CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00088323		2 Total pages filed: 27	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	The Honorable	Helen D.			Date Received	
10 WIL					ELECTRONICALLY FILED	
					07/14/2025	
	NICKNAME	LAST		SUFFIX	07/14/2025	
		Kerwin				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
OFFICEHOLDER MAILING	420 Grand Avenue					
ADDRESS					Receipt # Amount	
Change of Address	Glen Rose, TX 76043					
	,				Date Processed	
					Data Inc. and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Wendy C.		1411		
NAME	IVIS.	Wendy C.				
	NIO(ALANE					
	NICKNAME	LAST		SUFFIX		
		Huggins				
• • • • • • • • • • • • • • • • • • • •	OTDEET ADDRESS (NO DO		4.5	T / OLUTE // OLTY	07175 710 001	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP COI)Ε
ADDRESS	1214 Sandstone Drive					
(Residence or Business)						
	Cleburne, TX 76033					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(325) 998-8632	NE NOWBER E	EXTENSION			
PHONE	(323) 990-0032					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer	
					appointment (officeholder only)	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	∐P	rimary	Runoff	Other	
		□G	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distr	rict 58 Somerve	II			
	·					
				1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Kerwin, Helen D. (Th	e Honorable)	14 Filer ID (00088323	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exp These expenditures may have been made w officeholders are required to report this info	ithout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	AME	
		COMMITTEE CAMPAIGN TREASURER AL	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHEI ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF I	LOANS)	\$ 1,154.10
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 31,818.40
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 52,989.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAI TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			penalty of perjury, that the accudes all information required to	
		The	Honorable Helen D. Kerw	in
		Signa	ture of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of offic	ce.	
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVER	3 of 27
18 FILE Kerv	R NAM	(Ethics	Commission Filers)		
20 SCH NAM	EDULE	SU	JBTOTAL AMOUNT		
1.	х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,154.10
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	16,086.36
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	15,732.04
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	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/27	
2	FILER NAME Kerwin, Hele	en D. (The Honorable)		3	Filer ID (Ethics Commission 00088323	ion Filers)
4			7	Amount of Contribution (\$)	\$1,000.00	
	Deignigal	Houston, TX 77055	To Frankrije (Control for			
8	CEO	ipation / Job title (See Instructions)	9 Employer (See Instruction: Grocery Services	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Rhodes, Fran Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	Keller, TX 76244 upation / Job title (See Instructions)	Employer (See Instruction	e)		
	President/No		True Texas Project	3)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Wallace, Bonnie Contributor address; City; State; Zip Code Llano, TX 78643)		Amount of Contribution (\$)	\$104.10
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instruction:	s)		

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

l	Credit Card Payment	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: 5/27	Kerwin, Helen D. (The Honorable) 00088323	
4	Date	5 Payee name	_
	01/12/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.16	410 Terry Avenue North	
		Seattle, WA 98109	
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 Power cords/cables	
		1 ower corasionalics	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	01/31/2025	Amazon	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$27.32	410 Terry Avenue North	
	,		
		Seattle, WA 98109	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Coaxial Cable & Cord Hider for state office	
L	Complete ONII V if direct	Condidate/Officeholder rows Office country	_
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
⊨	Data		_
	Date 01/14/2025	Payee name Amazon	
L			
	Amount (\$) \$162.36	Payee address; City; State; Zip Code	
	Φ102.30	410 Terry Avenue North	
		Soottle WA 00100	
L		Seattle, WA 98109	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Equipment for state office	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	
			-
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Comi	ımittee I	Gift/Awards/Memorial Legal Services The Instruction G	·		ages/	/Contract Labor		Travel Out OTHER (e		strict category not listed above)	
_	Total pages Cabadula 54:	٠ .			capianis				12	Filo: ID		(Ethios Commission Files-)	
1	Total pages Schedule F1: Sch: 2/18 Rpt: 6/27	l		n D. (The Hor	orable)				3	Filer ID 000883	323	(Ethics Commission Filers)	
4	Date	5 [Pavee name										
Ĺ	01/30/2025	1 1	,	a Chamber of	Commerce	: 							
6	Amount (\$) \$155.00	-	Payee addres 124 S Main S Ste 228 Burleson, TX	St	State;	; Zip Co	de						
8	PURPOSE	(a) (Category (See	Categories listed at	the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE	6	Fees	-	•							plete Schedule T.	
	EM EMPHORE							Check if Austin			r living	expense	
<u> </u>	0 1. 5	<u> </u>	. p			2111							
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name		Office sou	ght 			Offic	ce he	eld	
	Date	F	Payee name										
	01/02/2025	(Capitol Exte	nsion Gift Sho	р								
	Amount (\$)	F	Payee addres	s; City;	State:	; Zip Co	de						
	\$259.80] :	1400 Congre	ess Ave									
		6	E1.006										
		l	Austin, TX 7	3701									
	PURPOSE OF			Categories listed at		nedule)	(b)	Description					
	EXPENDITURE	(Office Overh	ead/Rental Ex	pense			Check if travel of Check if Austin				plete Schedule T.	
								Lapel Pins - S					
									-ia	.5 51 16/	. ۵۰ ز	go.a ooal	
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	eholder name	(Dffice sou	ght			Offic	ce he	eld	
	Date	F	Payee name										
	01/14/2025	l	•	nsion Gift Sho	р								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de						
	\$48.71] :	1400 Congre	ess Ave									
		[E1.006										
		l	Austin, TX 7	3701									
	PURPOSE	(a) (Category (See	e Categories listed at	the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE			ead/Rental Ex			•		outsi	de of Texas	. Com	plete Schedule T.	
	EAPENDITURE							Check if Austin	, TX,	officeholde	r living	expense	
								Mugs					
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Offic	ce he	eld	
	expenditure to benefit C/O	H 											
_													

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 Travel in District

	Constitutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/18 Rpt: 7/27	Kerwin, Helen D. (The Honorable) 00088323
4	Date	5 Payee name
	04/05/2025	Chisolm Trail 100 Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	PO Box 332
		Burleson, TX 76097
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation - First Responders
Ļ	Operation ONLY if allowed	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/05/2025	Chisolm Trail 100 Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	PO Box 332
		Burleson, TX 76097
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation - First Responders
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/08/2025	Cleburne Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	1511 W Henderson St
	Ψ103.00	1311 W Henderson St
		Cleburne, TX 76033
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling ense Printin	Expense Expens			Travel in District Travel Out of Dis	
	Credit Card Payment		The Instruction Guide	explains how to	comple	ete this form.			
1	Total pages Schedule F1: Sch: 4/18 Rpt: 8/27	l	E elen D. (The Honoral	ble)			3	Filer ID 00088323	(Ethics Commission Filers)
4	Date	5 Payee name							
	04/24/2025	Constant C							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	\$281.40	890 Winter	St						
		Ste 300							
		Waltham, I	MA 02109						
8	PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Office Ove	rhead/Rental Expen	se				de of Texas. Com officeholder living	plete Schedule T.
						Newsletter S			g expense
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office h	eld
	Date	Payee name							
	01/12/2025	CostCo W							
_	Amount (\$)	Payee addre		State; Zip	Code				
	\$130.08	1901 Kelly	· · · · · · · · · · · · · · · · · · ·	Otate, Zip	oouc				
	4 200.00		250						
		Pflugerville	e, TX 78660						
	PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com officeholder living	plete Schedule T. gexpense
						Drinks/Snack			,
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office he	eld
	Date	Payee name	9						
	01/02/2025	First Finan	cial Bank						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$5.00	400 NE Biç	g Bend Trail						
		Glen Rose	, TX 76043						
	PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Fees				ш		de of Texas. Com officeholder living	plete Schedule T.
						Paper Staten			у схропас
						•			
	Complete ONLY if direct		ficeholder name	Office s	ought			Office h	eld
	expenditure to benefit C/OI	Н							
	rms provided by Tayas F	thios Commiss	ion was	othics state to	/ IIC				Version V// 1 0 f10d0fd9

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 9/27	Kerwin, Helen D. (The Honorable)	00088323
4	Date	5 Payee name	
	02/03/2025	First Financial Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	400 NE Big Bend Trail	
l			
		Glen Rose, TX 76043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Paper Statement Fee
			•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Т	Date	Payee name	
	03/03/2025	First Financial Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	400 NE Big Bend Trail	
l		Glen Rose, TX 76043	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
l	ZAI ZAISTONZ		Check if Austin, TX, officeholder living expense Paper Statement Fee
			rapei Statement ree
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	03/31/2025	First Financial Bank	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.95	400 NE Big Bend Trail	
		Glen Rose, TX 76043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Bill Pay Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Sind Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
	Sch: 6/18 Rpt: 10/27	Kerwin, Helen D. (The Honorable) 00088323	
4	Date	5 Payee name	_
	04/01/2025	First Financial Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$5.00	400 NE Big Bend Trail	
		Glen Rose, TX 76043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Paper Statement Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_			_
	Date	Payee name	
	04/30/2025	First Financial Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.95	400 NE Big Bend Trail	
		Glen Rose, TX 76043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Bill Pay Fee	
		Bill Fay Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	5 .		_
	Date	Payee name	
	05/01/2025	First Financial Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	400 NE Big Bend Trail	
		Glen Rose, TX 76043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Paper Statement Fee	
		i aper statement i ee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 11/27	Kerwin, Helen D. (The Honorable)	00088323
4	Date	5 Payee name	
	05/30/2025	First Financial Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
٠	\$4.95	400 NE Big Bend Trail	
	Ψ1.00	100 NE Big Boild Trail	
		Clar Deep TV 70042	
		Glen Rose, TX 76043	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Bill Pay Fee	, m, chicanotta hing expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	06/02/2025	First Financial Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	400 NE Big Bend Trail	
		Glen Rose, TX 76043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	outside of Texas. Complete Schedule T.
		Paper Statem	TX, officeholder living expense
		t aper statem	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		0.1100 1.010
	Date	Davies same	
	06/30/2025	Payee name First Financial Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.95	400 NE Big Bend Trail	
		Glen Rose, TX 76043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
		Bill Pay Fee	, TX, officeholder living expense
		Jill Fay Fee	
	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 Candidate/Officeholder/Political Committee

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.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 8/18 Rpt: 12/27	Kerwin, Helen D. (The Honorable) 00088323
4	Date	5 Payee name
	01/30/2025	Glen Rose Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	808 NE Big Bend Trail
		Glen Rose, TX 76043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wettibership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	03/12/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.13	1600 Ampitheatre Pkwy
	Ψ20.10	1000 / Amplaneation Kwy
		Mountain View, CA 94043
	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
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/13/2025	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.63	8801 S Congress Ave
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Staff
		Stati
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 9/18 Rpt: 13/27	Kerwin, Helen D. (The Honorable) 00088323	
4	Date	5 Payee name	
	02/08/2025	Haney, Randy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	1102 Stadium Drive	
		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	
		District Maps	
		Biodist maps	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	01/29/2025	Harland Clarke	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.55	4475 Premier Dr	
		High Point, NC 27265	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Checks	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	01/09/2025	Home Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.75	1200 Barbara Jordan Blvd	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	_/	Check if Austin, TX, officeholder living expense	
		Hanging Kit for Art/Pictures	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		ers)
	Sch: 10/18 Rpt: 14/27	Kerwin, Helen D. (The Honorable) 00088323	
4	Date	5 Payee name	
L	01/09/2025	Huggins, Wendy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$125.00	1214 Sandstone Dr	
		Cleburne, TX 76033	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Admin/Treasurer	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	01/30/2025	Huggins, Wendy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	1214 Sandstone Dr	
		Cleburne, TX 76033	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Admin/Treasurer	
_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	poa.taro to boriont 0/01		
	Date	Payee name	
	02/13/2025	Huggins, Wendy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1214 Sandstone Dr	
		Cleburne, TX 76033	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EVLEINDIIOKE	Check if Austin, TX, officeholder living expense	
		Admin/Treasurer	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	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: 15/27	Kerwin, Helen D. (The Honorable)	00088323
4	Date	5 Payee name	•
	04/03/2025	Huggins, Wendy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	1214 Sandstone Dr	
		Cleburne, TX 76033	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T.
		Admin/Treas	in, TX, officeholder living expense
		, dillilly reduce	All Ci
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	05/02/2025	Huggins, Wendy	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	1214 Sandstone Dr	
	, ————————————————————————————————————		
		Cleburne, TX 76033	
_	PURPOSE		
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		Admin/Treas	surer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	05/21/2025	Huggins, Wendy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1214 Sandstone Dr	
		Cleburne, TX 76033	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Cortifact Eabor	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Admin/Treas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
1			

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 12/18 Rpt: 16/27	Kerwin, Helen D. (The Honorable)	00088323	
4	Date	5 Payee name		
	06/04/2025	Huggins, Wendy		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$100.00	1214 Sandstone Dr		
		Cleburne, TX 76033		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Salaries/Wages/Contract Labor	``	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Ü		Check if Austin, TX, officeholder living expense
				Admin/Treasurer
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experiantiale to belief of of	'		
	Date	Payee name		
	06/20/2025	Huggins, Wendy		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$75.00	1214 Sandstone Dr		
		Cleburne, TX 76033		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Admin/Treasurer
	Computate ONLY if diseast	Candidate/Officeholder name Office so		Office heald
	Complete ONLY if direct expenditure to benefit C/OI		ugnı	Office held
	Date	Payee name		
	06/26/2025	Huggins, Wendy		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$75.00	1214 Sandstone Dr		
		Cleburne, TX 76033		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Admin/Treasurer
				Autilii/Treasurei
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		uynt	Office field

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

	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: 13/18 Rpt: 17/27	Kerwin, Helen D. (The Honorable) Carrier ID (Eurics Commission Files) 00088323
4	Date	5 Payee name
	06/19/2025	Johnson County Elections
6	Amount (\$) \$7.50	7 Payee address; City; State; Zip Code 103 S Walnut St Cleburne, TX 76033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Reports Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	Johnson County Junior Livestock
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,300.00	3119 N Main St
		Cleburne, TX 76033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Βοπαιιοπ
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Mattress Firm
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.61	311 S Lamar Blvd
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin living expenses Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Mattress for temporary lodging in Austin during legislative session
H	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 (Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Ca	ibutions/ Donations Made By andidate/Officeholder/Politica t Card Payment	al 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:	
Sch:	14/18 Rpt: 18/27	Kerwin, Helen D. (The Honorable) 00088323
4 Date		5 Payee name
01/15	5/2025	Shipley Donuts
6 Amou	ınt (\$)	7 Payee address; City; State; Zip Code
	\$38.97	7717 Southwest Pkwy
		Austin, TX 78735
8 PI	URPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXP	OF ENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Staff breakfast
	olete <u>ONLY</u> if direct nditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.76.5		
Date		Payee name
01/05	5/2025	Somervell County Youth Fair
Amou	int (\$)	Payee address; City; State; Zip Code
	\$1,000.00	202 Bo Gibbs Blvd
		Glen Rose, TX 76043
Pl	URPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXP	ENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
Comr	olete ONLY if direct	Candidate/Officeholder name Office sought Office held
	nditure to benefit C/OI	
Data		Davide name
Date	7/2025	Payee name Spangler, C
Amou	` '	Payee address; City; State; Zip Code
	\$125.00	1730 6th Avenue
		Fort Worth, TX 76110
Pl	URPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXP	OF ENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
Comp	olete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
	nditure 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:								
	Sch: 15/18 Rpt: 19/27	Kerwin, Helen D. (The Honorable) 00088323							
4	Date	5 Payee name							
	02/15/2025	State Preservation Board							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$90.61	201 E 14th St							
		Ste 950							
		Austin, TX 78701							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense							
	LAI LINDITORE	Check if Austin, TX, officeholder living expense							
		Mugs							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/OI								
F	Date	Payee name							
	02/24/2025	Texas Conservative Coalition							
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 919 Congress Ave							
		Ste 450							
		Austin, TX 78701							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Dues							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	05/30/2025	Texas Freedom Caucus							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	PO Box 12910							
		Austin, TX 78711							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Dues							
L	Complete ONLY if alias -t	Condidate/Officeholder name Office country							
	Complete ONLY 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 -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	ordan dara r aymon	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/18 Rpt: 20/27	Kerwin, Helen D. (The Honorable) 00088323
4	Date	5 Payee name
	01/30/2025	Texas House Republican Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 13305
		Austin, TX 78711
8	PURPOSE	(b) D
Ū	OF	Fees (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2025	Texas Silver-Haired Legislature Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	108 W Ollie St
	+200.00	#14
		Llano, TX 78643
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	01/06/2025	Payee name The Watershed School
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	403 N Pearson St
		Godley, TX 76044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Operation ONE VIII II	Out in the Committee of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farmana to bonont or or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 17/18 Rpt: 21/27	Kerwin, Helen D. (The Honorable) 00088323
4	Date	5 Payee name
	01/08/2025	Wesolek, James
6	Amount (\$) \$528.26	7 Payee address; City; State; Zip Code 11016 Helms Deep Drive Austin, TX 78754
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Reimburse staff for purchase of refrigerator for state office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Payee name
	01/13/2025	Wesolek, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,290.00	11016 Helms Deep Drive
		Austin, TX 78754
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Chief of Staff
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2025	Wesolek, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	11016 Helms Deep Drive
	+=	
		Austin, TX 78754
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Chief of Staff
		Ciliei di Stali
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Printing Salaries	Expense Expens s/Wages	e /Contract Labor		Travel in District Travel Out of Di	
				The Instruction Guide exp	lains how to	comple	ete this form.			
1	Total pages Schedule F1:	2 FI	LER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 18/18 Rpt: 22/27	K	erwin, Hele	en D. (The Honorable))				00088323	
4	Date	5 Pa	ayee name							
	01/13/2025	x	Corp							
6	Amount (\$)	7 Pa	ayee addres	s; City;	State; Zip (Code				
	\$90.72	13	355 Market	t St						
		S	te 900							
		s	an Francis	co, CA 94103						
8	PURPOSE	(a) C	ategory (Se	e Categories listed at the top of t	this schedule)	(b)	Description			
	OF EXPENDITURE		dvertising E		,			outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITURE						—		officeholder living	g expense
							Social Media			
9	Complete ONLY if direct expenditure to benefit C/OI	Cai H	ndidate/Offic	ceholder name	Office so	ought			Office h	eld
_										
l										

SCHEDULE **G**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_		ı .	<u> </u>		•	_			
1	Total pages Schedule G: Sch: 1/5 Rpt: 23/27	l	FILER NAME Kerwin, Helen D. (The Honorable)				Filer ID (Ethics Commission Filers) 00088323		
4	Date	5 F	Payee name						
	02/03/2025	l	Capitol Extension Gift Shop						
6	Amount (\$)	7 F	Payee address; City; State;	Zip Co	ode				
	\$70.36] 1	1400 Congress Ave						
	Reimbursement from	E	= 1.006						
	X political contributions intended	/	Austin, TX 78701						
8	PURPOSE	(a) (Category (See Categories listed at the top of this sche	dule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.		
	OF	(Office Overhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense		
	EXPENDITURE				Desk Tray				
_	Operation ONLY if all to at	0	listata (Office la cluber record		Office a secondar		O#: -		
9	Complete ONLY if direct expenditure to benefit C/OH	Cano	didate/Officeholder name		Office sought		Office held		
	Date	F	Payee name						
	02/07/2025	(Capitol Extension Gift Shop						
	Amount (\$)	F	Payee address; City; State;	Zip Co	ode				
	\$90.61	\$90.61 1400 Congress Ave							
Reimbursement from E1.006									
	political contributions intended	l	Austin, TX 78701						
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.		
	OF	(Office Overhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense		
	EXPENDITURE		•		Mugs				
	Complete ONLY if direct expenditure to benefit C/OH	<u>L</u> Cand	lidate/Officeholder name		Office sought		Office held		
H	Data	_							
	Date	1	Payee name						
	01/01/2025	Ŀ	Exxon Mobil						
	Amount (\$)	F	Payee address; City; State;	Zip Co	ode				
	\$77.30	6	6707 Cameron Rd						
	Reimbursement from political contributions								
	intended		Austin, TX 78752						
	PURPOSE OF	(Category (See Categories listed at the top of this sche	dule)	Description	_	eck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	(Gas		L	_	eck if Austin, TX, officeholder living expense		
					Travel from distriction official duties	ct to	o Austin for legislative session /		
	Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate/Officeholder name		Office sought		Office held		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment		nmittee	Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpense Nages/Contract Labor		Travel III District Travel Out of District OTHER (enter a category r	not listed above)
1	Total pages Schedule G:	2	FILER NAME	Ī				3	Filer ID (Ethics Co	mmission Filers)
	Sch: 2/5 Rpt: 24/27		Kerwin, Hel	en D. (The Hond	rable)				00088323	
4	Date	5	Payee name							
	01/06/2025		Exxon Mobi	il						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode			
	\$77.83		1110 NE Bi	g Bend Trail						
	Reimbursement from political contributions intended		Glen Rose,	TX 76043						
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b) Description	_	neck if travel outside of Texa	
	OF EXPENDITURE		Gas						neck if Austin, TX, officeholde	
							Travel from distri official duties	ict to	o Austin for legislat	ive session /
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate/Officeł	holder name			Office sought		Office hel	d
	Date		Payee name							
	01/01/2025		Fabbro, Rol	bert						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode			
	\$2,500.00		1122 Colora	ado						
	Reimbursement from political contributions intended		Austin, TX 7	78701						
	PURPOSE		Category (Se	ee Categories listed at th	e top of this sche	edule)	Description [_	neck if travel outside of Texa	
	OF EXPENDITURE		Temporary	Housing Rent				χ Ch	neck if Austin, TX, officeholde	er living expense
									in Austin during leg ance from Capitol	jislative session;
	Complete ONLY if direct expenditure to benefit C/OH	Can	ndidate/Officel	holder name			Office sought		Office hel	d
	Date		Payee name							
	02/01/2025		Fabbro, Rol	bert						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode			
	\$2,500.00		1122 Colora	ado						
	Reimbursement from political contributions intended		Austin, TX 7	78701						
	PURPOSE		Category (Se	ee Categories listed at th	e top of this sche	edule)	Description	Ch	neck if travel outside of Texa	s. Complete Schedule T.
	OF EXPENDITURE		Temporary	housing				_	neck if Austin, TX, officeholde	
									in Austin during leg ance from Capitol	jislative session;
	Complete ONLY if direct expenditure to benefit C/OH	Can	ndidate/Officeh	holder name			Office sought		Office hel	d

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comn Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/\	expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
_	Sch: 3/5 Rpt: 25/27		Helen D. (The Honorable	rable)		00088323	
4	Date	5 Payee na	5 Payee name				
	03/01/2025	Fabbro, Robert					
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip Co	ode		
	\$2,500.00	1122 Colorado					
	X Reimbursement from political contributions intended	Austin, ¹	TX 78701				
8	PURPOSE	(a) Category	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Temporary housing			×		
	2/0.2/07/07/2				Temporary housing in Austin during legislative session; required due to distance from Capitol		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					
	Date	Payee na	ame				
	04/01/2025	Fabbro,	Robert				
	Amount (\$) Payee address; City; State; Zip Code						
	\$2,500.00 1122 Colorado						
	X Reimbursement from political contributions intended Austin, TX 78701						
PURPOSE		Category	(See Categories listed at the top of	this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Tempor	ary housing		<u> </u>	-	
						ing in Austin during legislative session; listance from Capitol	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/O	fficeholder name		Office sought	Office held	
	Date	Payee na	ame				
	05/01/2025	Fabbro,	Robert				
	Amount (\$) Payee address; City; State; Zip Code						
	\$2,500.00	\$2,500.00 1122 Colorado					
	X Reimbursement from political contributions intended	political contributions					
	PURPOSE	Category	/ (See Categories listed at the top of	this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Tempor	ary Housing		<u> </u>	Check if Austin, TX, officeholder living expense	
					ing in Austin during legislative session; listance from Capitol		
Complete <u>ONLY</u> if direct Candida expenditure to benefit C/OH		Candidate/O	fficeholder name		Office sought	Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printir	Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card F dyment	The Instruction Guide explains how to	complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 4/5 Rpt: 26/27	Kerwin, Helen D. (The Honorable)		00088323				
4	Date	5 Payee name						
	06/01/2025	Fabbro, Robert						
_								
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,500.00	1122 Colorado						
	X Reimbursement from political contributions							
	intended	Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Temporary housing X Check if Austin, TX, officeholder living expense						
	EXPENDITORE	Temporary housing in Austin during legislative session;						
		required due to distance from Capitol						
9		Candidate/Officeholder name	Office sought	Office held				
	expenditure to benefit							
	C/OH							
	Date	Payee name						
	06/06/2025	Hobby Lobby						
Amount (\$) Payee address; City; State; Zip Code								
	\$210.31	1663 W Henderson St						
	Reimbursement from political contributions	Suite 6						
	intended	Cleburne, TX 76033	_	_				
PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Office Overhead/Rental Expense	L	Check if Austin, TX, officeholder living expense				
			Frames/Office Su	upplies				
		Candidate/Officeholder name	Office sought	Office held				
	expenditure to benefit C/OH							
		1						
	Date	Payee name						
	06/13/2025	Hobby Lobby						
	Amount (\$) Payee address; City; State; Zip Code							
	\$89.22	1663 W Henderson St						
	Reimbursement from							
	X political contributions intended	Cleburne, TX 76033						
\vdash	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
OF		Office Overhead/Rental Expense						
EXPENDITURE		,	Fabric/Office Supplies					
			· I					
	Complete ONLY if direct	Landidate/Officeholder name	Office sought	Office held				
	expenditure to benefit		yg					
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 5/5 Rpt: 27/27 Kerwin, Helen D. (The Honorable) 00088323 Date Payee name 01/16/2025 Shell Amount (\$) Payee address; City; State; Zip Code 1003 E Criner St \$85.01 Reimbursement from political contributions Х intended Grandview, TX 76050 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Gas **EXPENDITURE** Travel from district to Austin for legislative session / official duties Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/07/2025 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$31.40 232 W Johnson Ave Reimbursement from political contributions Χ Burleson, TX 76028 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Express Mail Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH