# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00088323		2 Total pages filed: 42
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Ms.	Helen D.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024
	THO IN WILL	Kerwin		<b>C</b> C	
4 CANDIDATE /	ADDRESS / PO BOX; APT		·V•	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	420 Grand Avenue	/ 3011 L π, - C11	Ι,	ZII CODE	
MAILING ADDRESS	420 Oldila / Wollad				Receipt # Amount
Change of Address	Glen Rose, TX 76043				
	Glen Nose, 17, 100-10				Date Processed
					Date Imaged
					Date imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	.1
TREASURER NAME	Ms.	Wendy C.			
	NICKNAME	LAST		SUFFIX	
		Huggins			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP'	T / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	420 Grand Avenue				
(Residence or Business)	Unit B				
	Glen Rose, TX 76043				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION		
TREASURER PHONE	(325) 998-8632				
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
				_	appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
o DEDIOD	Marth Day Voor				Voor
9 PERIOD COVERED	Month Day Year 01/26/2024	TH	HROUGH	Month Day 02/24/2024	Year 4
	01/20/2024			VLILTILVE	4
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	XPI	rimary	Runoff	Other
	03/05/2024	│ □G	Seneral	Special	_
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
				State Representa	ative District 58
				•	
		GO T	O PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 42

13 C / OH NAME	Kerwin, Helen D. (Ms	.)	<b>14</b> Filer ID 00088323	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 641,143.09
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 241,261.54
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 161,884.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS ASTING PERIOD	S OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required t	
		Ms	. Helen D. Kerwin	
		Signature o	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

					3 of 42
	ER NAN	ME elen D. (Ms.)	<b>19</b> Filer ID 00088323	(Ethic	cs Commission Filers)
		SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	241,371.02
2.	X	\$	399,772.07		
3.		\$			
4.		\$			
5.	X	\$	238,017.06		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,244.48
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	IS		SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/42	
2	FILER NAME Kerwin, Hele	en D. (Ms.)			3	Filer ID (Ethics Commission 00088323	on Filers)
4	Date 02/08/2024	Full name of contributor     Adams, Carol     Contributor address; City; Sta	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75225					
8	Principal occu Ag. Og.	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 02/07/2024	Full name of contributor Anderson, Michael Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Glen Rose, TX 76043  upation / Job title (See Instructions)		Employer (See Instructions	.)		
	Self	ipation / 300 title (See instructions)	'	Self	')		
	Date 01/27/2024	Full name of contributor Austin, Wesley Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Cleburne, TX 76033					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions WS Austin Properties	)		
	Date 02/08/2024	Full name of contributor Bailey, Tull Contributor address; City; Sta				Amount of Contribution (\$)	\$104.10
	Principal occu Banking	I pation / Job title (See Instructions)		Employer (See Instructions Capital Farm Credit, AC			
	Date 02/22/2024	Full name of contributor Baker, Tracy Contributor address; City; Sta				Amount of Contribution (\$)	\$5,000.00
	Principal occu	ipation / Job title (See Instructions)	)	Employer (See Instructions Self	<u> </u>		

	MONET	ARY POLITICAL CONTRIBU	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/42	
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission 00088323	on Filers)
4	Date 02/10/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,041.02
•	Dringing Loon	Cleburne, TX 76031	10	Employer (Coo Instructions	<u></u>		
8	Principal occu Pool Builder	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 02/05/2024	Full name of contributor		)		Amount of Contribution (\$)	\$2,602.54
	Principal occu Retired	Fort Worth, TX 76107 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> ;)		
	Date 02/22/2024	Full name of contributor out-of-state PA Besse, Paul  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$52.05
	Principal occu	Cypress, TX 77433 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Owner			Besse Management			
	Date 02/18/2024	Full name of contributor out-of-state PA Buchhy, Robert  Contributor address; City; State; Zip Code  Dallas, TX 75205		)		Amount of Contribution (\$)	\$250.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Buchholz Ranch LLC	<u>l</u> 5)		
	Date 02/21/2024	Full name of contributor out-of-state PA Caro, Alexandra  Contributor address; City; State; Zip Code  Fort Collins, CO 80525				Amount of Contribution (\$)	\$104.10
	Principal occu Policy	pation / Job title (See Instructions)		Employer (See Instructions America First Policy Ins		te	
			•				

	MONET	ARY POLITICAL (	S		SCHEDU	LE <b>A1</b>		
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/42	
2	FILER NAME Kerwin, Hele	en D. (Ms.)				3	Filer ID (Ethics Commission 00088323	ion Filers)
4	Date 02/16/2024	<ul><li>5 Full name of contributor Clark, Christie</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$26.03
8	Principal occu	Glen Rose, TX 76043 pation / Job title (See Instructions	e) [6		Employer (See Instructions	:, 		
	Retired	pation / 300 title (See Instructions			Retired	•)		
	Date 02/15/2024	Full name of contributor Clem, Lori Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00
	Discipal	Carrollton, TX 75010			Facelores (Control to the street)	<u></u>		
	Homemaker	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)		
	Date 02/07/2024	Full name of contributor  Dameron, Derrick  Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code				Amount of Contribution (\$)	\$104.10
	Dringing aggr	Fort Worth, TX 76107	5)		Employer (Con Instructions	<u></u>		
	Real Estate	pation / Job title (See Instructions Broker	5)		Employer (See Instructions Self-Employed	·)		
	Date 02/21/2024	Full name of contributor Davis, William Contributor address; City; S Fort Worth, TX 76121			)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Self	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)		
	Date 01/29/2024	Full name of contributor Family Empowerment Co Contributor address; City; S Austin, TX 78734			)		Amount of Contribution (\$)	\$50,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL C	SCHEDULE A1					
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/42	
2	FILER NAME Kerwin, Hele	en D. (Ms.)				3	Filer ID (Ethics Commission 00088323	on Filers)
4	Date 02/15/2024	<ul><li>5 Full name of contributor</li><li>Farr, Stephanie</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$1,000.00
8	Dringinal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)	la		Employer (See Instructions			
•	Rancher	pation / Job title (See Instituctions,	•		Self	·)		
	Date 02/22/2024	Full name of contributor Fernandez, Dennis Contributor address; City; Sta					Amount of Contribution (\$)	\$10.00
	Principal occu	Las Cruces, NM 88011 pation / Job title (See Instructions)			Employer (See Instructions	.)		
	Retired	pation 7 300 title (See Instructions,			Retired	')		
	Date Full name of contributor out-of-state PAC (ID#:)  02/21/2024 Firestone, Leonard  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
		Fort Worth, TX 76107						
	Principal occu Proprietor	pation / Job title (See Instructions)			Employer (See Instructions Firestone & Robertson I	•	illing Co	
	Date 02/19/2024	Full name of contributor Foster, Cornelia  Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$1,500.00
	Principal occu Self	pation / Job title (See Instructions)			Employer (See Instructions Self	)		
	Date 01/29/2024	Full name of contributor Gulley, Douglas Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$32.03
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Retired	)		
			<u>'</u>					

	MONET	ARY POLITICAL CON	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/42	
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission 00088323	n Filers)
4	Date 02/13/2024	Hammond, Terry	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
_	Daine in a la casa	Fort Worth, TX 76109		Farada a (Carada de Arastica de			
8	Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions EnSYNC Corporation	)		
	Date 02/08/2024	Hoover, Lyndsay  Contributor address; City; State; Zip		)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Self-Employe	ed		LNH Consulting			
	Date 02/08/2024				Amount of Contribution (\$)	\$520.51	
		Fort Worth, TX 76126					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Defender Supply	5)		
	Date 02/20/2024	Iandoli, Vincent				Amount of Contribution (\$)	\$10.41
	Principal occu General Maii	pation / Job title (See Instructions) ntenance		Employer (See Instructions HES Facilities Managen		ıt	
	Date 02/20/2024	lves, Sharon	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu None	pation / Job title (See Instructions)		Employer (See Instructions None	)		
			•				

	MONET	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/42	
	FILER NAME Kerwin, Hele	en D. (Ms.)			3	Filer ID (Ethics Commission 00088323	n Filers)
4	Date 02/03/2024	Full name of contributor     Johnson, Robert     Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
		Burleson, TX 76028					
	Principal occu None	pation / Job title (See Instructions	9	Employer (See Instructions None	5)		
	Date 02/15/2024	Full name of contributor Kelly, Caroline Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions	)	Employer (See Instructions	 		
	Homemaker		,	Self	,		
	Date 02/08/2024	Full name of contributor King, Lisa Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$52.05
		Alvarado, TX 76009					
	Principal occu Homemaker	pation / Job title (See Instructions	)	Employer (See Instructions Self	5)		
	Date 02/07/2024	Full name of contributor Knight, April (Lady) Contributor address; City; St Fort Worth, TX 76109				Amount of Contribution (\$)	\$104.10
	Principal occu Mother	pation / Job title (See Instructions	)	Employer (See Instructions None	<u>                                      </u>		
	Date 02/08/2024	Full name of contributor Knight, David Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Princinal occu	Fort Worth, TX 76109 pation / Job title (See Instructions	)	Employer (See Instructions	;) 		
		panon i ood nac (occ manachons	,	Employer (Occ manuchons	')		

	MONET	ARY POLITICAL (	NS	SCHEDULE A1			
	The Instruc	ction Guide explains how	v to complete this for	m.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/42	
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission 00088323	on Filers)
4	Date 02/07/2024	<ul><li>5 Full name of contributor Knutson, Marcia</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:tate; Zip Code		7	Amount of Contribution (\$)	\$104.10
_		Fort Worth, TX 76114					
8	Principal occu Buyer	pation / Job title (See Instructions	9	Employer (See Instructions Lila and Hayes	5)		
	Date 02/23/2024	Full name of contributor Leininger, Dan Contributor address; City; S		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Lake Wales, FL 33859 pation / Job title (See Instructions	5)	Employer (See Instructions	 ;)		
	Retired			Retired			
	Date 02/08/2024	Full name of contributor Leininger, James Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10,000.00
	D: : 1	San Antonio, TX 78282	,	5 1 (0 1 ) "	Ĺ		
	Businessmai	pation / Job title (See Instructions n	5)	Employer (See Instructions Self	5)		
	Date 02/08/2024	Full name of contributor Leininger, James Contributor address; City; S San Antonio, TX 78282	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10,000.00
	Principal occu Businessma	pation / Job title (See Instructions	s)	Employer (See Instructions Self	5)		
	Date 02/22/2024	Full name of contributor Leininger, James Contributor address; City; S San Antonio, TX 78282	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15,000.00
	Principal occu Self	pation / Job title (See Instructions	5)	Employer (See Instructions Self	;)		

	MONET	ARY POLITICAL C	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/42	
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission 00088323	on Filers)
4	Date 02/08/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:te; Zip Code	)	7	Amount of Contribution (\$)	\$1,041.02
•	Dringing Lagge	Dallas, TX 75205	lo.	Employer (Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 02/06/2024	Full name of contributor Lightbound, Amber Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Fort Worth, TX 76132 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired	(		Retired	,		
	Date Full name of contributor out-of-state PAC (ID#:)  02/07/2024 Luskey, Stephen  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Fort Worth, TX 76107					
	Principal occu Oil Gas	pation / Job title (See Instructions)		Employer (See Instructions Brazos Midstream	)		
	Date 02/18/2024	Full name of contributor  Maddox, Barney  Contributor address; City; Stat  Cleburne, TX 76031				Amount of Contribution (\$)	\$500.00
	Principal occu Urologist	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 02/05/2024	Full name of contributor McBee, Harvey Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	)		

	MONET	ARY POLITICAL COI	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/42	
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission Filers) 00088323	
4	Date 01/31/2024	McMahon, Linda	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$5,205.88	
8	Principal occu	Greenwich, CT 06831	la la	Employer (See Instructions	·/		
•	Executive	pation / Job title (See Instructions)	9	Employer (See Instructions Self	)		
	Date 02/15/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$) \$15,000.00	
	Principal occu	Greenwich, CT 06831 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Executive			Self	,		
	Date 02/05/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$520.51	
	Principal occu	Fort Worth, TX 76115 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Insurance Aç			Self	,		
	Date 02/15/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$) \$100.00	
	Principal occu Veterinarian	pation / Job title (See Instructions)		Employer (See Instructions Glen Rose Veterinary C	•	С	
	Date 02/15/2024	Mitchell, Courtney	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00	
	Principal occu Radiology	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
			l				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/42	
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission 00088323	on Filers)
4	Date 01/26/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>		)	7	Amount of Contribution (\$)	\$1,041.02
0	Dringing oggu	Fort Worth, TX 76102	lo.	Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 02/12/2024	Moore, Nancy  Contributor address; City; State; Zip (	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Glen Rose, TX 76043 pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/06/2024	Murrin, Pamela  Contributor address; City; State; Zip 0	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/07/2024	Myers, Lisa		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 01/26/2024	Nolan, Bill	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,041.02
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Nolan Capital LLC	)		
			<u> </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/42	
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission 00088323	on Filers)
4	Date 02/13/2024	<ul><li>5 Full name of contributor Nolan, Linda</li><li>6 Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	اه	Employer (See Instructions			
0	Homemaker	pation / 300 title (3ee instructions)	9	Self	')		
	Date 02/21/2024	Full name of contributor O'Bannon, Glenn Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$33.33
		Glendale, AZ 85302	,				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<b>(</b> )		
	Date 02/15/2024	Full name of contributor O'Brien, Michael Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$600.00
	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)		Employer (See Instructions			
		Managing Member		Roosevelt Capital Mgmt			
	Date 02/08/2024	Full name of contributor Parry, Preston Contributor address; City; State Dallas, TX 75204	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$104.10
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions America First Policy Inst		te	
	Date 02/08/2024	Full name of contributor Patton, Sherri  Contributor address; City; State  Fort Worth, TX 76107	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Attorney	<u>;</u> )		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/42	
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission 00088323	n Filers)
4	Date 02/06/2024	<ul> <li>Full name of contributor  out-of-state PA Payne, Lea</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$500.00
_	5	Fort Worth, TX 76107	la la	5 1 (0 1 1 1	_		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 02/07/2024	Full name of contributor out-of-state PA Pinkos, Stephen Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$104.10
	Principal occu	Alexandria, VA 22301 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Policy Adviso			Intel Corp	,		
	Date 02/06/2024	Full name of contributor out-of-state PA Prigel, Allisen  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$260.25
		Fort Worth, TX 76110					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/06/2024	Full name of contributor out-of-state PARainbolt, James (Sen.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76107				Amount of Contribution (\$)	\$520.51
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/01/2024	Full name of contributor out-of-state PARay, James  Contributor address; City; State; Zip Code  Joshua, TX 76058		)	•	Amount of Contribution (\$)	\$26.03
	Principal occu I.T.	pation / Job title (See Instructions)		Employer (See Instructions City of Burleson	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/42
2	FILER NAME Kerwin, Hele	n D. (Ms.)			3	Filer ID (Ethics Commission Filers) 00088323
4	Date 02/05/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Roth, Steve</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$) \$100.00
8	Principal occu	Fort Worth, TX 76110 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)	
	Marketing			Higher Ed		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Rushing, Mark Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$) \$250.00
		Glen Rose, TX 76043				
	Principal occu None	pation / Job title (See Instructions)		Employer (See Instructions None	5)	
	Date 01/27/2024	Full name of contributor out-of-state PAC (ID#:_ Safford, H.W. Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$25.00
	Deinsinalassa	Joshua, TX 76058	_	Faralassa (Osas Instructions	<u></u>	
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Sewell, Carl Contributor address; City; State; Zip Code Dallas, TX 75220		)		Amount of Contribution (\$) \$50,000.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	5)	
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_Stallings, Kyle  Contributor address; City; State; Zip Code  Midland, TX 79702				Amount of Contribution (\$) \$7,500.00
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)	

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/42	
2	FILER NAME Kerwin, Hele	erwin, Helen D. (Ms.)		Filer ID (Ethics Commission F 00088323	Filers)		
4	Date 01/31/2024	<ul><li>Full name of contributor</li><li>Texans United for a Consens</li><li>Contributor address; City; State</li></ul>			7	Amount of Contribution (\$) \$5	5,000.00
8	Dringing! goog	Victoria, TX 77901 pation / Job title (See Instructions)	1	9 Employer (See Instructions			
	Date 02/15/2024	Full name of contributor  Texans United for a Consen	out-of-state PAC (ID#:_	2 Employer (See Instructions		Amount of Contribution (\$)	0,000.00
		Contributor address; City; State					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Principal occu	Victoria, TX 77901 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 01/26/2024	Full name of contributor Thistlethwaite, Barry Contributor address; City; State	out-of-state PAC (ID#:_ ; Zip Code	)		Amount of Contribution (\$)	\$26.03
	Principal occu Technical W	pation / Job title (See Instructions) riter		Employer (See Instructions GXO	i)		
	Date 01/27/2024	Full name of contributor Troutt, Lisa Contributor address; City; State Dallas, TX 75229	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$) \$5	5,205.08
	Principal occu Self-Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Home	5)		
	Date 02/22/2024	Full name of contributor Welch, Kelly Contributor address; City; State Northridge, CA 91325		)		Amount of Contribution (\$) \$5	5,000.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/42	
2	FILER NAME Kerwin, Hele			3	Filer ID (Ethics Commission 00088323	on Filers)
4	Date 02/21/2024  5 Full name of contributor out-of-state PAC (ID#:) Whitten, Patricia 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00		
_		Dallas, TX 75225	la = 1 (0 1 1 1 1	Ĺ		
8	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions     Retired	s)		
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#:_ Witten, Tish Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75225				
	Principal occu Real Estate	ipation / Job title (See Instructions) Research	Employer (See Instructions Witten Advisors	s)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/4 Rpt: 19/42
2 FILER NAME Kerwin, Hele		3 Filer ID (Ethics Commission Filers) 00088323	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 01/31/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of contribution (\$) In-kind contribution (\$) description \$11,200.56   Polling
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l	
Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$1,529.00   Canvassing
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 01/31/2024	Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$356.54   Texting
Principal occu	Austin, TX 78767  upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	· · · · · · · · · · · · · · · · · · ·	,	,
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A2: Sch: 2/4 Rpt: 20/42
2 FILER NAME Kerwin, Hele			3 Filer ID (Ethics Commission Filers) 00088323
4		UITIONIC	\$
	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	
5 Date 02/07/2024	6 Full name of contributor ☐ out-of-state PAC (ID#: Greg Abbott Campaign	)	8 Amount of 9 In-kind contribution contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$714.17   Texting
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description
02/07/2024	Greg Abbott Campaign Contributor address; City; State; Zip Code		\$3,268.00 Canvassing
	Austin, TX 78767		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description
02/07/2024	Greg Abbott Campaign Contributor address; City; State; Zip Code		\$30,320.70   Digital
	Communication address, City, State, 21p Code		İ
	Austin, TX 78767		I I Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 3/4 Rpt: 21/42
2 FILER NAME Kerwin, Hele		3 Filer ID (Ethics Commission Filers) 00088323	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date 02/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of contribution (\$) description \$5,400.00   Polling
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign  Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$281,172.00   Advertising
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign  Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$12,159.00   Canvassing
Principal occu	Austin, TX 78767  upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.
	,	, , ,	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 4/4 Rpt: 22/42
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Kerwin, Hele	en D. (Ms.)		00088323
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
<b>5</b> Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
02/22/2024	Greg Abbott Campaign		contribution (\$) description \$46,274.80   Digital
	7 Contributor address; City; State; Zip Code		I
			_
	Austin, TX 78767	I	Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution
02/24/2024	Texans for Dan Patrick		contribution (\$) description
	Contributor address; City; State; Zip Code		\$5,827.07   Campaign Endorsement ! Text Message
			I Text Message
	Houston, TX 77046		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description
01/26/2024	Texans for Dan Patrick		\$1,550.23 Campaign Endorsement
	Contributor address; City; State; Zip Code		Text Message
			į
	Houston, TX 77046		_ ;
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)
Principal occi	apation / Job title (FOR NON-JODICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See Institutions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	, , , , , , , , , , , , , , , , , , , ,	,	,
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
	•		•
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/18 Rpt: 23/42	Kerwin, Helen D. (Ms.) 00088323
4	Date	5 Payee name
	02/05/2024	45 Films LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,500.00	1405 S Fern St #228
		Arlington, VA 22202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Video Production
		Video i roddellori
۵	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/24/2024	Brookshire's
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.45	607 SW Big Bend Trl
		· ·
		Glen Rose, TX 76043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Ferns for Event Space
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2024	Brookshire's
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.30	607 SW Big Bend Trl
	Ψ43.30	007 SW big bend 111
		Glen Rose, TX 76043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ferns for Event Space
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	<u> </u>

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Surger King	Sch: 2/18 Rpt: 24/42  4 Date 5 02/04/2024  6 Amount (\$) 7	Kerwin, Helen D. (Ms.) Payee name			(Ethics Commission Filers)
4 Date 02/04/2024 5 Payee name Burger King 6 Amount (\$) 5 Payee address; City; State; Zip Code 6920 US Highway 67 Alvarado, TX 76009  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food//Beverage Expense  (b) Description Check if vavel outside of Texas. Complete Schedule T. Check if vastin, TX, officeholder living expense Staff Lunch Meeting  Payee name 02/13/2024  Chicken Express  Amount (\$) Payee address; City; State; Zip Code \$11.90  Food//Baverage Expense  (a) Category (See Categories listed at the top of this schedule) Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Food//Baverage Expense	4 Date 5 02/04/2024 6 Amount (\$) 7	Payee name		00088323	
Samount (\$)   Payee address; City; State; Zip Code	02/04/2024 <b>7</b>			1	
Purpose   Payee address; City; State; Zip Code   S33.49   Food/Beverage Expense   Payee name   Chicken Express	6 Amount (\$) 7			•	
\$33.49 6920 US Highway 67  Alvarado, TX 76009  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch Meeting  9 Complete ONLY if direct expenditure to benefit C/OH  Date 02/13/2024 Chicken Express  Amount (\$) Payee address; City; State; Zip Code  \$11.90  1611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T.  (b) Description Check if travel outside of Texas. Complete Schedule T.		Burger King			
Alvarado, TX 76009  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch Meeting  Office sought  Office held  Payee name O2/13/2024  Chicken Express  Amount (\$) Payee address; City; State; Zip Code \$11.90 I611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Food/Bayerage Expense	\$33.49	Payee address; City; State; Zip Cod	le		
PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense   (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Staff Lunch Meeting	******	6920 US Highway 67			
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch Meeting  Office sought  Date O2/13/2024  Payee name Chicken Express  Amount (\$) Payee address; City; State; Zip Code \$11.90  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Food/Bayerage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.  (b) Description Check if Austin, TX, officeholder Inving expense Staff Lunch Meeting  (b) Description Check if Austin, TX, officeholder Inving expense Staff Lunch Meeting  (check if Austin, TX, officeholder Inving expense					
Food/Beverage Expense	Alvarado, TX 76009				
Food/Beverage Expense    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OH  Date O2/13/2024 Payee name Chicken Express  Amount (\$) Payee address; City; State; Zip Code \$11.90 I611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF (a) Category (See Categories listed at the top of this schedule)  Food/Reverging Express  Staff Lunch Meeting  Office sought Office held  Office held  Office held  Office held  (b) Description  Check if ravel outside of Texas. Complete Schedule T.	OF	,		l outside of Texas. Comp	olete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Chicken Express  Amount (\$) Payee address; City; State; Zip Code  \$11.90 I611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Food/Bayerarge Express  Candidate/Officeholder name Office sought Office held  Office held  Office held  (b) Description  Check if travel outside of Texas. Complete Schedule T.	EXPENDITORE				expense
Date 02/13/2024 Payee name Chicken Express  Amount (\$) Payee address; City; State; Zip Code 1611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense			Staff Lunch	Meeting	
Date 02/13/2024 Payee name Chicken Express  Amount (\$) Payee address; City; State; Zip Code 1611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Food/Rayerage Expresse  (b) Description Check if travel outside of Texas. Complete Schedule T.		0.511.405		O	
O2/13/2024 Chicken Express  Amount (\$) Payee address; City; State; Zip Code  \$11.90 1611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Food/Reverage Express		Candidate/Officeholder name Office soug	ht	Office he	eld
O2/13/2024 Chicken Express  Amount (\$) Payee address; City; State; Zip Code  \$11.90 1611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Food/Reverage Express	·				
Amount (\$)  Payee address; City; State; Zip Code  \$11.90  \$11.90  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense					
\$11.90 1611 NE Big Bend Trl  Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.		Chicken Express			
Glen Rose, TX 76043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	` '		le		
PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	\$11.90	1611 NE Big Bend Trl			
PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
OF Food/Reverage Expense Categories instead at the top of this schiedule)  Check if travel outside of Texas. Complete Schedule T.		Glen Rose, TX 76043			
T ENAUGE EVALUE TO TOUCH IN INVESTIGATION OF TAXAS. COMPLETE SOFTERING TO	1 1	1) Category (See Categories listed at the top of this schedule)	(b) Description		
	EXPENDITURE	Food/Beverage Expense	<b>—</b>		
Check if Austin, TX, officeholder living expense  Staff Lunch Meeting					expense
Stan 25.115.1 1155ting			3.0 <u></u>	g	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct (	Candidate/Officeholder name Office souc	ht	Office he	eld
expenditure to benefit C/OH					
Date Payee name	Date	Payee name			
02/12/2024 Chicken Express					
Amount (\$) Payee address; City; State; Zip Code	Amount (\$)	<u> </u>	le		
\$29.75   1611 NE Big Bend Trl					
425.76 TOTTIVE BIG BOILD TH	Ψ23.10	TOTT WE BIG BOILD III			
Glen Rose, TX 76043		Glan Pose TX 760//3			
	DUDDOCE (c)	·	//s) 5		
	OF (a)	, -		l outside of Texas. Comp	olete Schedule T.
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description	EXPENDITURE	Food/Beverage Expense			
PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.			Staff Lunch	Meeting	
PURPOSE OF FOOd/Beverage Expense  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.					
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Candidate/Officeholder name Office soug	ht	Office he	eld
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch Meeting  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held	expenditure to benefit C/OH				
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch Meeting					
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch Meeting  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held					

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/18 Rpt: 25/42	Kerwin, Helen D. (Ms.) 00088323
4	Date	5 Payee name
	02/16/2024	China Wok
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.93	109 SW Barnard St
		Glen Rose, TX 76043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Staff Lunch Meeting
		Stan Euron Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	02/19/2024	Cleburne Railroaders
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,006.25	1906 Brazzle Blvd
		Cleburne, TX 76033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Venue Charges for Meet & Greet
		Vende Charges for Meet & Greet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 02/20/2024	Payee name  CrossRoads Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$40,000.00	66 Canal Center Plaza
		Ste 555
		Alexandria, VA 22314
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Radio/Cable
		Raulo/Cable
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magne/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/18 Rpt: 26/42	Kerwin, Helen D. (Ms.) 00088323
4	Date	5 Payee name
	02/08/2024	Dollar General
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.99	208 NE Big Bend Trl
		Glen Rose, TX 76043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/20/2024	FLS Connect LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$325.00	7300 Hudson Blvd
	Ψ323.00	
		Ste 270
		Saint Paul, MN 55128
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Robocalls
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/03/2024	FasTaco
H	Amount (\$)	Payee address; City; State; Zip Code
	\$22.17	311 S Broadway St
		Joshua, TX 76058
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Lunch Meeting
$\vdash$	Complete ONU V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$\vdash$		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 27/42	Kerwin, Helen D. (Ms.)	00088323
4	Date	5 Payee name	
	02/24/2024	Freeman, Grayson	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$76.73	420 Grand Avenue	
		Glen Rose, TX 76043	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 dod/Beverage Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		1 <b>–</b>	- Food for Meet & Greet with Constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	Н	
	Date	Payee name	
	02/01/2024	Freeman, Grayson	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,780.74	420 Grand Avenue	
		Glen Rose, TX 76043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Cortifact Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			Aanager Wages
	l	Sampaig	.a. age
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
	Date	Payee name	
	02/14/2024	Grounded Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.22	1207 NE Big Bend Trl	
	l	Glen Rose, TX 76043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 ood/beverage Expense	el outside of Texas. Complete Schedule T.
	-	Staff Meeting	in, TX, officeholder living expense
	l	Stan Weeting	9
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		CCO 1.0.C

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 28/42	Kerwin, Helen D. (Ms.) 00088323
4	Date	5 Payee name
	02/13/2024	Grounded Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.63	1207 NE Big Bend Trl
		Glen Rose, TX 76043
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/17/2024	Grounded Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.19	1207 NE Big Bend Trl
		Glen Rose, TX 76043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2024	Grounded Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.19	1207 NE Big Bend Trl
		Glen Rose, TX 76043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Lunch Meeting
		Stail Eurich Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
	Sch: 7/18 Rpt: 29/42	Kerwin, Helen D. (Ms.)	00088323		
4	Date	5 Payee name			
	02/21/2024	Heim Barbeque			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,539.00	PO Box 150809			
		Fort Worth, TX 76108			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription		
	OF EXPENDITURE	1 000/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
		I — I —	Check if Austin, TX, officeholder living expense od for Meet & Greet		
			a for week a Greek		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
ľ	expenditure to benefit C/OI		Since Hold		
⊨	Date	Payee name			
	02/02/2024	Higginbothams			
		Payee address; City; State; Zip Code			
	Amount (\$) \$19.49	100 West Bo Gibbs			
	Ф19.49	100 West Bo Gibbs			
		Clar Dana TV 70040			
		Glen Rose, TX 76043			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des			
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		I — I —	Lumber for Campaign Signs		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	H			
	Date	Payee name			
	02/01/2024	Huggins, Wendy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,025.00	420 Grand Avenue			
		Unit B			
		Glen Rose, TX 76043			
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	crintion		
	OF		Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Car	mpaign Treasurer Wages		
L			257		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
l					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/18 Rpt: 30/42	Kerwin, Helen D. (Ms.) 00088323
4	Date	5 Payee name
	02/16/2024	J2 Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$510.00	209 E Johnston Ave
		Kingsville, TX 78363
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Logo Design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/09/2024	Kristopher Ray Creative LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,150.00	104 Hollytree Ct
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website Design & Development
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/05/2024	Lone Star Bar & Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,160.00	212 W Ellison St
		Burleson, TX 76028
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event with Governor and Constituents
		Event with Governor and Constituents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/18 Rpt: 31/42	Kerwin, Helen D. (Ms.) 00088323
4	Date	5 Payee name
	02/17/2024	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$142.85	140 NW John Jones Dr
		Burleson, TX 76028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/24/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.90	140 NW John Jones Dr
		Burleson, TX 76028
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinic Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	02/10/2024	Panda Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.23	1054 S Broadway St
		Joshua, TX 76058
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff Lunch
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 32/42	Kerwin, Helen D. (Ms.)		00088323
4	Date	5 Payee name		
	02/09/2024	Ryan Data & Research		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
	\$1,500.00	PO Box 202675		
		Austin, TX 78720		
8	PURPOSE OF	,	b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Polling Expense		Check if Austin, TX, officeholder living expense
				Targeting, polling, donor lists, etc
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	experialture to beriefft C/O	1		
	Date	Payee name		
	02/24/2024	Schuman, Bobby		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$33.57	420 Grand Avenue		
		Glen Rose, TX 76043		
	PURPOSE OF	, , ,	b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Reimburse - Food for Meet & Greet with Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/12/2024	Schuman, Bobby		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$2,635.05	420 Grand Avenue		
		Glen Rose, TX 76043		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Campaign Manager Wages
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	1		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/18 Rpt: 33/42	Kerwin, Helen D. (Ms.) 00088323
4	Date	5 Payee name
	01/26/2024	Southwest Outdoor Advertising
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,845.00	5206 McKinney Ave
		Ste 204
		Dallas, TX 75205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Billboard
		Billbothu
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	01/29/2024	Spectrum Marketing
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,764.09	95 Eddy Rd
		Suite 101
		Manchester, NH 03102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Mailer
		With the second
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	02/05/2024	Spectrum Marketing
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,764.09	95 Eddy Rd
		Suite 101
		Manchester, NH 03102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  Mailer
		Mailer
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Fayinent	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/18 Rpt: 34/42	Kerwin, Helen D. (Ms.)	00088323
4	Date	5 Payee name	
	02/09/2024	Spectrum Marketing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
٠	\$900.00	95 Eddy Rd	
	Ψ300.00	Suite 101	
		Manchester, NH 03102	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Door Hangers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
_	expenditure to benefit C/OI		
	Date	Davies name	
	02/09/2024	Payee name Spectrum Marketing	
		<u> </u>	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$187.20	95 Eddy Rd	
		Suite 101	
		Manchester, NH 03102	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
		Business Car	TX, officeholder living expense
		Business our	45
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		555
	Date	Payan nama	
	02/13/2024	Payee name Spectrum Marketing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,764.09	95 Eddy Rd	
		Suite 101	
		Manchester, NH 03102	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
		Mailer	TX, officeholder living expense
		ivialiei	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guid	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 13/18 Rpt: 35/42	Kerwin, Hel	en D. (Ms.)					00088323	
4	Date	5 Payee name							
	02/17/2024	Spectrum M	larketing						
6	Amount (\$)	7 Payee addres		State; Zip C	ode				
	\$13,690.79	95 Eddy Rd							
		Suite 101							
		Manchester	, NH 03102						
8	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			=		de of Texas. Com officeholder living	
						Mailer	, , , ,	omocnoluer liviliy	, experise
9	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	<del></del>							
	Date	Payee name							
	02/16/2024	Spectrum M	larketing						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$837.60	95 Eddy Rd							
		Suite 101							
		Manchester	, NH 03102						
	PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense					de of Texas. Com	
						Door Hangers		officeholder living	l evheuse
						Door Hangers	J		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H 							
	Date	Payee name							
L	02/22/2024	Spectrum M	larketing						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$10,764.09	95 Eddy Rd							
		Suite 101							
		Manchester	, NH 03102						
	PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense					de of Texas. Com	
						ш	, TX,	officeholder living	expense
						Mailer			
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u> </u> ught			Office he	eld
	expenditure to benefit C/O				<b>J</b>				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/18 Rpt: 36/42	2 FILER NAME Kerwin, Helen D. (Ms.)  3 Filer ID (Ethics Commission Filers) 00088323
4	Date 02/22/2024	5 Payee name Spectrum Marketing
	Amount (\$) \$1,904.56	7 Payee address; City; State; Zip Code 95 Eddy Rd Suite 101 Manchester, NH 03102
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Door Hangers
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/05/2024	Payee name Staples
	Amount (\$) \$79.55	Payee address; City; State; Zip Code 301 E Highway 377 Ste 112 Granbury, TX 76048
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Volunteer Cards
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/10/2024	Payee name Starbucks Coffee
	Amount (\$) \$13.96	Payee address; City; State; Zip Code  1036 S Broadway St  Ste 200  Joshua, TX 76058
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **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

	Credit Card Payment	The Instruction Guide explains how to con	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/18 Rpt: 37/42	Kerwin, Helen D. (Ms.)		00088323
4	Date	5 Payee name		-
	01/30/2024	Sundown Subs		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$58.67	607 NE Big Bend Trl		
		Glen Rose, TX 76043		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Staff Lunch Meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ght	Office held
	Date	Payee name		
	02/02/2024	Sundown Subs		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$21.09	607 NE Big Bend Trl		
		Glen Rose, TX 76043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Staff Meeting
				Stan Weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		giit	Cindo ficia
	Date	Pausa nama		
	02/09/2024	Payee name Taco Bell		
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$21.68	504 SW Big Bend Trl		
		Glen Rose, TX 76043		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Staff Lunch
	Complete ONLY if direct	L Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	•	J -	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 16/18 Rpt: 38/42	Kerwin, Helen D. (Ms.) 00088323				
4	Date	5 Payee name				
	01/29/2024	Targeted Victory				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,102.34	2311 Wilson St				
		Suite 200				
		Arlington, VA 22201				
8	PURPOSE					
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Text Invites				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/01/2024	Targeted Victory				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,057.42	2311 Wilson St				
		Suite 200				
		Arlington, VA 22201				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense  Text Invites					
		Text invites				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
	Date	Payee name				
	02/06/2024	Targeted Victory				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$45,097.10	2311 Wilson St				
		Suite 200				
		Arlington, VA 22201				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Digital Advertising				
	Complete ONLY if allower	Condidate/Officeholder name Office south				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Co								OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FI	LER NAME					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 17/18 Rpt: 39/42	Ke	erwin, Helen D. (Ms	s.)					00088323		
4	Date	<b>5</b> Pa	ayee name								
	02/13/2024	Ta	argeted Victory								
6	Amount (\$)	<b>7</b> Pa	ayee address; Cit	y; State	; Zip Co	de					
	\$5,000.00	23	311 Wilson St								
		Sı	uite 200								
		Aı	lington, VA 22201								
8	PURPOSE	(a) Ca	ategory (See Categories	listed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		onsulting Expense							plete Schedule T.	
							General Cons		, officeholder living		
							General Cons	Sui	ung Retaine	ı	
9	Complete ONLY if direct		ndidate/Officeholder r	iame (	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	H									
	Date	Pa	ayee name								
	02/20/2024	Tá	argeted Victory								
	Amount (\$)	Pa	ayee address; Cit	y; State	; Zip Co	de					
	\$38,869.31	23	311 Wilson St								
		Sı	uite 200								
		Aı	lington, VA 22201								
	PURPOSE	(a) Ca	ategory (See Categories	listed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Advertising Expense					<b>=</b>			plete Schedule T.	
		L   Di				Digital Advert		, officeholder living ກ <b>ດ</b>	j expense		
Digital Advertisin					9						
┢	Complete ONLY if direct		ndidate/Officeholder r	iame (	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	H									
	Date	Pa	ayee name								
	02/14/2024	Th	ne McIntosh Compa	any							
	Amount (\$)	Payee address; City; State; Zip Code									
	\$12,049.45	92	203 Esplanade Dr								
		Di	allas, TX 75220								
	PURPOSE OF	(a) Ca	ategory (See Categories	listed at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE	E	ent Expense						ide of Texas. Com , officeholder living	plete Schedule T.	
							Event Fee, N			у схрепас	
							,		<b>3</b> .		
Н	Complete ONLY if direct		ndidate/Officeholder r	iame (	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н									
T											
ᆫ											

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 18/18 Rpt: 40/42	2 FILER NAME Kerwin, Helen D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088323
4	Date 02/17/2024	5 Payee name The Porch		·
6	Amount (\$) \$89.68	7 Payee address; City; State; Zip Co 140 S Wilson St Burleson , TX 76028	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meet & Greet with Constituents
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 02/05/2024	Payee name Zoe Audio Visual		
	Amount (\$) \$361.00	Payee address; City; State; Zip Co PO Box 374  Scurry, TX 75158	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Podium
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 02/16/2024	Payee name Zoe Audio Visual		
	Amount (\$) \$935.28	Payee address; City; State; Zip Co PO Box 374	de	
		Scurry, TX 75158		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Decor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

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

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 1/2 Rpt: 41/42	Kerwin, Helen D. (N	/Is.)		00088323				
4 CREDIT CARD ISSUER	Name of financial institution American Express  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$33.39	02/15/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Storiebook Cafe		502 NE Barnard St					
	( ) 5 :		Glen Rose, TX 76043					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Campaign Staff Lunch					
X Political	Food/Beverage Expe		Campaigh Stail Lunch					
Non-Political	(1)	of Texas. Complete Schedule T.		, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$605.00	02/14/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Burleson Now Magazine		PO Box 1071					
			Waxahachie, TX 75168					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Advertising Expense	,	Newspaper Ad					
Non-Political	(c) 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	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•					
Complete ONLY if direct	Candidate/Officeholder	e sought	Office held					
expenditure to benefit C/OH								

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

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica		ces Sal ruction Guide explains how		THER (enter a category not listed	d above)			
1 Total pages Schedule F4:				3 Filer ID (Ethics Comm	nission Eilars)			
Sch: 2/2 Rpt: 42/42	Kerwin, Helen D. (M	00088323						
-			E TOTAL OF UNITERAIZED	100066323				
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$				
.555	Capita	al One	CHARGED TO A CREDIT	•				
C DAVIMENT	(a) Amazunt Channad	(b) Data of Chause	CARD	n Deid				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Palu				
	\$2,500.00	02/04/2024						
7 DAVEE	() -							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code			
	45 Films LLC		1405 S Fern St #228					
			Aulin t \					
a PURPOSE OF	(a) Catagony		Arlington, VA 22202					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description Social Media Advertising/Strategy					
X Political	Advertising Expense		Social Media Advertising/	Strategy				
I <u>=</u>			<u> </u>					
Non-Political	<u> </u>	of Texas. Complete Schedule T.		, officeholder living expense				
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	yr Doid				
PATMENT			(c) Date(s) Credit Card issue	i raiu				
	\$106.09	02/03/2024						
PAYEE	(a) Dayoo nama		(b) Davos address:	City, State	7in Codo			
	(a) Payee name		(b) Payee address; 305 E 12th St	City, State	e, Zip Code			
	Joshua Post & Print	t	Ste B					
			Joshua, TX 76058					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Color Ad Copies					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside of		, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
I								