

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090245	2 Total pages filed: 51	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Robin J.	MI	OFFICE USE ONLY
	NICKNAME	LAST Lerner	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2608 Del Curto Rd. #4 Austin, TX 78704			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Andrew G.	MI	
	NICKNAME Andy	LAST Petusky	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2608 Del Curto Rd. #4 Austin, TX 78704			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(202)	257-5012		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year		THROUGH	Month Day Year
	07/01/2025			12/31/2025
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
	03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None Travis		12 OFFICE SOUGHT (if known) State Representative District 49	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Lerner , Robin J. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00090245
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	51,080.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	80.00
	4. TOTAL POLITICAL EXPENDITURES	\$	47,445.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	40,344.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	40,000.00

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.

Mrs. Robin J. Lerner

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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18 FILER NAME Lerner , Robin J. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00090245
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 51,080.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 40,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 47,365.90
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 80.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/37 Rpt: 4/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaffee, Stuart <hr/> 6 Contributor address; City; State; Zip Code Simsbury, CT 06070	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Davis, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Alkali marketing
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbot, Marjorie <hr/> Contributor address; City; State; Zip Code Arlington, VA 22202	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al-Bashir, Lisa <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20176	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alford, Brian <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Optimal Counsel LP		Employer (See Instructions) Partner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/37 Rpt: 5/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altbach, Eric <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20910	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) ASG-DGA
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Mary Ann <hr/> Contributor address; City; State; Zip Code Sammamish, WA 98074	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Microsoft
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andre, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real estate developer		Employer (See Instructions) Structure Development
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardito, Laura <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) EEOC
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arkedis, Jim <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Electica USA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/37 Rpt: 6/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bantuveris, Karen	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Exec		9 Employer (See Instructions) SignUp
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barmish, Ellie	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78744	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) McGuireWoods Consulting
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Lane	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Technology Consultant		Employer (See Instructions) Wikimedia Foundation
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, James	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Alliance Strategies
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benaim, Daniel	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Washington, DC 20001	
Principal occupation / Job title (See Instructions) Visiting assistant professor		Employer (See Instructions) New York university

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/37 Rpt: 7/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergerbest, Nathan	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Arlington, VA 22202	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, Aaron	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Seattle, WA 98107	
Principal occupation / Job title (See Instructions) Tech Policy		Employer (See Instructions) Meta
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonk, Kathleen	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Brooksville, ME 04617	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Tomeika	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Washington, DC 20019	
Principal occupation / Job title (See Instructions) DC Government		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braden, Nicholas	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richmond, VA 23222	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/37 Rpt: 8/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branegan, James <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20016	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressler, Shellie <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Bressler Strategies
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridgett, Karen <hr/> Contributor address; City; State; Zip Code Washington, DC 20010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunting, Banni <hr/> Contributor address; City; State; Zip Code Bend, OR 97702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burroughs, Nikole <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Tiber Creek Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/37 Rpt: 9/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Springfield, VA 22152	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) L&D		9 Employer (See Instructions) NA
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Torie <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Program manager		Employer (See Instructions) UT Austin
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Dorsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) psychotherapist		Employer (See Instructions) self
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castellano, Michael <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ED		Employer (See Instructions) US-C Comm
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celico, Amy <hr/> Contributor address; City; State; Zip Code New York, NY 10022	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Stephen A Schwarzman Education Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/37 Rpt: 10/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ben	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code New York, NY 10025	
8 Principal occupation / Job title (See Instructions) VP of Communications		9 Employer (See Instructions) Council on Foreign Relations
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charnitski, Jonathan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bellingham, WA 98229	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Zervas Law P.S.
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Greg	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Washington, DC 20016	
Principal occupation / Job title (See Instructions) Director Government Relations		Employer (See Instructions) AILA
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cin, Van	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Associate Director of Finance & Operations		Employer (See Instructions) TIEC
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lindsay	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Washington, DC 20012	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/37 Rpt: 11/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clausen, Matthew <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20003	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Partnerships		9 Employer (See Instructions) Inter-American Foundation (Furloughed) and Dream.org
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Jennifer <hr/> Contributor address; City; State; Zip Code Upperville, VA 20184	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Cultural Vistas
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colleluori, Salvatore <hr/> Contributor address; City; State; Zip Code New Ringgold, PA 17960	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Sal Colleluori
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) TheDream.US
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corsi, Michelle & Robley <hr/> Contributor address; City; State; Zip Code Edmonds, WA 98020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Snohomish County Prosecutor		Employer (See Instructions) Lawyer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/37 Rpt: 12/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Jennifer	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Portland, OR 97206	
8 Principal occupation / Job title (See Instructions) City Ombudsman		9 Employer (See Instructions) City of Portland
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabby, Nadya Chinoy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Emeryville, CA 94608	
Principal occupation / Job title (See Instructions) Nonprofit Executive		Employer (See Instructions) PowerMyLearning
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dethloff, Ginger	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Diego, CA 92106	
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Harper construction
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobberfuhl, Rebecca	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Acct mgr		Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorgelo, Cristin	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Williamsville, VA 24487	
Principal occupation / Job title (See Instructions) Management Consulting		Employer (See Instructions) Cristin Dorgelo

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/37 Rpt: 13/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehle, Gretchen <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Orr Group
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehlers, Suzanne <hr/> Contributor address; City; State; Zip Code Washington, DC 20012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) USA for UNHCR
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehlers, Suzanne <hr/> Contributor address; City; State; Zip Code Washington, DC 20012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) USA for UNHCR
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkon, Nicole <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ereli, Adam <hr/> Contributor address; City; State; Zip Code Washington, DC 20037	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/37 Rpt: 14/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ereli, Adam <hr/> 6 Contributor address; City; State; Zip Code Chevy Chase, MD 20815	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farkas, Evelyn <hr/> Contributor address; City; State; Zip Code Washington, DC 20007	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Exec Dir		Employer (See Instructions) Arizona State University
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feiner, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Dell
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Daniel <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Covington & Burling
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldstein, Steven <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Carnegie Endowment

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/37 Rpt: 15/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feltman, Elyse <hr/> 6 Contributor address; City; State; Zip Code Hartford, CT 06117	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Program Coordinator		9 Employer (See Instructions) Federation Homes
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenstermacher, Rob <hr/> Contributor address; City; State; Zip Code White Plains, NY 10601	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) American Council on Germany
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fey, Brett <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Cfo		Employer (See Instructions) Self
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Ivy <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) L7
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Radhika <hr/> Contributor address; City; State; Zip Code Bathesda, MD 20817	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) North Star Strategy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/37 Rpt: 16/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frumin, Amy	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code St. Petersburg, FL 33701	
8 Principal occupation / Job title (See Instructions) Lead Associate		9 Employer (See Instructions) Booz Allen Hamilton
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Julie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Chevy Chase, MD 20815	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Julie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Chevy Chase, MD 20815	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, David	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehrig, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lafayette, CA 94549	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Hanson Bridgett LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/37 Rpt: 17/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gindele, Rebecca	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78735		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Rebecca Gindele
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goins, Garnet	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Washington, DC 20010		
Principal occupation / Job title (See Instructions) Division Chief		Employer (See Instructions) Federal Communications Commission
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goode, Catherine	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78705		
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Goode Strategies
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagen, Marin	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) real estate agent		Employer (See Instructions) self
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Kimberly	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) U.S. Dept of State		Employer (See Instructions) Foreign Service Officer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/37 Rpt: 18/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Patricia M <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22201	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nonprofit director		9 Employer (See Instructions) World Learning
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Mary Kay <hr/> Contributor address; City; State; Zip Code Denver, CO 80224	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) fulcrum group llc
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Brad <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85712	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lademarco, Michael <hr/> Contributor address; City; State; Zip Code Washington, DC 20037	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilse, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Compass Real Estate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/37 Rpt: 19/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imbrie, William Andrew	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code Chevy Chase, MD 20815		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Georgetown University
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Mark	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jafri, Doa	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Twilio
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jannuzi, Frank	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Baltimore, MD 21218		
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) Mansfield Foundation
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carol	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Connected Team Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/37 Rpt: 20/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Stuart & Barbara	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Falls Church, VA 22044		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Middle East Institute
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandel, William	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Washington, DC 20016		
Principal occupation / Job title (See Instructions) Analysis		Employer (See Instructions) Government
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufmann, Lara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Potomac, MD 20854		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Baltimore City Public Schools
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kautt, Sheila	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Andrew	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Arlington, VA 22201		
Principal occupation / Job title (See Instructions) Compliance		Employer (See Instructions) Axa

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/37 Rpt: 21/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kembel, Julie <hr/> 6 Contributor address; City; State; Zip Code Hingham, MA 02043	7 Amount of Contribution (\$) \$1,030.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kembel, Sheila <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Associate Director of School Safety		Employer (See Instructions) Lake Washington School District
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenefick, Anstice <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Twilio
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kero-Mentz, Kenneth <hr/> Contributor address; City; State; Zip Code Arlington, VA 22202	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) US Dept of State
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kero-Mentz, Kenneth <hr/> Contributor address; City; State; Zip Code Arlington, VA 22202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) US Dept of State

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/37 Rpt: 22/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khosrowyar, Katahyunn <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) ACC
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khosrowyar, Katahyunn <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ACC
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Eunice <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP of HR		Employer (See Instructions) GTI
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramer, Rori <hr/> Contributor address; City; State; Zip Code Washington, DC 20007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Advocacy		Employer (See Instructions) AJWS
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamoriello, Francine <hr/> Contributor address; City; State; Zip Code Cabin John, MD 20818	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) DGA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/37 Rpt: 23/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landers, Monica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Syncopated Straetgy
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeCompte, Theodore <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Nonprofit Executive		Employer (See Instructions) The Leadership Network
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jeffrey <hr/> Contributor address; City; State; Zip Code Arlington, VA 22205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehrmann, Ruby <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leigh, Ginger <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/37 Rpt: 24/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lempert, Yael <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20015	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) VP for outreach		9 Employer (See Instructions) Middle East Institute
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Lori <hr/> Contributor address; City; State; Zip Code Hingham, MA 02043	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Veterans Affairs
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Lori <hr/> Contributor address; City; State; Zip Code Hingham, MA 02043	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Veterans Affairs
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Robin <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippman, Sheldon <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/37 Rpt: 25/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobo, Richard <hr/> 6 Contributor address; City; State; Zip Code Lenox, MA 01240	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loerke, Catherine <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11216	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Learning manager		Employer (See Instructions) McKinsey & Co.
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenstein, Frank <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) APCO
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowman, Helen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas State University
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lurie, Alexander <hr/> Contributor address; City; State; Zip Code Washington, DC 20007	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) DGA Group

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/37 Rpt: 26/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackey, Scott <hr/> 6 Contributor address; City; State; Zip Code van, TX 75790	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) political professional		9 Employer (See Instructions) OFA Colorado
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Jerrold <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) U.S. State Department		Employer (See Instructions) Foreign Service Officer
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansilla, Mario <hr/> Contributor address; City; State; Zip Code Stamford, CT 06905	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Sapphire Flavors & Fragrance
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marder, Meredith <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85716	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Marder Law, PLLC
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, Kathleen <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Capital for Good

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/37 Rpt: 27/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, Kathleen	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Washington, DC 20016		
8 Principal occupation / Job title (See Instructions) Policy advisor		9 Employer (See Instructions) Capital for Good
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKean, David	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLarty, Thomas & Donna	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Little Rock, AR 72201		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) McClarty Companies
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meehan, Michael	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Alexandria, VA 22301		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Squared Communications
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendrala, Emily	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Washington, DC 20011		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Emily Mendrala

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/37 Rpt: 28/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Meredith	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Arlington, VA 22202	
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Albright Stonebridge Group
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Mortada	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Profesdor		Employer (See Instructions) St. Edward's University
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Caroline	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naguib, Denise	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Washington, DC 20016	
Principal occupation / Job title (See Instructions) Sustainability Leader		Employer (See Instructions) Marriott International
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nakagawa, Melanie	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Kirkland, WA 98033	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Microsoft

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/37 Rpt: 29/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Alyse <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20016	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Vital Voices
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholson, Joellen <hr/> Contributor address; City; State; Zip Code Phoenixville, PA 19460	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nightingale, Elizabeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Elizabeth Nightingale
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noory, Lida <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Ann <hr/> Contributor address; City; State; Zip Code Venice, CA 90291	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/37 Rpt: 30/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connor, Eileen <hr/> 6 Contributor address; City; State; Zip Code Annapolis, MD 21401	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Garnet Group Public Affairs
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill Richard, Amy <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Human Trafficking Expert		Employer (See Instructions) Individual Consultant
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peric, Rachel <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) nonprofit executive		Employer (See Instructions) welcoming america
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Persaud, Michelle <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) T-Mobile
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petusky, Roberta <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19147	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) business analyst		Employer (See Instructions) The Pew Charitable Trusts

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/37 Rpt: 31/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelan, Michael <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20010	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinschmidt, Patrick <hr/> Contributor address; City; State; Zip Code Boston, MA 02196	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Venture Capital		Employer (See Instructions) MiddleGame Ventures
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poirier, John <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Adam <hr/> Contributor address; City; State; Zip Code Cloverdale, CA 95425	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reali, Danielle <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Compass

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/37 Rpt: 32/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricciardone, Francis <hr/> 6 Contributor address; City; State; Zip Code Royal Oak, MD 21662	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richgels, Jocelyn <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) University of Iowa
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richgels, Jocelyn <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) University of Iowa
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, Laura <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Art Conservator		Employer (See Instructions) J. Paul Getty Trust
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Melanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Meta

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/37 Rpt: 33/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Dan <hr/> 6 Contributor address; City; State; Zip Code Chevy Chase, MD 20815	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Albright Stonebridge Group LLC
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Noah <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouse, Marjorie <hr/> Contributor address; City; State; Zip Code Severna Park, MD 21146	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouse, Marjorie <hr/> Contributor address; City; State; Zip Code Severna Park, MD 21146	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Nilmini <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Policy Officer		Employer (See Instructions) Hedera

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/37 Rpt: 34/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runge Gustafson, Carol <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30308	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Managing director		Employer (See Instructions) Goff Policy
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schloegel, Scott <hr/> Contributor address; City; State; Zip Code Springfield, VA 22153	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Motorcycle Industry Council
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Eric <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minneosta
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Dev <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) SSA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/37 Rpt: 35/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Amelia <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20011	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Self-Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Bruce <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Johnny <hr/> Contributor address; City; State; Zip Code Marietta, GA 30064	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Ansley Real Estate
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Brian <hr/> Contributor address; City; State; Zip Code Arlington, VA 22204	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mark <hr/> Contributor address; City; State; Zip Code district heights, MD 20747	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) electrician		Employer (See Instructions) perlectric

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/37 Rpt: 36/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhardt, Bernice	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Chevy Chase, MD 20815		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhardt, Bruce	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Chevy Chase, MD 20815		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Kiersten	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Washington, DC 20015		
Principal occupation / Job title (See Instructions) Vice President Public Policy		Employer (See Instructions) Futures Without Violence
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jene	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Kate	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Arlington, VA 22209		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/37 Rpt: 37/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thouez, Colleen	7 Amount of Contribution (\$) \$800.00
	6 Contributor address; City; State; Zip Code Larchmont, NY 10538	
8 Principal occupation / Job title (See Instructions) Founding Director		9 Employer (See Instructions) National Association of Higher Education System
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Titus, Jason	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Palo Alto, CA 94301	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsayka, Theano	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Washington, DC 20003	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Cherokee Federal
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaidya, Suneela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bethesda, MD 20816	
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) Konvaid
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Heather	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cintra US Services LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/37 Rpt: 38/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Rebecca	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Aurora, IL 60506		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) D204
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Regina	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Everett, WA 98201		
Principal occupation / Job title (See Instructions) Gender Advisor		Employer (See Instructions) IFES
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weitzel, Mary	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stacey	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Washington, DC 20016		
Principal occupation / Job title (See Instructions) Interior designer		Employer (See Instructions) Ekid
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stacey	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Washington, DC 20016		
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Ekid

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/37 Rpt: 39/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Mary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winarick, Sheryl <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winder, Monica <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Associate Manager		Employer (See Instructions) Nordstrom
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winthrop, Laura <hr/> Contributor address; City; State; Zip Code Essex County, MA 01982	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) EY
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaffee, Allison <hr/> Contributor address; City; State; Zip Code Avon, CT 06001	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Allison Yaffee

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/37 Rpt: 40/51
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) loar, theresa <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20817	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 41/51	
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 10/28/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Robin (Ms.)	9 Loan Amount (\$) \$30,000.00	
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Austin, TX 78704	10 Interest Rate 0	
		11 Maturity Date 10/28/2025	
12 Principal occupation / Job title (See Instructions) Not Employed		13 Employer (See Instructions) Not Employed	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor ----- 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
	----- -----		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 12/31/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Robin (Ms.)	Loan Amount (\$) \$10,000.00	
Is lender a financial institution? No	Lender address; City; State; Zip Code Austin, TX 78704	Interest Rate 0	
		Maturity Date 12/31/2025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor ----- Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
	----- -----		
Principal occupation		Employer (See Instructions)	

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.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 42/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/31/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1,270.55	7 Payee address; City; State; Zip Code P.O. Box 962017 Boston, MA 02196	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name Campaignalytics	
Amount (\$) \$2,702.00	Payee address; City; State; Zip Code PO Box 452 Wellington, CO 80549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Data	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Daniel, Michelle	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 17708 Wildrye Dr Austin, TX 78738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
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.

1	Total pages Schedule F1: Sch: 2/10 Rpt: 43/51	2	FILER NAME Lerner , Robin J. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00090245
4	Date 12/11/2025	5	Payee name Daniel, Michelle		
6	Amount (\$) \$3,000.00	7	Payee address; City; State; Zip Code 17708 Wildrye Dr Austin, TX 78738		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/06/2025		Payee name Emotion Technology LLC		
	Amount (\$) \$800.00		Payee address; City; State; Zip Code 2102 Colgate Lane Austin, TX 78723		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/16/2025		Payee name HEB		
	Amount (\$) \$13.40		Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies		
		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.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 44/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/12/2025	5 Payee name Hill, Brandon	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 3200 Blue Ridge Dr Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Moonlight Graphix	
Amount (\$) \$450.00	Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Moonlight Graphix	
Amount (\$) \$340.99	Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 45/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/05/2025	5 Payee name Moonlight Graphix	
6 Amount (\$) \$248.43	7 Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Moonlight Graphix	
Amount (\$) \$150.47	Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Moonlight Graphix	
Amount (\$) \$290.11	Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 46/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/22/2025	5 Payee name Moonlight Graphix	
6 Amount (\$) \$1,244.81	7 Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Moonlight Graphix	
Amount (\$) \$692.80	Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name PNC Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 2401 S Congress Ave Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking
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.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 47/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 10/31/2025	5 Payee name Texas Campaigns LLC	
6 Amount (\$) \$7,500.00	7 Payee address; City; State; Zip Code 18414 Rogers Bend San Antonio, TX 78258	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Texas Campaigns LLC	
Amount (\$) \$2,700.00	Payee address; City; State; Zip Code 18414 Rogers Bend San Antonio, TX 78258	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Texas Campaigns LLC	
Amount (\$) \$187.27	Payee address; City; State; Zip Code 18414 Rogers Bend San Antonio, TX 78258	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
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.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 48/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 11/25/2025	5 Payee name Texas Campaigns LLC	
6 Amount (\$) \$6,000.00	7 Payee address; City; State; Zip Code 18414 Rogers Bend San Antonio, TX 78258	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name Tiny Boxwoods	
Amount (\$) \$87.61	Payee address; City; State; Zip Code 1503 W. 35th St. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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 Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Travis County Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1311 E. 6th #B Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate filing 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.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 49/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/30/2025	5 Payee name Travis County Democratic Party	
6 Amount (\$) \$1,430.00	7 Payee address; City; State; Zip Code 1311 E 6th St #B Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Data	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name Walgreens	
Amount (\$) \$30.22	Payee address; City; State; Zip Code 3701 Guadalupe Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Webber, Julianne	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4214 Rosedale Ave Austin, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
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.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 50/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
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4 Date 12/01/2025	5 Payee name Webber, Julianne
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6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 4214 Rosedale Ave Austin, TX 78756
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/24/2025	Payee name Webber, Julianne
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Amount (\$) \$6,500.00	Payee address; City; State; Zip Code 4214 Rosedale Ave Austin, TX 78756
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/08/2025	Payee name Wix.com
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Amount (\$) \$42.00	Payee address; City; State; Zip Code 100 Gansevort St. New York, NY 10014
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 51/51	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 12/08/2025	5 Payee name Wix.com	
6 Amount (\$) \$84.00	7 Payee address; City; State; Zip Code 100 Gansevort St. New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Zoom.us	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Zoom	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Zoom.us	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Zoom	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held