

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088323	2 Total pages filed: 10	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Helen D.	Date Received ELECTRONICALLY FILED 02/22/2024	
	NICKNAME LAST SUFFIX Kerwin		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			Date Imaged
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023

6 EXPLANATION OF CORRECTION

The original report as filed was timely. The first amendment was needed to ensure that two Schedule G expenditures were included. After reviewing the correction, it was discovered that the payee was incorrect. This report now reflects the Republican Party of Texas as the payee for the Schedule G expenditures instead of the Secretary of State.

As the report as originally filed was in substantial compliance, we request no penalty be incurred.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Helen D. Kerwin

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00088323	2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Helen D.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/22/2024
	NICKNAME	LAST Kerwin	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 420 Grand Avenue Glen Rose, TX 76043		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Wendy C.	MI	
	NICKNAME	LAST Huggins	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 420 Grand Avenue Unit B Glen Rose, TX 76043			
7 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 998-8632	EXTENSION	
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH		Month Day Year 12/31/2023
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) State Representative District 58	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Kerwin, Helen D. (Ms.)	14 Filer ID (Ethics Commission Filers) 00088323
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	72,681.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	760.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	93,309.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

Ms. Helen D. Kerwin

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Kerwin, Helen D. (Ms.)		19 Filer ID (Ethics Commission Filers) 00088323
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 72,681.79
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 FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 760.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/5 Rpt: 5/10
2 FILER NAME Kerwin, Helen D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088323
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldredge, Darrell <hr/> 6 Contributor address; City; State; Zip Code Ruidoso, NM 88355	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bluntzer, Ann <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TCU
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigham, Ben <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Atlas Energy Solutions
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Lila <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cranberg, Alex <hr/> Contributor address; City; State; Zip Code Ponte Vedra Beach, FL 32082	Amount of Contribution (\$) \$5,205.08
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Aspect Mgmt Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 6/10
2 FILER NAME Kerwin, Helen D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088323
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deason, Darwin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$10,410.16
8 Principal occupation / Job title (See Instructions) Chairman		9 Employer (See Instructions) Deason Capital Services
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deason, Doug (General) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$5,205.08
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) DCS
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Martin <hr/> Contributor address; City; State; Zip Code Fairfax Station, VA 22039	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Development		Employer (See Instructions) AFPI
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendee, Nina <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Taste of Texas Restaurant
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubert, Scott <hr/> Contributor address; City; State; Zip Code Granbury, TX 76048	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Local

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 7/10
2 FILER NAME Kerwin, Helen D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088323
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huggins, Christopher <hr/> 6 Contributor address; City; State; Zip Code Glen Rose, TX 76043	7 Amount of Contribution (\$) \$10.41
8 Principal occupation / Job title (See Instructions) Lead Overseer		9 Employer (See Instructions) NLC Roofing
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huggins, Wendy <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Country Woods Inn
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Deedee <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerwin, Helen <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logsdon, Terry <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tow Truck Operator		Employer (See Instructions) Don's Towing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 8/10
2 FILER NAME Kerwin, Helen D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088323
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Glen Rose, TX 76043	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Realtor and Insurance		9 Employer (See Instructions) Self
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popolo, Joseph <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$10,410.16
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Charles Potomac Capital
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poulson, Kyle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$10,410.16
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) 2SP Partners
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollins, Brooke <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$6,870.71
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) AFPI
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollins, Luke <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 9/10
2 FILER NAME Kerwin, Helen D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088323
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stallings, Kyle <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79702	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Oil Gas Investments		9 Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Carli <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Massage Therapist		Employer (See Instructions) Self

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 10/10	2 FILER NAME Kerwin, Helen D. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088323
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4 Date 12/11/2023	5 Payee name Republican Party of Texas
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6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Primary Funds Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2023	Payee name The Republican Party of Texas
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Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Representative Filing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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