	me					
02-26-2024	The C	rane News					
Amount (\$)	Payee ad			City;	State:	Zip Code	
85.00	401	S Gaston Street		Crane	TX 79731		
Reimbursement from political contributions intended							
DUDDOOR	Category	(See Catagories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Advertising			County Political Ad Write Up			
		Check if travel outside of Texas, Complete Sc	heduse T.	Check if Aust	in, TX, officeholder living	expense	
O	Candi	date / Officeholder name		Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/OH							
	ATT	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEE	DED		

### POLITICAL EXPENDITURES MADE FROM-PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralising Expense
Transportation Equipment & Rotated Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee				rpense Orpense Wages/ContractLabor	Travel In District Travel Out Of District Other (enter a category not fisted above)		
Credit Cord Payment	-	The Instruction Guide expla	ains how to	complete this form.			
1 Total pages Schedule G:		ME lla Y Kirkpatri	.ck		3 Filer	ID (Ethics Co	ommission Filers)
4 Date 03-20-24	5 Payee nam The C	rane News		<del></del>	•		
6 Amount (\$) \$60.00  Rembursement from political contributions intended	7 Payee add 401 S	ress; Gaston Street		chy. Crane	ТX	State; 79731	Zip Code
8 PURPOSE OF EXPENDITURE	Adver	(See Categories listed at the top of this Cising thack if travel outside of Texas, Complete		Thank You		alder living expe	
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	SCHOOL II.	Office sought	in, ta, ontesik		ffice held
7-10-2024	Payee nan The C	rane News					-
Amount (\$) 18.75  Reinbursement from political contributions intended	Payee add 401 S	ress; Gaston Street	_	City: Crane	ТX	State; 797	Zip Code 31
PURPOSE OF EXPENDITURE	Adve	(See Categories listed at the top of thi rtising Theck Stravel outside of Texas. Complete	<del></del>	Description Ad- Congr	<del></del>	eniors	
Complete QNLY if direct expenditure to benefit C/C	Candida	ate / Officeholder name	· <del>-</del>	Office sought			ffice held
Date	Payee nan	ee			·		
Amount (\$)  Remount amount from political contributions intended	Payee add	rese;		City;	:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description			
		heck if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeh	older living expe	ense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		0	ffice held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED		