

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: **26**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **MRS.** FIRST: **LISA** MI: **2.**

NICKNAME: LAST: **BIKMAN** SUFFIX:

OFFICE USE ONLY

RECEIVED

JAN 14 2004

ELECTIONS ADMINISTRATION

Date Hand-delivered or Date Postmarked: **CH 4:15**

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **A.O. BOX 1831** APT / SUITE #: _____ CITY: **ROUND ROCK, TX** STATE: **TX** ZIP CODE: **78680**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(512)** PHONE NUMBER: **244-7439** EXTENSION: _____

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: FIRST: **DAVID** MI: **H.**

NICKNAME: LAST: **NANCE** SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): **8306 MENDOTA CV** APT / SUITE #: _____ CITY: **AUSTIN TX** STATE: **TX** ZIP CODE: **78717**

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(512)** PHONE NUMBER: **748-5152** EXTENSION: _____

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: **7 / 1 / 03** THROUGH Month Day Year: **12 / 31 / 2003**

11 ELECTION

ELECTION DATE: Month Day Year: **3 / 9 / 04** ELECTION TYPE: Primary Runoff General Special

12 OFFICE: OFFICE HELD (if any): **Brushy Creek MUD Director**

13 OFFICE SOUGHT (if known): **Williamson Co. Commissioner, Pct. 1**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: _____

Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME LISA. L. BIRKMAN	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS			

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 220
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,629.83
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4.	TOTAL POLITICAL EXPENDITURES	\$ 9,078.43
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,551.40
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,000

19 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.

Lisa L. Birkman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa L. Birkman, this the 14 day of January, 2004, to certify which, witness my hand and seal of office.

Glenda Stringfellow Glenda Stringfellow
Signature of officer administering oath Printed name of officer administering oath



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **14**

2 FILER NAME
LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
7-1-03

5 Full name of contributor out-of-state PAC (ID#: _____)
RICK & LISA BIRKMAN

6 Contributor address; City; State; Zip Code
**16917 JUDY SCHOLL WAY
ROUND ROCK, TX 78681**

7 Amount of contribution (\$) **125**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7-1-03

Full name of contributor out-of-state PAC (ID#: _____)
ANN + MARVIN LACKEY

Contributor address; City; State; Zip Code
**3002 GABRIEL VIEW
GEORGETOWN, TX 78628**

Amount of contribution (\$) **3,500**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7-27-03

Full name of contributor out-of-state PAC (ID#: _____)
LANCE SHANKLIN

Contributor address; City; State; Zip Code
**30207 BRIARCREST DR.
GEORGETOWN, TX 78628**

Amount of contribution (\$) **99**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7-27-03

Full name of contributor out-of-state PAC (ID#: _____)
JUDI SHANKLIN

Contributor address; City; State; Zip Code
**30207 BRIARCREST DR.
GEORGETOWN, TX 78628**

Amount of contribution (\$) **99**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7-29-03

Full name of contributor out-of-state PAC (ID#: _____)
CLAUDE A. HAYS, JR. + BARBARA HAYS

Contributor address; City; State; Zip Code
**P.O. BOX 689
GEORGETOWN, TX 78626**

Amount of contribution (\$) **250**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-11-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHA EMBREE	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 15 SHADED WAY ROUND ROCK, TX 78664			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-11-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN + ELIZABETH WHITWORTH	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 170 HESTER HOLLOW GEORGETOWN, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-1-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MRS. ELAINE CASKEY	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. BOX 876 GEORGETOWN, TX 78627			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-3-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. WADE + JUDY McLEOD	Amount of contribution (\$) 60	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 307 BLADEVIEW ROUND ROCK, TX 78681			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-3-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK + LISA BIRKMAN	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-4-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK BIRKMAN	7 Amount of contribution (\$) 1,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TARA AMBROSE	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 SPLIT ROCK ROUND ROCK, TX 78681			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS YULE	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4103 SPANISH OAK ROUND ROCK, TX 78681			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-24-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID + KAREN BETH CRAIG	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 707 CIMARRON HILLS TR. W GEORGETOWN, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-24-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENDA + ERNIE STRINGFELLOW	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1900 DEEPWOOD DR. ROUND ROCK, TX 78681			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-26-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERCEL BRASHEAR	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code 2955 DAWN DR., UNIT B GEORGETOWN, TX 78628			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-26-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY RABB	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 2704 SUNRISE BLVD ROUND ROCK, TX 78664			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-29-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALD J. TAMBURAO	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code P.O. BOX 1568 ROUND ROCK, TX 78664			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-29-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL DOERING	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 705 COUNTRY CLUB GEORGETOWN, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-29-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DORIS GAFFRON	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 104 WINECUP WAY GEORGETOWN, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-4-03

5 Full name of contributor out-of-state PAC (ID#:

STEVE DOERING

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

30412 LA QUINTA DR
GEORGETOWN, TX 78628

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

DR. DALE & DIANA SCHULTZ

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

15701 MONONA CV
AUSTIN, TX 78717

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

DR. WILLIAM R. SANFORD

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2013 PLANTATION DR.
ROUND ROCK, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

GREGORY J. EAGLE

Amount of contribution (\$)

75

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3007 ADDIE LN
GEORGETOWN, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

JULIE BASSETT

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

17061 CONWAY SPRINGS CT.
AUSTIN, TX 78717

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-6-03

5 Full name of contributor out-of-state PAC (ID#:

DR. TIMOTHY JUHLKE

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1402 WILD VINE CV
ROUND ROCK, TX 78664

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

LEEANNE DAVIS-MOORE

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3000 GABRIEL VIEW
GEORGETOWN, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

BETTE J. HENNING'S

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2807 GABRIEL VIEW DR.
GEORGETOWN, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

GLENN WARREN

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9629 COPPER CREEK
AUSTIN, TX 78729

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

MERWIN D. HENNING'S

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2807 GABRIEL VIEW
GEORGETOWN, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>LISA L. BIRKMAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-6-03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BARBARA J. HUNSBERGER</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>16903 E. DORMAN DR. ROUND ROCK, TX 78681</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10-6-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ANTHONY W. DALE</i>	Amount of contribution (\$) <i>75</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10521 FOSSEWAY DR. AUSTIN, TX 78717</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-6-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DARLENE HENSON</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3610 CORNERSTONE ROUND ROCK, TX 78681</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-6-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LAUREN E. KUHNEL</i>	Amount of contribution (\$) <i>750</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1 MISTY WOOD ROUND ROCK, TX 78664</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-6-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BRETCHEN PAUETT</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1711 AMBER SKYWAY CV ROUND ROCK, TX 78664</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-6-03

5 Full name of contributor out-of-state PAC (ID#:

JAMES D. CARMONA

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1810 OAKLAWN DR.
TAYLOR, TX 76574

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

WILL + KIKI PECKHAM

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8308 FOXHOUND TR.
AUSTIN, TX 78729

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

DEBBIE GRIFFITH

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1 RIDGEMEADOW WAY
ROUND ROCK, TX 78664

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

BARBARA NORTHRUP

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3804 CARMEL DR.
ROUND ROCK, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

LINDA MCDANIEL

Amount of contribution (\$)

49

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2913 GABRIEL VIEW DR.
GEORGETOWN, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-6-03

5 Full name of contributor out-of-state PAC (ID#:

EVELYN SEALE

6 Contributor address; City; State; Zip Code

11711 BUCKINGHAM
AUSTIN, TX 787597 Amount of
contribution (\$)
1008 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

BILLY JOE SEALE

Contributor address; City; State; Zip Code

11711 BUCKINGHAM
AUSTIN, TX 78759Amount of
contribution (\$)
100In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

STEPHANIE BLASCHKE

Contributor address; City; State; Zip Code

9208 SLATE CREEK TR.
AUSTIN, TX 78759Amount of
contribution (\$)
25In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

TAT BUTLER

Contributor address; City; State; Zip Code

109 BONWOOD
ROUND ROCK, TX 78681Amount of
contribution (\$)
75In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-03

Full name of contributor out-of-state PAC (ID#:

SHARON HOLDER

Contributor address; City; State; Zip Code

16504 DENISE DR.
AUSTIN, TX 78717Amount of
contribution (\$)
25In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-6-03

5 Full name of contributor out-of-state PAC (ID#:

JANA HUNGICKER

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

8600 RIFON CV
AUSTIN, TX 78717

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

~~12-14-03~~
10-14-03

Full name of contributor out-of-state PAC (ID#:

BLEECKER + KITTY MORSE

Amount of contribution (\$)

75

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13601 CALDWELL
AUSTIN, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-14-03

Full name of contributor out-of-state PAC (ID#:

VERA PETRU

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

307 PARQUE VISTA DR.
GEORGETOWN, TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-14-03

Full name of contributor out-of-state PAC (ID#:

JOAN REISINGER

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8604 BOBCAT DR.
ROUND ROCK, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-20-03

Full name of contributor out-of-state PAC (ID#:

CHRIS CHILDS

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5016 CLEVES ST.
ROUND ROCK, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-24-03

5 Full name of contributor out-of-state PAC (ID#:

DAVE NAMBY

7 Amount of contribution (\$)

300

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

7107 SPANISH OAK CIR.
ROUND ROCK, TX 78681

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-31-03

Full name of contributor out-of-state PAC (ID#:

JOHN & VICKI VICKERS

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1800 CORAL DR.
CEDAR PARK, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-8-03

Full name of contributor out-of-state PAC (ID#:

MARY BOWEN

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10617 QUARRY OAKS TR.
AUSTIN, TX 78717

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-8-03

Full name of contributor out-of-state PAC (ID#:

JOE & KATRINA KUCEWICZ

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

16514 LOUNSBURY PL.
AUSTIN, TX 78717

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-03

Full name of contributor out-of-state PAC (ID#:

DAVID WOLF

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

560 WOLF RD
GEORGETOWN, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-23-03

5 Full name of contributor out-of-state PAC (ID#:

BOB GAYLOR

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3105 INDIAN MOUND RD.
GEORGETOWN, TX 78628

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-24-03

Full name of contributor out-of-state PAC (ID#:

WILLIAM BRYCE

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

511 S. MAIN ST.
GEORGETOWN, TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-31-03

Full name of contributor out-of-state PAC (ID#:

PAUL & JOANIE BROWN

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

16800 WILLOW OAK LANE
ROUND ROCK, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-1-03

Full name of contributor out-of-state PAC (ID#:

LISA BIRKMAN

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

OFFICE SUPPLIES

Contributor address; City; State; Zip Code

16917 JUDY SCHOLL WAY
ROUND ROCK, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-1-03

Full name of contributor out-of-state PAC (ID#:

LISA BIRKMAN

Amount of contribution (\$)

24

In-kind contribution description (if applicable)

PARTIAL USE OF
POST OFFICE
BOX.

Contributor address; City; State; Zip Code

16917 JUDY SCHOLL WAY
ROUND ROCK, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>LISA L. BIRKMAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7-1-03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JULIE BASSETT</i>	7 Amount of contribution (\$) <i>200</i>	8 In-kind contribution description (if applicable) <i>WEB SITE SERVICES AND CONSULTING.</i>
6 Contributor address: City: State: Zip Code <i>17061 CONWAY SPRINGS CT. AUSTIN, TX 78717</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7-15-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERI MASON</i>	Amount of contribution (\$) <i>300</i>	In-kind contribution description (if applicable) <i>PHOTO SESSIONS & DISC FOR CAMPAIGN.</i>
Contributor address: City: State: Zip Code <i>1237 CR 126 GEORGETOWN, TX 78626</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-5-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LISA BIRKMAN</i>	Amount of contribution (\$) <i>75</i>	In-kind contribution description (if applicable) <i>COPYING</i>
Contributor address: City: State: Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-5-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARVIN LACKEY</i>	Amount of contribution (\$) <i>312</i>	In-kind contribution description (if applicable) <i>MAIL OUT FOR CAMPAIGN.</i>
Contributor address: City: State: Zip Code <i>3002 GABRIEL VIEW GEORGETOWN, TX 78628</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-12-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICK BIRKMAN</i>	Amount of contribution (\$) <i>411.83</i>	In-kind contribution description (if applicable) <i>SUPPLIES FOR SIGN ASSEMBLY.</i>
Contributor address: City: State: Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-3-03

5 Full name of contributor out-of-state PAC (ID#: _____)

LISA BIRKMAN

7 Amount of contribution (\$)

250

8 In-kind contribution description (if applicable)

PRINTING OF BUMPER STICKERS

6 Contributor address; City; State; Zip Code

*16917 JUDY SCHOLL WAY
ROUND ROCK, TX 78681*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-4-03

Full name of contributor out-of-state PAC (ID#: _____)

SHA EMBREE

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

FOOD, DRINKS + ENTERTAINMENT FOR CAMPAIGN PARTY

Contributor address; City; State; Zip Code

*15 SHADED WAY
ROUND ROCK, TX 78664*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <i>1</i>
2 FILER NAME <i>LISA L. BIRKMAN</i>		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <i>12-24-03</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICK & LISA BIRKMAN</i>	9 Loan Amount (\$) <i>9,000</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>	10 Interest rate <i>6%</i>
		11 Maturity date <i>12-24-04</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 9
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-7-03	5 Payee name ROYAL MASSET & ASSOC.	7 Amount (\$) 795
6 Payee address: City: State: Zip Code 6108 BACK BAY LN AUSTIN, TX 78737		
8 Purpose of payment (See instructions regarding type of information required.) CONSULTING FEE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8-8-03	Payee name LOBODOTION	Amount (\$) 191.25
Payee address: City: State: Zip Code 6005 RONCHAMPS DR. ROUND ROCK, TX 76 78681		
Purpose of payment (See instructions regarding type of information required.) T-SHIRTS, BUTTONS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8-15-03	Payee name FIRST TEXAS BANK	Amount (\$) 4
Payee address: City: State: Zip Code P.O. BOX 5 ROUND ROCK, TX 78680		
Purpose of payment (See instructions regarding type of information required.) BANK SERVICE CHARGE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-2-03	Payee name KWIK SIGNS	Amount (\$) 2,950.81
Payee address: City: State: Zip Code 1601 A HYDRO AUSTIN, TX 78728		
Purpose of payment (See instructions regarding type of information required.) SIGNS + PRINTING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-3-03

5 Payee name

ROYAL MASSET & ASSOC.

7 Amount (\$)

195

6 Payee address; City; State; Zip Code

6108 BACK BAY LN
AUSTIN, TX 78737

8 Purpose of payment (See instructions regarding type of information required.)

CONSULTING FEE

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

9-3-03

Payee name

JULIE BASSETT

Amount (\$)

199.70

Payee address; City; State; Zip Code

17061 CONWAY SPRINGS CT.
AUSTIN, TX 78717

Purpose of payment (See instructions regarding type of information required.)

INTERNET WEB SITE SERVICES

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

9-8-03

Payee name

OFFICE DEPOT

Amount (\$)

36.11

Payee address; City; State; Zip Code

120 SUNDANCE PKWY
ROUND ROCK, TX 78681

Purpose of payment (See instructions regarding type of information required.)

SUPPLIES FOR PARTY INVITATIONS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

9-10-03

Payee name

KWIK SIGNS

Amount (\$)

1,243.88

Payee address; City; State; Zip Code

1601 A HYDRO
AUSTIN, TX 78728

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
9-12-03

5 Payee name
OFFICE DEPOT

7 Amount (\$)
38.13

6 Payee address; City; State; Zip Code
120 SUNDANCE PKWY
ROUND ROCK, TX 78681

8 Purpose of payment (See instructions regarding type of information required.)
OFFICE SUPPLIES

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
9-15-03

Payee name
FIRST TEXAS BANK

Amount (\$)
4

Payee address; City; State; Zip Code
P.O. BOX 5
ROUND ROCK, TX 78680

Purpose of payment (See instructions regarding type of information required.)
BANK SERVICE CHARGE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
9-15-03

Payee name
U.S. P. S.

Amount (\$)
148

Payee address; City; State; Zip Code
797 SAM BASS RD
ROUND ROCK, TX 78681

Purpose of payment (See instructions regarding type of information required.)
STAMPS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
9-15-03

Payee name
WILLIAMSON CO. REP. PARTY

Amount (\$)
70

Payee address; City; State; Zip Code
P.O. BOX 393
ROUND ROCK, TX 78680

Purpose of payment (See instructions regarding type of information required.)
SMALL PLASTIC FLAYS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>LISA L. BIRKMAN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10-3-03</i>	5 Payee name <i>LOGNOTION</i>	7 Amount (\$) <i>239.06</i>
6 Payee address; City; State; Zip Code <i>6005 RONCHAMPS DR. ROUND ROCK, TX 78681</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>T-SHIRTS</i>		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>10-5-03</i>	Payee name <i>ROYAL MASSET & ASSOC.</i>	Amount (\$) <i>195</i>
Payee address; City; State; Zip Code <i>6108 BACK BAY LN. AUSTIN, TX 78737</i>		
Purpose of payment (See instructions regarding type of information required.) <i>CONSULTING FEE</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>10-13-03</i>	Payee name <i>STONE CANYON HOA</i>	Amount (\$) <i>40</i>
Payee address; City; State; Zip Code <i>40 LIDDARD MNGMT. 12335 HYMEADOWS DR., AUSTIN, TX 78750</i>		
Purpose of payment (See instructions regarding type of information required.) <i>ADVERTISEMENT</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>10-14-03</i>	Payee name <i>KWIK COPY BUSINESS CENTER</i>	Amount (\$) <i>236.20</i>
Payee address; City; State; Zip Code <i>1601 S. IH 35, #360 ROUND ROCK, TX 78664</i>		
Purpose of payment (See instructions regarding type of information required.) <i>PRINTING + LETTERHEAD</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-15-03

5 Payee name

FIRST TEXAS BANK

7 Amount (\$)

4

6 Payee address; City; State; Zip Code

P.O. Box 5
ROUND ROCK, TX 78680

8 Purpose of payment (See instructions regarding type of information required.)

BANK SERVICE CHARGE

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10-28-03

Payee name

BAUSHY CREEK WOMEN'S FORUM

Amount (\$)

10

Payee address; City; State; Zip Code

P.O. Box 1072
ROUND ROCK, TX 78680

Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10-29-03

Payee name

KWIK COPY BUSINESS CTR.

Amount (\$)

226

Payee address; City; State; Zip Code

1601 S. IH 35, #360
ROUND ROCK, TX 78664

Purpose of payment (See instructions regarding type of information required.)

BUSINESS CARDS & PRINTING

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11-3-03

Payee name

ROYAL MASSET

Amount (\$)

195

Payee address; City; State; Zip Code

6108 BACK BAY LN
AUSTIN, TX 78737

Purpose of payment (See instructions regarding type of information required.)

CONSULTING FEE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-3-03

5 Payee name

WILLIAMSON CO. REP. PARTY

7 Amount (\$)

200

6 Payee address: City: State; Zip Code

P.O. BOX 393
ROUND ROCK, TX 78680

8 Purpose of payment (See instructions regarding type of information required.)

CHRISTMAS EVENT
SPONSORSHIP

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-15-03

Payee name

FIRST TEXAS BANK

Amount (\$)

4

Payee address: City: State; Zip Code

P.O. BOX 5
ROUND ROCK, TX 78680

Purpose of payment (See instructions regarding type of information required.)

BANK SERVICE CHARGE

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-19-03

Payee name

U. S. P. S.

Amount (\$)

185

Payee address: City: State; Zip Code

797 SAM BASS RD.
ROUND ROCK, TX 78681

Purpose of payment (See instructions regarding type of information required.)

STAMPS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-20-03

Payee name

OFFICE DEPOT

Amount (\$)

38.33

Payee address: City: State; Zip Code

120 SUNDANCE PKWY
ROUND ROCK, TX 78681

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-5-03

5 Payee name

ROYAL MASSET

7 Amount (\$)

195

6 Payee address; City; State; Zip Code

6108 BACK BAY LN
AUSTIN, TX 78737

8 Purpose of payment (See instructions regarding type of information required.)

CONSULTING FEE

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

12-5-03

Payee name

U. S. P. S.

Amount (\$)

270

Payee address; City; State; Zip Code

797 SAM BASS RD
ROUND ROCK, TX 78681

Purpose of payment (See instructions regarding type of information required.)

POSTAGE & P.O. BOX RENTAL

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

12-8-03

Payee name

U. S. P. S.

Amount (\$)

148

Payee address; City; State; Zip Code

797 SAM BASS RD
ROUND ROCK, TX 78681

Purpose of payment (See instructions regarding type of information required.)

STAMPS

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

12-10-03

Payee name

ROUND ROCK LEADER

Amount (\$)

85.50

Payee address; City; State; Zip Code

P.O. BOX 459
ROUND ROCK, TX 78680

Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>LISA L. BIRKMAN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12-12-03</i>	5 Payee name <i>NEIGHBOR NEWS</i>	7 Amount (\$) <i>80</i>
6 Payee address; City; State; Zip Code <i>3740 COLONY DR., STE 120 SAN ANTONIO, TX 78230</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>ADVERTISEMENT</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12-12-03</i>	Payee name <i>WILLIAMSON COUNTY SUN</i>	Amount (\$) <i>117</i>
Payee address; City; State; Zip Code <i>P.O. BOX 36 GEORGETOWN, TX 78627</i>		
Purpose of payment (See instructions regarding type of information required.) <i>ADVERTISEMENT</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12-15-03</i>	Payee name <i>FIRST TEXAS BANK</i>	Amount (\$) <i>4</i>
Payee address; City; State; Zip Code <i>P.O. BOX 5 ROUND ROCK, TX 78680</i>		
Purpose of payment (See instructions regarding type of information required.) <i>BANK SERVICE CHARGE</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12-17-03</i>	Payee name <i>AUSTIN AMERICAN STATESMAN</i>	Amount (\$) <i>120</i>
Payee address; City; State; Zip Code <i>203 E. MAIN ST. ROUND ROCK, TX 78664</i>		
Purpose of payment (See instructions regarding type of information required.) <i>ADVERTISEMENT</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *LISA L. BIRKMAN* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12-19-03</i>	5 Payee name <i>U.S.P.S.</i>	7 Amount (\$) <i>148</i>
6 Payee address; City; State; Zip Code <i>797 SAM BASS RD ROUND ROCK, TX 78681</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>STAMPS</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>12-21-03</i>	Payee name <i>KWIK KOPY BUSINESS CENTER</i>	Amount (\$) <i>462.46</i>
Payee address; City; State; Zip Code <i>1601 S. 1435, #360 ROUND ROCK, TX 78664</i>		

Purpose of payment (See instructions regarding type of information required.) <i>PRINTING, FOLDING & POSTAGE FOR MAIL OUT.</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

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