		CEHOLDER E 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
OFFICEHOLDER NAME	MS/MRS/MR Mrs. Mai	FIRST nuella LAST Kirkpatrick	Y. SUFFIX	OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		CITY; STATE; ZIP CODE	At 3:33 FILED D. JAN 21 1 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MRMrsMan	FIRST uella LAST Kirkpatrick	Y .	Receipt # JANIE Amounts S County/District Clerk, Crane Co. Date Processed Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
REPORT TYPE	X January 15 July 15	30th day before d		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month 11	Day Year / 28 / 2023	Month THROUGH 12	Day Year / 31 / 2023
1 ELECTION	Month Day	Year Primary	Runoff Other Description	
2 OFFICE	OFFICE HELD (if any) Commissioner Precinct 1 Commissioner Precinct 1			
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVED.		IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
Additional Pages	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS **TOTAL POLITICAL EXPENDITURES** 347.23 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 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. Manuella y. Kirlipatrich Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit MICAH LOZANO Natary Public State of Texas

	Expires 11-22-2024 ry ID 130909276					
Swom to and subscribed	before me by Monue which, witness my hand and seal o		thick this	the	day of	anuary
Nich hose	Micc	ono so la				ksistant
Signature of officer administe	ring oath Printed n	ame of officer administeri	ng oath		Title of office	er administering oa
(2) Unsworn Declaration	on					
My name is		, ar	nd my date of bi	rth is		
My address is						
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	month)	, 20(year)	-
		1.10/95170	Signature of (Candidate/Of	ficeholder (Dec	clarant)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense gift/Awards/Memorials Expense Legal Services	CORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
		ns how to complete this form.		
1 Total pages Schedule F4:	2 FILERNAME Manuella Y. Kirkpat	rick	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 12-21-2023	6 Payee name VistaPrint			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
\$319.10	275 Wyman Street	Waltham M	A 02451	
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF Expenditure	Printing Expense		Business Cards, oor Hangers	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description		
	Check if travel outside of Texas. Complete	Schedule T. Check if A	austin, TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED	

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/Politi Credit Card Payment	Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Prin	In Repayment/Reimbursement co Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) We to complete this form.	
1 Total pages Schedule G:	2 FILER NAME Manuella Y. Kirkpatric	3 Filer ID (Ethics Commission Filers)	
4 Date 12-21-2023	5 Payee name The Crane News		
\$ 28.13 Reimbursement from political contributions intended	7 Payee address; 401 S. Gaston	City; State; Zip Code Crane Texas 79731	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul Advertising Expense	(b) Description Christmas Ad	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule	T. 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		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description	
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/		Office sought Office held	
Date	Payee name		
Amount (\$) Reimbursement from political contributions	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
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	\$ 319.10
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 28.13
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Т	ne Instruction Guide explains how to cor	nplete this form.	1 Total pages Schedule A1:
FILER NAM	IE .		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ou	I name of contributor	
	6 Contributor address; C	ity; State; Zip Code	
Principal od	cupation / Job title (See Instructions)	9 Employer (See Ins	tructions)
Date	Full name of contributor	it-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; C	City; State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins	tructions)
Date	Full name of contributor	it-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; C	city; State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins	tructions)
Date	Full name of contributor	it-of-state PAC (ID#:	
	Contributor address; C	ity; State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins	tructions)
	ATTACH ADDITIONAL	L COPIES OF THIS SCHEDULE A	AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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