

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090245		2 Total pages filed: 40		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Robin J.	MI MI	ELECTRONICALLY FILED 02/24/2026	
	NICKNAME	LAST Lerner	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
	Date Hand-delivered or Date Postmarked				
Receipt #			Amount		
Date Processed					
Date Imaged					
5 ORIGINAL PERIOD COVERED		Month Day Year 01/23/2026	THROUGH	Month Day Year 02/21/2026	

6 EXPLANATION OF CORRECTION
Donor information (address/employer) was missing at the time of submission for two people (donors were delayed in responding to our requests for information).

7 AFFIDAVIT

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

Check the box next to any and all applicable statements:

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

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

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

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090245	2 Total pages filed: 40					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Robin J.	MI	OFFICE USE ONLY				
	NICKNAME	LAST Lerner	SUFFIX		Date Received ELECTRONICALLY FILED 02/24/2026			
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 type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)							
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
	01	23	2026		02	21	2026	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026			ELECTION TYPE				
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		<input type="checkbox"/> General
11 OFFICE	OFFICE HELD (if any) None			12 OFFICE SOUGHT (if known) State Representative District 49				

GO TO PAGE 2

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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		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)	\$ 20,777.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 59,194.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,639.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,777.34
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	\$ 10,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 59,194.16
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/21 Rpt: 5/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Karen E <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) UT Austin		9 Employer (See Instructions) Director of Communications
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, Aaron <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Tech policy		Employer (See Instructions) Meta
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, Aaron <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Tech policy		Employer (See Instructions) Meta
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boldin, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, Mark <hr/> Contributor address; City; State; Zip Code Fayetteville, NY 13066	Amount of Contribution (\$) \$100.00
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: 2/21 Rpt: 6/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buehler, Leigh 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) APUS
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butterworth, Jeffrey E Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) GSD&M		Employer (See Instructions) Creative Director
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Dorsey Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coger, Chloe Contributor address; City; State; Zip Code Brevardrd, NC 28712	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coger, Chloe Contributor address; City; State; Zip Code Brevard, NC 28712	Amount of Contribution (\$) \$150.00
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: 3/21 Rpt: 7/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/19/2026	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) Employed		9 Employer (See Instructions) Employed
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Shannon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Keller Williams Cares		Employer (See Instructions) Development Director
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Christine	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiLeo, Michael	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickinson, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Washington, DC 20016	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/21 Rpt: 8/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/10/2026	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 (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernst, Leslie <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Art Director		Employer (See Instructions) University of Texas
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Dell Technologies
Date 02/04/2026	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		Employer (See Instructions) Arizona state university
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Tim <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$250.00
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: 5/21 Rpt: 9/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, 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) Attorney		9 Employer (See Instructions) Covington & Burling
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Open Road Renewables		Employer (See Instructions) Attorney
Date 02/06/2026	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) Recruiter		Employer (See Instructions) 4ocean
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fotovat, Katrina <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Nonprofit		Employer (See Instructions) Peace pays
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerson, Steve <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/21 Rpt: 10/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrove, Robyn <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Scott, Douglass & McConnico LLP
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Kimberly <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) BP America
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Stephen <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Global Director of Research		Employer (See Instructions) More in Common
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennessey, Dan <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95407	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) City of Santa Rosa, CA		Employer (See Instructions) Civil Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 11/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Christopher	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Claremore, OK 74017	
8 Principal occupation / Job title (See Instructions) Cashier		9 Employer (See Instructions) Cherokee Nation
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Christopher	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Claremore, OK 74017	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Cherokee Nation
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Christopher	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Claremore, OK 74017	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Cherokee Nation
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Mary Kay	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Denver, CO 80224	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) fulcrum group llc
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Charles	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Bethesda, MD 20817	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Georgetown University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/21 Rpt: 12/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Tiffany <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98105	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self-Employed
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaguyutan, Janice <hr/> Contributor address; City; State; Zip Code Washington, DC 20037	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) US Congress
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiser, Andrea B <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Physician
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeper, Paul <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78705	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchen, Theo <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/21 Rpt: 13/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knake, Robert <hr/> 6 Contributor address; City; State; Zip Code Portland, ME 04101	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) TPO Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kullenberg, Kiersten <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Outreach Director		Employer (See Instructions) USGLC
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanter-Duffy, Patricia <hr/> Contributor address; City; State; Zip Code Norwich, VT 05055	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dartmouth Health		Employer (See Instructions) Physician
Date 02/17/2026	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 (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Veterans Affairs		Employer (See Instructions) Surgeon
Date 02/21/2026	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 (\$) \$120.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Veterans Affairs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/21 Rpt: 14/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levenson, Arellana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Cultivar
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindholm, Sven <hr/> Contributor address; City; State; Zip Code Jerico, VT 05465	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Alpine Instructor		Employer (See Instructions) Smuggler's Notch
Date 02/12/2026	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
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipsett, Iliana <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Jenifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 15/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Larry <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Screenwriter		9 Employer (See Instructions) Self-Employed
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccoy, Jennifer <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30307	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Georgia State university
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meckel, Amanda <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Random House
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Pamela <hr/> Contributor address; City; State; Zip Code Washington, DC 20015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Calibrate Inc		Employer (See Instructions) CEO
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Stay-at-home parent		Employer (See Instructions) N?A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/21 Rpt: 16/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Meredith <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22202	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self-Employed
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller-Grandvaux, Yolande <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Caroline S <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-Employed
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munyon, Dean <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) KHMRG
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naguib, Denise <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP sustainability		Employer (See Instructions) Marriott International

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 17/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Napoletan, David	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self-Employed
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nightingale, Elizabeth Sara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Washington, DC 20016	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Elizabeth Nightingale
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill Richard, Amy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Chevy Chase, MD 20815	
Principal occupation / Job title (See Instructions) Human Trafficking Expert		Employer (See Instructions) Individual Consultant
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OBrien, Damian	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Hingham, MA 02043	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Lesaffre Corp
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OBrien, Damian	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Hingham, MA 02043	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Lesaffre Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/21 Rpt: 18/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Alejandro <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60641	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Priovant		9 Employer (See Instructions) Attorney
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patman, Carrin <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennebaker, Catherine <hr/> Contributor address; City; State; Zip Code Seattle, WA 98115	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Shalot communications
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petusky, Doris <hr/> Contributor address; City; State; Zip Code Blue Bell, PA 19422	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Carole <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/21 Rpt: 19/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raphel, Robin	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Washington, DC 20016		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnesar, Romesh	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Washington, DC 20016		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) AC
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Zita	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) self-employed Artist		Employer (See Instructions) self
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiser, John	Amount of Contribution (\$) \$222.34
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Cynthia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) property manager		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/21 Rpt: 20/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Cynthia	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) property manager		9 Employer (See Instructions) self
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Audrey L	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Moreland Properties		Employer (See Instructions) Realtor
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Melanie	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Meta
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Evan	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code McLean, VA 22101	
Principal occupation / Job title (See Instructions) Senior Advisor		Employer (See Instructions) BRP
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Nathan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Goff Policy		Employer (See Instructions) Managing Director

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 21/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saadeh, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shade, Randi <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher and program manager		Employer (See Instructions) McCombs at UT Austin
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrader, Andy <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94952	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) People Food & Land
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siefken, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) MaclInnes, Whigham, et al
Date 02/12/2026	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 22/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, John	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Marietta, GA 30064		
8 Principal occupation / Job title (See Instructions) Real estate agent		9 Employer (See Instructions) Ansley Real Estate
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Scotty	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Worker		Employer (See Instructions) Self
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jene	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Sarah	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Compass
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornburgh, Charles	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) CWT Growth LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 23/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tisdale, Ward <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trimble, Jeffrey <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63116	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trivedi, Atman <hr/> Contributor address; City; State; Zip Code Dc, DC 20009	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) International Strategy Consultant		Employer (See Instructions) DGA-Albright Stonebridge Group
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) non-profit		Employer (See Instructions) self
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Rebecca <hr/> Contributor address; City; State; Zip Code Aurora, IL 60506	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IPSD 204		Employer (See Instructions) Teacher

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 24/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/01/2026	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 (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkelman, Marc Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Calendar Services Inc		Employer (See Instructions) Executive
Date 02/19/2026	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 (\$) \$200.00
Principal occupation / Job title (See Instructions) EY		Employer (See Instructions) Executive
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodall, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Ann Woodall Studios
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooldridge, Greg <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Amount of Contribution (\$) \$1,000.00
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: 21/21 Rpt: 25/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie, Lauren	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Sausalito, CA 94965	
8 Principal occupation / Job title (See Instructions) Global Head of Sustainability		9 Employer (See Instructions) Oliver Wyman
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) von Hippel, Karin	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code London SW7, 5BQ United Kingdom	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 26/40
2 FILER NAME Lerner , Robin J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090245
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/05/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Robin	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Austin, TX 78704	10 Interest Rate 0.00
		11 Maturity Date 02/05/2026
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 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: 1/14 Rpt: 27/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/03/2026	5 Payee name Austin Chronicle Corp	
6 Amount (\$) \$861.00	7 Payee address; City; State; Zip Code 1000 E. 40th St. Austin, TX 78751	
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 Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Bowen, Dani	
Amount (\$) \$310.50	Payee address; City; State; Zip Code 2513 Seton Ave Austin, TX 78705	
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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name Bowen, Dani	
Amount (\$) \$126.00	Payee address; City; State; Zip Code 2513 Seton Ave Austin, TX 78705	
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 Salary
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: 2/14 Rpt: 28/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/17/2026	5 Payee name Caputo, Dante	
6 Amount (\$) \$288.00	7 Payee address; City; State; Zip Code 1603 Brackenridge St Austin, TX 78704	
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 Salary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Clear, Brandon	
Amount (\$) \$594.00	Payee address; City; State; Zip Code 801 Savannah Cove Elgin, TX 78621	
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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2026	Payee name Clear, Brandon	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 801 Savannah Cove Elgin, TX 78621	
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 Salary
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: 3/14 Rpt: 29/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/17/2026	5 Payee name Clear, Brandon	
6 Amount (\$) \$513.00	7 Payee address; City; State; Zip Code 801 Savannah Cove Elgin, TX 78621	
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 Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Connell, Olivia	
Amount (\$) \$490.00	Payee address; City; State; Zip Code 2004 Seton Ave Austin, TX 78705	
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 Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name Connell, Olivia	
Amount (\$) \$198.00	Payee address; City; State; Zip Code 2004 Seton Ave Austin, TX 78705	
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 Salary
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: 4/14 Rpt: 30/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
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4 Date 02/02/2026	5 Payee name Cruz, Julian
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6 Amount (\$) \$238.50	7 Payee address; City; State; Zip Code 2204 San Antonio St Austin, TX 78705
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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 Salary
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2026	Payee name Cruz, Julian
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Amount (\$) \$288.00	Payee address; City; State; Zip Code 2204 San Antonio St Austin, TX 78705
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name Ewing, Eleanor
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Amount (\$) \$315.00	Payee address; City; State; Zip Code 3103 Oakmont Blvd Austin, TX 78703
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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 Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 5/14 Rpt: 31/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/28/2026	5 Payee name Fedex	
6 Amount (\$) \$42.70	7 Payee address; City; State; Zip Code 2711 Guadalupe St Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SHIPPING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shipping
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Garza, Joaquin	
Amount (\$) \$576.00	Payee address; City; State; Zip Code 805 Hazelton St San Marcos, TX 78666	
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 Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name Garza, Joaquin	
Amount (\$) \$144.00	Payee address; City; State; Zip Code 805 Hazelton St San Marcos, TX 78666	
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 Salary
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: 6/14 Rpt: 32/40	2	FILER NAME Lerner , Robin J. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00090245
4	Date 02/12/2026	5	Payee name Gina Hinojosa Campaign		
6	Amount (\$) \$100.00	7	Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/02/2026		Payee name Gravis, Ethan		
	Amount (\$) \$1,116.00		Payee address; City; State; Zip Code 106 L B J Cove San MARcos, TX 78666		
	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 Salary		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/17/2026		Payee name Gravis, Ethan		
	Amount (\$) \$999.00		Payee address; City; State; Zip Code 106 L B J Cove San Marcos, TX 78666		
	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 Salary		
		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: 7/14 Rpt: 33/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/30/2026	5 Payee name HSG Campaigns	
6 Amount (\$) \$9,848.36	7 Payee address; City; State; Zip Code 202 S Lake Ave Ste 240 Pasadena, CA 91101	
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 Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2026	Payee name HSG Campaigns	
Amount (\$) \$12,172.98	Payee address; City; State; Zip Code 202 S Lake Ave Ste 240 Pasadena, CA 91101	
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 Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name HSG Campaigns	
Amount (\$) \$9,741.42	Payee address; City; State; Zip Code 202 S Lake Ave Ste 240 Pasadena, CA 91101	
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 Mail
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: 8/14 Rpt: 34/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
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4 Date 02/02/2026	5 Payee name Kaushika, Abhirami
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6 Amount (\$) \$270.00	7 Payee address; City; State; Zip Code 508 Highfield Lane Keller, TX 76248
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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 Salary
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name Kaushika, Abhirami
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Amount (\$) \$441.00	Payee address; City; State; Zip Code 508 Highfield Lane Keller, TX 76248
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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 Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/29/2026	Payee name M&G Sign Placement Servies
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6410 Ponca St Austin, TX 78741
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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 Marketing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 9/14 Rpt: 35/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/29/2026	5 Payee name M&G Sign Placement Servies	
6 Amount (\$) \$314.00	7 Payee address; City; State; Zip Code 6410 Ponca St Austin, TX 78741	
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 Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Moonlight Printing	
Amount (\$) \$142.89	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 02/10/2026	Payee name Moonlight Printing	
Amount (\$) \$434.08	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: 10/14 Rpt: 36/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
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4 Date 02/12/2026	5 Payee name Moonlight Printing
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6 Amount (\$) \$318.80	7 Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2026	Payee name Naqvi, Fizza
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Amount (\$) \$364.50	Payee address; City; State; Zip Code 11106 Cranstonhill Court Richmond, TX 77407
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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 Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name Naqvi, Fizza
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Amount (\$) \$432.00	Payee address; City; State; Zip Code 11106 Cranstonhill Court Richmond, TX 77407
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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 Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 11/14 Rpt: 37/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/02/2026	5 Payee name Numero	
6 Amount (\$) \$1,230.00	7 Payee address; City; State; Zip Code 695 Town Center Dr Ste 1100 Costa Mesa, CA 92626	
8 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 Fundraising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Simpson, Destiny	
Amount (\$) \$1,334.00	Payee address; City; State; Zip Code 2309 Berkeley Ave Austin, TX 78745	
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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name Simpson, Destiny	
Amount (\$) \$1,552.50	Payee address; City; State; Zip Code 2309 Berkeley Ave Austin, TX 78745	
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 Salary
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: 12/14 Rpt: 38/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 02/05/2026	5 Payee name Texas Campaigns LLC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 4416 Briarwood Ave #110 Midland, TX 78907	
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 Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2026	Payee name Texas Campaigns LLC	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4416 Briarwood Ave #110 Midland, TX 78907	
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 Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Tiny's Milk and Cookies	
Amount (\$) \$19.56	Payee address; City; State; Zip Code 1515 W 35th St Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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

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: 13/14 Rpt: 39/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
4 Date 01/26/2026	5 Payee name Upper Crust Bakery	
6 Amount (\$) \$81.66	7 Payee address; City; State; Zip Code 4508 Burnet Rd Austin, TX 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Upper Crust Bakery	
Amount (\$) \$28.59	Payee address; City; State; Zip Code 4508 Burnet Rd Austin, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 02/03/2026	Payee name Webber, Julianne	
Amount (\$) \$1,000.00	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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/14 Rpt: 40/40	2 FILER NAME Lerner , Robin J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090245
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4 Date 02/19/2026	5 Payee name Webber, Julianne
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6 Amount (\$) \$4,250.00	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2026	Payee name Zoom.com
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Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113
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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 Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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