# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

					the second
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs. Manu	FIRST ella		¥. ×	OFFICE USE ONLY
	NICKNAME	LAST Kirkpatr:	ick	SUFFIX	At 3: DO'Clock P
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STA	TE; ZIP CODE	JUL 1 1 2024
Change of Address					Linpor
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	County District Clerk, Crane Co. Texa
6 CAMPAIGN	MS / MRS / MR	FIRST	Address of the Annual States	MI	Receipt # Amount \$
TREASURER	Mrs	Manuella		Y	Date Processed
NAME	NICKNAME	LAST		SUFFIX	
		Kirkpatrick			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE): APT / S	SUITE #;	CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	-
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (Officeholder Onty)
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year
COVERED	01	01 2024	THROUGH	06	30 2024
11 ELECTION	ELECTION DA Month Day 03 05	Year Primary 2024 General		ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)		13 OFF	ICE SOUGHT (if known)	
		ner Precinct		missioner	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIO	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLIT	ICAL EXPENDITURES MA	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRES	S	
	1	GO TO	PAGE 2		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

E CION NIAME	40	ID (Ethics Contrained on Piles)
Manuella	Y Kirkpatrick	er ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	1. 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	\$
	Manuella J. Signature of Candidate Please complete either option below:	
1 Andavit Notary Pu	Please complete either option below:	
1) Affidavits Notary Pu Comm. E Notary Notary STAMP (Comm. E	CAH LOZANO ublic, State of Texas Expires 11-22-2024 y ID 130909276	
Notary Pu Comm. E Notary Notary Swom to and subscribed	Please complete either option below: CAH LOZANO ublic, State of Texas Expires 11-22-2024 y ID 130909276 before me by Monuello, Y. Kirkoctrick this the 11	
Swom to and subscribed	Please complete either option below: CAH LOZANO ublic, State of Texas Expires 11-22-2024 y ID 130909276 before me by Monuello, Y. Kirlöpchrick this the 11 which, witness my hand and seal of office.	_ day of,
Swom to and subscribed	Please complete either option below:         CAH LOZANO         bbilo, State of Texas         expires 11-22-2024         y ID 130909276         before me by	_ day of July,
Swom to and subscribed	Please complete either option below:         CAH LOZANO         ublic, State of Texas         expires 11-22-2024         y ID 130909276         before me by	_ day of July,
Notary Purce Notary Purce Notary Purce Notary Purce Notary Several Sev	Please complete either option below:         CAH LOZANO         bbic, State of Texas         expires 11-22-2024         J D 130909276         before me by	_ day of July,
Affidavit: Notary Pu Comm. E Notary N	CAH LOZANO         Jolic, State of Texas         Expires 11-22-2024         J D 130909276         before me by <u>Monuello Y. Kirkpettrick</u> this the <u>11</u> which, witness my hand and seal of office.         Micab Lozano         Printed name of officer administering oath         OR	day of, <u>dmin_Assistant</u> Title of officer administering oath
Affidavit: Notary Pu Comm. E Notary N	Please complete either option below:         CAH LOZANO         bbic, State of Texas         expires 11-22-2024         J D 130909276         before me by	day of, <u>dmin_Assistant</u> Title of officer administering oath
Notary Purce Notary Purce Notary Purce Notary Purce Notary Notary Purce Notary Purc	Please complete either option below:  CAH LOZANO  beloic, State of Texas Expires 11-22-2024  D 130909276  before me by Monuella Y. KirkSpectrick this the 11  which, witness my hand and seal of office.  Micab Lozano  Printed name of officer administering oath  Printed name of officer a	day of, <u>dmin_Assistant</u> Title of officer administering oath
Notary Purce Notary Purce Notary Purce Notary Purce Notary Notary Purce Notary Purc	Please complete either option below:  CAH LOZANO  beloic, State of Texas Expires 11-22-2024  D 130909276  before me by Monuella Y. KirKpcstrick this the 11  which, witness my hand and seal of office.  Micab Lozano  Printed name of officer administering oath  Printed name of officer administering oath  OR  on	day of, <u>dmin_Assistant</u> Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Manuella Y Kirkpatrick	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITIC	AL CONTRIBUTIONS \$
2. SCHEDULE A2: NON-MONETARY (IN	-KIND) POLITICAL CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBU	TIONS \$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPEND	DITURES MADE FROM POLITICAL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED (	OBLIGATIONS \$
7. SCHEDULE F3: PURCHASE OF INV	ESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$
8. X SCHEDULE F4: EXPENDITURES MA	ADE BY CREDIT CARD \$ 33.32
9. X SCHEDULE G: POLITICAL EXPENDE	TURES MADE FROM PERSONAL FUNDS \$ 369.76
10. SCHEDULE H: PAYMENT MADE FRO	OM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPER	NDITURES MADE FROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS TO FILER	, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$

	EXI	PENDITURE CATE	GORIES	FOR BOX 1	0(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations May Candidate/Officeholder/Po The Instructio	de By Glft/Awa	verage Expense rds/Memorials Expense rvices	Office Of Polling E Printing I	Expense Wages/Contract	Expense t Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expen ct ory not listed above)
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Manuella	Y. Kirkpatr	ick			3 FILER ID (Ethic	s Commission Filer
4 TOTAL OF UNITEMIZED EX	KPENDITURES CHARGED TO	A CREDIT CARD				\$ 33.32	
5 CREDIT CARD ISSUER	Name of financial institution	ution				1	
6 PAYMENT	(a) Amount Charged \$ 33.32	(b) Date Expenditure	Charged	(c) Date(s) Cro 2-6-2		er Paid	
7 PAYEE	(a) Payee name Vista Print	100	b) Payee ad 275 W		cit reet W	y, State	e, Zip Code A 02451
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense			(b) Description Business Cards			
Non-Political	(c) Check if travel o	utside of Texas. Complete S	chedule T.		Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Of	fice Sought		Office He	eld
PAYMENT	(a) Amount Charged	(b) Date Expenditure	Charged	(c) Date(s) Cr	edit Card Issu	er Paid	
PAYEE	(a) Payee name	(	b) Payee ad	ldress;	Cit	ty, State	e, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categorie:	s listed at the top of this schedul	e)	(b) Descriptio	า		
Non-Political	(c) Check if travel o	utside of Texas. Complete S	chedule T.		Check if Aust	in, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Of	fice Sought		Office He	٤ld
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure	Charged	(c) Date(s) Cr	edit Card Issu	er Paid	
PAYEE	(a) Payee name	(	b) Payee ad	dress;	Ci	ty, Stat	e, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categorie	s listed at the top of this schedul	e)	(b) Descriptio	n		
Non-Political	(c) Check if travel o	outside of Texas. Complete S	Schedule T.		Check if Au	stin, TX, officeholder i	iving expense
Complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholde	er name	Of	fice Sought		Office H	eld .

# 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)	1
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office O Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Manuella Y. Kirkpatrick		3 Filer ID (Ethics Commission Filers)
4 Date 1-16-2024	5 Payee name Crane County		
6 Amount (\$) \$5.00 Reimbursement from political contributions intended	7 Payee address; 201 W. 6th Street, Rm. 110	city; Crane	State; Zip Code 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
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	(C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, Office sought	, TX, officeholder living expense Office held
Date	Payee name		
1-17-2024	Stone's Home Center		
Amount (\$) \$20.56 Relimbursement from political contributions intended	Payee address; 1502 S. Gaston Street	city; Crane	State; Zip Code Texas 79731
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Bungee Cor	ds for Signs
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date 1-24-2024	Payee name Stone's Home Center		
Amount (\$) \$54.02 Reimbursement from political contributions intended	Payee address; 1502 S Gaston Street	<sup>City;</sup> Crane	State; Zip Code Texas 79731
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Check if travel outside of Texas, Complete Schedule T.		d Studs For Sign Frame
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

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Revised 1/1/2024

POLITICAL	EXPENDITURES MADE FR	OM	SCHEDULE G	
If the requested inf	ormation is not applicable, <b>DO NOT include</b>	this page in the re	eport.	
	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gitt/Awards/Memorials Expense Printing	apayment/Reimbursement Sverhead/Rental Expense Expense Expense a/Weges/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Manuella Kirkpatrick			
4 Date 2-07-2024	5 Payee name Walter Watson / Amazon Pu	rchase		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
21.64 Reimbursement from political contributions intended	1816 Castle Gap Drive	Crane	TX 79731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Solar Lights for Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 02-07-2024	Payee name Walter Watson / Stone's H	ome Center P	urchase	
Amount (\$) 34.91 Reimbursement from political contributions intended	Payee address; 1816 Castle Gap Drive	City; Crane	State; Zip Code TX 79731	
BUBBASS	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Stakes/Washers for Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02-07-2024	Walter Watson			
Amount (\$) \$40.00 Reimbursement from political contributions intended	Payee address; 1816 Castle Gap Drive	<sup>City;</sup> Crane	State: Zip Code TX 79731	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description 2 Hours	- Build Sign Frame	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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	SCHEDULE AS NEE	DED	

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#### POLITICAL EXPENDITURES MADE FROM SCHEDULE G PERSONAL FUNDS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Manuella Kirkpatrick 4 Date 5 Pavee name 2-06-2024 Stone's Home Center State; 79731 6 Amount (\$) 7 Payee address; City; **Zip Code** Texas 1502 S Gaston Street CRane 12.88 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Sand Bags for Signs Other EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name United States Postal Service 02-06-2024 Pavee address: Amount (\$) Texas 79731 Zip Code City; 509 S. Alford Street Crane \$17.00 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE POstage Stamps for Mail Out Other OF EXPENDITURE Cards Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02-26-2024 The Crane News Amount (\$) Payee address; State: Zip Code City: 401 S Gaston Street Crane TX 79731 85.00 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE County Political Ad Write Up OF Advertising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement loc Overhead/Rental Expense lling Expense nting Expense laries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Totai pages Schedule G:	<sup>2</sup> FILER NAME Manuella Y Kirkpatrick		3 Filer ID (Ethics Commission Filers)		
4 Date 03-20-24	5 Payee name The Crane News				
6 Amount (\$) \$60.00 Reimbursement from political contributions intended	7 Payee address; 401 S Gaston Street	City; Crane	State; Zip Code TX 79731		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description			
OF	Advertising	Thank You	Thank You Ad		
EAT ENDITONE	(C) Check if travel outside of Texas. Complete Schedule		n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 7-10-2024	Payee name The Crane News				
Amount (\$) 18.75 Reinbursement from political contributions intended	Payee address; 401 S Gaston Street	City; Crane	State; Zip Code TX 79731		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Advertising		Description Ad- Congrats Seniors CHS		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description			
	Check if travel outside of Texas. 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 TH	IS SCHEDULE AS NEE	DED		