

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088323		2 Total pages filed: 24		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Helen D.	MI MI	Date Received <b>ELECTRONICALLY FILED</b> 10/28/2024	
	NICKNAME	LAST Kerwin	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<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)		Receipt #	Amount
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Processed	
5 ORIGINAL PERIOD COVERED	Month Day Year 09/27/2024	THROUGH	Month Day Year 10/26/2024	Date Imaged	

6 EXPLANATION OF CORRECTION  
 Added Cash Donations from Fundraiser Event that were not included in original

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00088323	<b>2</b> Total pages filed: 24				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Helen D.	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Kerwin	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 10/28/2024		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 420 Grand Avenue  Glen Rose, TX 76043			Date Hand-delivered or Date Postmarked			
				Receipt #      Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Wendy C.	MI				
	NICKNAME	LAST Huggins	SUFFIX				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1214 Sandstone Drive  Cleburne, TX 76033						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(325)	998-8632					
<b>8</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		09/27/2024				10/26/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> 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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<b>13 C / OH NAME</b> Kerwin, Helen D. (Ms.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088323
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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 style="width:100%"> <tr> <td style="width:30%"><b>COMMITTEE TYPE</b></td> <td style="width:70%"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>				
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>										
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>										
	<input type="checkbox"/> SPECIFIC											
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>												
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>												

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	41,888.05
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	38,285.93
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	58,769.66
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,000.00

**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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<b>18 FILER NAME</b> Kerwin, Helen D. (Ms.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00088323
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 41,888.05
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 38,285.93
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/16 Rpt: 5/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) AAA Bail Bonds ..... <b>6</b> Contributor address; City; State; Zip Code  Hillsboro, TX 76646	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) APT Association of Tarrant County PAC ..... Contributor address; City; State; Zip Code  Hurst, TX 76054	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arnold, Corrine ..... Contributor address; City; State; Zip Code  Cleburne, TX 76031	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Austin, Suzette ..... Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Self
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderama, Gina ..... Contributor address; City; State; Zip Code  Cleburne, TX 76031	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Pool Builder		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/16 Rpt: 6/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderama, Gina	<b>7</b> Amount of Contribution (\$)  \$36.44
<b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76031		
<b>8</b> Principal occupation / Job title (See Instructions) Pool Builder		<b>9</b> Employer (See Instructions) Self
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderama, Gina	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions) Pool Builder		Employer (See Instructions) Self
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderama, Gina	Amount of Contribution (\$)  \$550.00
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions) Pool Builder		Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berriochoa, Gary	Amount of Contribution (\$)  \$36.44
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) EZ Financial Group LLC
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigley, Mark	Amount of Contribution (\$)  \$36.44
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Hillside Consulting

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/16 Rpt: 7/24
2 FILER NAME Kerwin, Helen D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088323
4 Date 10/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bluntzer, Ann	7 Amount of Contribution (\$) \$520.51
	6 Contributor address; City; State; Zip Code  Fort Worth, TX 76110	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) TCU
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borton, Tom	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Cleburne, TX 76031	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035006) CEPAC Chevron Employees PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Ramon, CA 94583	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chastain, Vivian	Amount of Contribution (\$) \$72.87
	Contributor address; City; State; Zip Code  Cleburne, TX 76033	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chastain, Vivian	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Cleburne, TX 76033	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/16 Rpt: 8/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cockrell, Jim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76031	<b>7</b> Amount of Contribution (\$)  \$72.87
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CollinsonCooper, Stephanie <hr/> Contributor address; City; State; Zip Code  Westlake Hills, TX 78746	Amount of Contribution (\$)  \$36.44
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CollinsonCooper, Stephanie <hr/> Contributor address; City; State; Zip Code  Westlake Hills, TX 78746	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Greg <hr/> Contributor address; City; State; Zip Code  Joshua, TX 76058	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cozby, Oliver <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/16 Rpt: 9/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruce, Guy	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76031		
<b>8</b> Principal occupation / Job title (See Instructions) Pool Builder		<b>9</b> Employer (See Instructions) Self
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruce, Guy	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions) Pool Builder		Employer (See Instructions) Self
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniels, Leslie	Amount of Contribution (\$) \$416.41
Contributor address; City; State; Zip Code  Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) CISD
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniels, Troy	Amount of Contribution (\$) \$700.00
Contributor address; City; State; Zip Code  Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Di Nicola, Yane	Amount of Contribution (\$) \$36.44
Contributor address; City; State; Zip Code  Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) ACL Fab

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/16 Rpt: 10/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Cornelia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grandview, TX 76050	<b>7</b> Amount of Contribution (\$)  \$275.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 10/18/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez Public Affairs & Consulting <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b>  \$200.00
<b>Principal occupation / Job title (See Instructions)</b> 		<b>Employer (See Instructions)</b> 
<b>Date</b> 09/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Good, Melanie <hr/> <b>Contributor address; City; State; Zip Code</b>  Burleson, TX 76028	<b>Amount of Contribution (\$)</b>  \$72.87
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> SEC
<b>Date</b> 10/26/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goulding, Duaine <hr/> <b>Contributor address; City; State; Zip Code</b>  Rio Vista, TX 76093	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/09/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendee, Nina <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77024	<b>Amount of Contribution (\$)</b>  \$1,041.02
<b>Principal occupation / Job title (See Instructions)</b> Self		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/16 Rpt: 11/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holmes, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79702	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Oil & Gas		<b>9</b> Employer (See Instructions) Self Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Traci <hr/> Contributor address; City; State; Zip Code  Grandview, TX 76050	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Cook		Employer (See Instructions) SLP Operations
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hundley, Craig <hr/> Contributor address; City; State; Zip Code  Grandview, TX 76050	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson County Bail Bonds <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76031	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Peggie <hr/> Contributor address; City; State; Zip Code  Joshua, TX 76058	Amount of Contribution (\$)  \$72.87
Principal occupation / Job title (See Instructions) Office Admin		Employer (See Instructions) Mallory's

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/16 Rpt: 12/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Peggie ..... <b>6</b> Contributor address; City; State; Zip Code  Joshua, TX 76058	<b>7</b> Amount of Contribution (\$)  \$52.05
<b>8</b> Principal occupation / Job title (See Instructions) Office Admin		<b>9</b> Employer (See Instructions) Mallory's
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joslin, John ..... Contributor address; City; State; Zip Code  Glen Rose, TX 76043	Amount of Contribution (\$)  \$36.44
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joslin, John ..... Contributor address; City; State; Zip Code  Glen Rose, TX 76043	Amount of Contribution (\$)  \$72.87
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kilen, Debbie ..... Contributor address; City; State; Zip Code  Joshua, TX 76058	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Antiques		Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kilen, Debbie ..... Contributor address; City; State; Zip Code  Joshua, TX 76058	Amount of Contribution (\$)  \$72.87
Principal occupation / Job title (See Instructions) Antiques		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/16 Rpt: 13/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knutson, Marcia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76114	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Buyer		<b>9</b> Employer (See Instructions) Lila and Hayes
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landrus, Frank <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$72.87
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landrus, Linda <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lau, Dennis <hr/> Contributor address; City; State; Zip Code  Godley, TX 76044	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) Self-Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, Gib <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76111	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/16 Rpt: 14/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mark, Fagan	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76708		
<b>8</b> Principal occupation / Job title (See Instructions) Executive VP		<b>9</b> Employer (See Instructions) Brazos Electric
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marshall, Jeff	Amount of Contribution (\$) \$260.25
Contributor address; City; State; Zip Code  Joshua, TX 76058		
Principal occupation / Job title (See Instructions) Janitor		Employer (See Instructions) JFR
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McMahon, Linda	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Greenwich, CT 06831		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Self
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Natalie's Best Bet Bail Bonds	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nunley, Stephen	Amount of Contribution (\$) \$72.87
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/16 Rpt: 15/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nunley, Stephen	<b>7</b> Amount of Contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76031		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Scott	Amount of Contribution (\$) \$369.56
Contributor address; City; State; Zip Code  Godley, TX 76044		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) JP Morgan Chase
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rural Friends of Electric Cooperatives	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schall, Daniel	Amount of Contribution (\$) \$72.87
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sewell, Carl	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/16 Rpt: 16/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smallwood, Cameron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Joshua, TX 76058	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stuer, James <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$72.87
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SYSCS
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarver, Maudie <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Food & Fuel Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Optometric PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/16 Rpt: 17/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trammell, Larry	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76031		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trammell, Larry	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trammell, Larry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan, James	Amount of Contribution (\$) \$72.87
Contributor address; City; State; Zip Code  Cleburne, TX 76031		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn's Cowtown Bail Bonds	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/16 Rpt: 18/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watson, Greg <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grandview, TX 76050	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weathers, Derek <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Construction Management		Employer (See Instructions) Eden Green Technology
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Tina <hr/> Contributor address; City; State; Zip Code  Alvarado, TX 76009	Amount of Contribution (\$)  \$72.87
Principal occupation / Job title (See Instructions) Executive Recruiter		Employer (See Instructions) Self-Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Tina <hr/> Contributor address; City; State; Zip Code  Alvarado, TX 76009	Amount of Contribution (\$)  \$286.28
Principal occupation / Job title (See Instructions) Executive Recruiter		Employer (See Instructions) Self-Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Tina <hr/> Contributor address; City; State; Zip Code  Alvarado, TX 76009	Amount of Contribution (\$)  \$624.61
Principal occupation / Job title (See Instructions) Executive Recruiter		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/16 Rpt: 19/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wills, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Springtown, TX 76082	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wills, Elizabeth <hr/> Contributor address; City; State; Zip Code  Springtown, TX 76082	Amount of Contribution (\$)  \$145.74
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Thomas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) T Wilson
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Thomas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) T Wilson
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, John <hr/> Contributor address; City; State; Zip Code  Grandview, TX 76050	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/16 Rpt: 20/24
<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Maggie	<b>7</b> Amount of Contribution (\$) \$72.87
	<b>6</b> Contributor address; City; State; Zip Code  Burleson, TX 76028	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 10/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Maggie	<b>Amount of Contribution (\$)</b> \$104.10
	<b>Contributor address; City; State; Zip Code</b>  Burleson, TX 76028	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 21/24	<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088323
<b>4</b> Date 10/10/2024	<b>5</b> Payee name Burlson Brunch House	
<b>6</b> Amount (\$) \$95.07	<b>7</b> Payee address; City; State; Zip Code 2650 SW Wilshire Blvd  Burlson, TX 76028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2024	Payee name Cleburne Times-Review	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 108 S Anglin St  Cleburne, TX 76033	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name First Financial Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 400 NE Big Bend Trail  Glen Rose, TX 76043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper Statement Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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.

<b>1</b>	Total pages Schedule F1: Sch: 2/4 Rpt: 22/24	<b>2</b>	FILER NAME Kerwin, Helen D. (Ms.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088323
<b>4</b>	Date 10/23/2024	<b>5</b>	Payee name Harland Clarke		
<b>6</b>	Amount (\$) \$32.59	<b>7</b>	Payee address; City; State; Zip Code 4475 Premier Dr  High Point, NC 27265		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks		
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/24/2024		Payee name Huggins, Wendy		
	Amount (\$) \$125.00		Payee address; City; State; Zip Code 1214 Sandstone Dr  Cleburne, TX 76033		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Admin/Treasurer		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/23/2024		Payee name Huggins, Wendy		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 1214 Sandstone Dr  Cleburne, TX 76033		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Admin/Treasurer/Social Media		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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.

<b>1</b>	Total pages Schedule F1: Sch: 3/4 Rpt: 23/24	<b>2</b>	FILER NAME Kerwin, Helen D. (Ms.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088323
<b>4</b>	Date 10/11/2024	<b>5</b>	Payee name Huggins, Wendy		
<b>6</b>	Amount (\$) \$100.00	<b>7</b>	Payee address; City; State; Zip Code 1214 Sandstone Dr  Cleburne, TX 76033		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Admin/Treasurer/Social Media		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/24/2024		Payee name Kings of Comida LLC		
	Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 5624 CR 302  Grandview, TX 76050		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/26/2024		Payee name Rollins, Brooke		
	Amount (\$) \$35,000.00		Payee address; City; State; Zip Code 2232 Winton Terrace West  Fort Worth, TX 76109		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial repayment of loan from previous report		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 24/24	<b>2</b> FILER NAME Kerwin, Helen D. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088323
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<b>4</b> Date 10/09/2024	<b>5</b> Payee name Spectrum Marketing
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<b>6</b> Amount (\$) \$125.13	<b>7</b> Payee address; City; State; Zip Code 95 Eddy Rd Suite 101 Manchester, NH 03102
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name The Gober Group
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Amount (\$) \$94.50	Payee address; City; State; Zip Code PO Box 341016  Austin, TX 78734
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Legal Counsel
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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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Date 10/23/2024	Payee name X Corp
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Amount (\$) \$8.64	Payee address; City; State; Zip Code 1355 Market St Ste 900 San Francisco, CA 94103
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense X Twitter Posts
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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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