

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

LISA L. BIRKMAN

16 ACCOUNT # (Ethics Commission filers)

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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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

\$ *20*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *458*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *-0-*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,861.64*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *387.76*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *19,000*

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

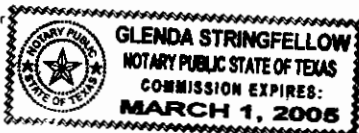
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lisa L. Birkman*, this the *6th* day of *February*, 20 *04*, to certify which, witness my hand and seal of office.

Glenda Stringfellow
Signature of officer administering oath

Glenda Stringfellow
Printed name of officer administering oath

Notary
Title 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: <u>1</u>	
2 FILER NAME <u>LISA L. BIRKMAN</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1-26-04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DR. MARC BERGERON</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>409 MAYS ST. ROUND ROCK, TX 78664</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>1-26-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JUDY McLEOD</u>	Amount of contribution (\$) <u>30</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>307 GLADENVIEW ROUND ROCK, TX 78681</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-26-04 <u>1-28-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TERI MASON</u>	Amount of contribution (\$) <u>200</u>	In-kind contribution description (if applicable) <u>Photo session and photos.</u>
Contributor address; City; State; Zip Code <u>1237 CR 126 GEORGETOWN, TX 78626</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1-26-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANTHONY W. DALE</u>	Amount of contribution (\$) <u>78</u>	In-kind contribution description (if applicable) <u>FOOD, INVITATIONS FOR PARTY.</u>
Contributor address; City; State; Zip Code <u>10521 FOSSEWAY DR. AUSTIN, TX 78717</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1-29-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LISA L. BIRKMAN</u>	Amount of contribution (\$) <u>50</u>	In-kind contribution description (if applicable) <u>GIFT CERTIFICATE</u>
Contributor address; City; State; Zip Code <u>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS	SCHEDULE E
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <div style="text-align: center; font-size: 2em;">1</div>
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2 FILER NAME <div style="text-align: center; font-size: 1.2em;">LISA L. BIRKMAN</div>	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5 Date of loan <div style="text-align: center; font-size: 1.2em;">1-29-04</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">RICK BIRKMAN</div>	9 Loan Amount (\$) <div style="text-align: center; font-size: 1.2em;">1,000</div>
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6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</div>	10 Interest rate <div style="text-align: center; font-size: 1.2em;">6% <hr/></div> 11 Maturity date <div style="text-align: center; font-size: 1.2em;">12-24-04</div>
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12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral <input type="checkbox"/> none
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15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor <hr/> 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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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 <hr/> Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation	Employer	

<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-1-04	5 Payee name DAN BROWN	7 Amount (\$) 200
6 Payee address; City; State; Zip Code 310 S. AUSTIN AVE. GEORGETOWN, TX 78626		
8 Purpose of payment (See instructions regarding type of information required.) SIGN INSTALLATION + MAINTENANCE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-2-04	Payee name U. S. P. S.	Amount (\$) 111
Payee address; City; State; Zip Code 797 SAM BASS AD. 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 1-2-04	Payee name OFFICE DEPOT	Amount (\$) 22.02
Payee address; City; State; Zip Code 120 SUNDANCE PRWY ROUND ROCK, TX 78681		
Purpose of payment (See instructions regarding type of information required.) ENVELOPES AND OFFICE SUPPLIES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-5-04	Payee name ROYAL MASSET + ASSOC.	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

1-12-04

5 Payee name

U.S. POSTMASTER

7 Amount (\$)

819

6 Payee address; City; State; Zip Code

8225 CROSS PARK DR.
AUSTIN, TX 78710

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

POSTAGE

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

Date

1-14-04

Payee name

NEIGHBORHOOD NEWS

Amount (\$)

40

Payee address; City; State; Zip Code

3740 COLONY DR., STE 120
SAN ANTONIO, TX 78230

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

ADVERTISING

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

Date

1-17-04

Payee name

U.S. POSTMASTER

Amount (\$)

111

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

1-18-04

Payee name

OFFICE MAX

Amount (\$)

15.14

Payee address; City; State; Zip Code

2601 S. IH 35
ROUND ROCK, TX 78664

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

RETURN ADDRESS
INK STAMP

-- 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. BURKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-19-04

5 Payee name

OFFICE DEPOT

7 Amount (\$)

70.28

6 Payee address; City; State; Zip Code

13201 RR 620
AUSTIN, TX 78717

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

COPIES & INK CARTRIDGE

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

Candidate / Officeholder name Office sought Office held

Date

1-21-04

Payee name

U.S. POSTMASTER

Amount (\$)

111

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

1-26-04

Payee name

OFFICE DEPOT

Amount (\$)

5.95

Payee address; City; State; Zip Code

120 SUNDANCE PKWY
ROUND ROCK, TX 78681

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

COPIES

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

Candidate / Officeholder name Office sought Office held

Date

1-27-04

Payee name

WILLIAMSON COUNTY SUN

Amount (\$)

240

Payee address; City; State; Zip Code

P.O. BOX 36
GEORGETOWN, TX 78627

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

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-27-04

5 Payee name

AUSTIN AMERICAN STATESMAN

7 Amount (\$)

1,871.25

6 Payee address; City; State; Zip Code

203 E. MAIN ST.
ROUND ROCK, TX 78664

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

ADVERTISEMENT

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

Candidate / Officeholder name Office sought Office held

Date

1-29-04

Payee name

TERI MASON

Amount (\$)

50

Payee address; City; State; Zip Code

1037 CR 126
GEORGETOWN, TX 78626

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

PHOTOS

-- 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED