

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

LISA L. BIRKMAN

16 ACCOUNT # (Ethics Commission files)

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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ - 0 -

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

\$ 1,024.75

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 11,595.69

CONTRIBUTION BALANCE

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

\$ 4,816.82

OUTSTANDING LOAN TOTALS

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

\$ 15,000

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

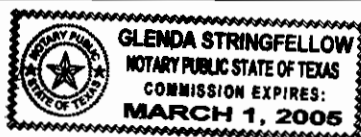
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lisa L. Birkman*, this the 1 day of March, 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: 2	
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-5-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RALPH ROCCO	7 Amount of contribution (\$) 150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 103 MARTIN AVE. ROUND ROCK, TX 78681			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-18-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE VOGLER	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1009 PINE ST. GEORGETOWN, TX 78626			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-27-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK GAREY	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6450 RR 2243 GEORGETOWN, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-27-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONY + MARY CORBETT	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 503 WALLIS DR. AUSTIN, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-4-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA BIRKMAN	Amount of contribution (\$) 32.25	In-kind contribution description (if applicable) POSTAGE
Contributor address; City; State; Zip Code 16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME

LISA C. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
2-19-04

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

MARVIN LACKEY

7 Amount of contribution (\$) **92.50**

8 In-kind contribution description (if applicable)
ADVERTISEMENT

6 Contributor address; City; State; Zip Code

**3002 GABRIEL VIEW
GEORGETOWN, TX 78628**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
2-18-04

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

F. SCOTT SPEARS

Amount of contribution (\$) **50**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**P.O. BOX 160580
AUSTIN, TX 78716**

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: 1
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 2-21-04	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK BIRKMAN	9 Loan Amount (\$) 5,000
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681	10 Interest rate 6% 11 Maturity date 12-24-04
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 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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
Principal occupation / Job title (See Instructions)		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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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: **6**

2 FILER NAME
LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date 1-30-04	5 Payee name LAZARUS GRAPHICS	7 Amount (\$) 2,639.58
6 Payee address; City; State; Zip Code 1205 ROCKRIDGE ST. ROUND ROCK, TX 78681		

8 Purpose of payment (See instructions regarding type of information required.) PRINTING SERVICES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-30-04	Payee name U. S. P. S.	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.) POSTAGE	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 1-30-04	Payee name ROUND ROCK LEADER	Amount (\$) 532
Payee address; City; State; Zip Code P.O. BOX 459 ROUND ROCK, TX 78680		

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

Date 2-3-04	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 SERVICES	** 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: **6**

2 FILER NAME
LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date 2-4-04	5 Payee name NEIGHBORHOOD NEWS	7 Amount (\$) 7.50
6 Payee address; City; State; Zip Code 3740 COLONY DR., STE 120 SAN ANTONIO, TX 78230		

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

Date 2-4-04	Payee name U. S. P. S.	Amount (\$) 32.25
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	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 2-6-04	Payee name AUSTIN AMERICAN STATESMAN	Amount (\$) 168
Payee address; City; State; Zip Code 203 E. MAIN ST. ROUND ROCK, TX 78664		

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

Date 2-9-04	Payee name HEART OF ROUND ROCK NEIGHBORHOOD ASSOC.	Amount (\$) 20
Payee address; City; State; Zip Code c/o JESSE CASTENO 305 VISTA AVE, ROUND ROCK, TX 78664		

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-11-04

5 Payee name

CAT HOLLOW HOA

7 Amount (\$)

100

6 Payee address; City; State; Zip Code

**C/O ALLIANCE ASSOCIATION MANAGEMENT CO.
3355 BEE CAVES RD, #510, AUSTIN, TX 78664**

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

AD

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

Candidate / Officeholder name Office sought Office held

Date

2-11-04

Payee name

AUSTIN AMERICAN STATESMAN

Amount (\$)

504

Payee address; City; State; Zip Code

**203 E. MAIN ST.
ROUND ROCK, TX 78664**

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

ADS

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

Candidate / Officeholder name Office sought Office held

Date

2-15-04

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

2-6-04

Payee name

U. S. POSTMASTER

Amount (\$)

819

Payee address; City; State; Zip Code

**8225 CROSS PARK DR.
AUSTIN, TX 78710**

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

POSTAGE

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-17-04	5 Payee name KWIK SIGNS	7 Amount (\$) 284.16
6 Payee address; City; State; Zip Code 1601 A HYDRO AUSTIN, TX 78728		
8 Purpose of payment (See instructions regarding type of information required.) SIGNS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-17-04	Payee name U.S. POSTMASTER	Amount (\$) 71.72
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		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-17-04	Payee name AUSTIN AMERICAN STATESMAN	Amount (\$) 127.50
Payee address; City; State; Zip Code 203 E. MAIN ST. ROUND ROCK, TX 78664		
Purpose of payment (See instructions regarding type of information required.) AD		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-17-04	Payee name ROUND ROCK LEADER	Amount (\$) 199.50
Payee address; City; State; Zip Code P.O. Box 459 ROUND ROCK, TX 78680		
Purpose of payment (See instructions regarding type of information required.) AD		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **6**

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

4 Date 2-18-04	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
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Date 2-19-04	Payee name WILLIAMSON CO. SUN	Amount (\$) 92.50
Payee address; City; State; Zip Code P.O. BOX 36 GEORGETOWN, TX 78627		

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

Date 2-23-04	Payee name LAZARUS GRAPHICS	Amount (\$) 1,641.07
Payee address; City; State; Zip Code 1205 ROCKRIDGE ST. ROUND ROCK, TX 78681		

Purpose of payment (See instructions regarding type of information required.) PRINTING SERVICES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2-24-04	Payee name WILLIAMSON CO. SUN	Amount (\$) 152.50
Payee address; City; State; Zip Code P.O. BOX 36 GEORGETOWN, TX 78627		

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-24-04

5 Payee name

ROUND ROCK LEADER

7 Amount (\$)

361

6 Payee address; City; State; Zip Code

**A.O. BOX 459
ROUND ROCK, TX 78680**

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

ADS

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

Date

2-26-04

Payee name

U.S. POSTMASTER

Amount (\$)

591.97

Payee address; City; State; Zip Code

**8225 CROSS PARK DR.
AUSTIN, TX 78710**

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

POSTAGE

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

Date

2-27-04

Payee name

LAZARUS GRAPHICS

Amount (\$)

2,066.44

Payee address; City; State; Zip Code

**1205 ROCKRIDGE ST.
ROUND ROCK, TX 78681**

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

PRINTING SERVICES

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

Date

2-27-04

Payee name

AUSTIN AMERICAN STATESMAN

Amount (\$)

56

Payee address; City; State; Zip Code

**203 E. MAIN ST.
ROUND ROCK, TX 78664**

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

AD

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED