

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. LISA L. NICKNAME LAST SUFFIX <p style="text-align: center;">BIKMAN</p>		<div style="border: 2px solid black; padding: 5px;"> RECEIVED APR - 5 2004 ELECTIONS Date Handled: 2:30 p.m. J. G. (P) </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">P.O. BOX 1831 ROUND ROCK, TX 78680</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 244-7439		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. DAVID H. NICKNAME LAST SUFFIX <p style="text-align: center;">NANCE</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">8306 MENOTA CV AUSTIN, TX 78717</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 748-5152		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 29 / 04 4 / 3 / 04		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 4 / 13 / 04		
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 <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission files)
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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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

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)	\$ 5,907.47
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,580.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,143.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,000

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Birkman
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lisa Birkman, this the 5 day of April, 2004, to certify which, witness my hand and seal of office.

Cheri Miller Cheri Miller _____
Signature of officer administering oath Printed name of officer administering oath 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: 6	
2 FILER NAME LISA L. BIRKMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-11-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL POLUMBO	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 CONGRESS AVE AUSTIN, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-11-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD + MELISSA SHIPLEY	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3712 EDGESTONE DR. PLANO, TX 75093			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-12-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA BIRKMAN	Amount of contribution (\$) 360.40	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)	
Date 3-18-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM EMBREE	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8059 AIRPORT RD GEORGETOWN, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-18-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK BORKSKEY	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9011 LOCKLEYEN LOOP AUSTIN, TX 78750			
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: 6	
2 FILER NAME LISA L. BIRKMAN				3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-18-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGEL ABITUA	6 Contributor address; City; State; Zip Code 2418 MOCKINGBIRD DR. AROUND ROCK, TX 78681		7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILLY JOE SEALE	Contributor address; City; State; Zip Code 11711 BUCKINGHAM AUSTIN, TX 78759		Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVELYN SEALE	Contributor address; City; State; Zip Code 11711 BUCKINGHAM AUSTIN, TX 78759		Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERWIN HENNING'S	Contributor address; City; State; Zip Code 2817 GABRIEL VIEW DR. GEORGETOWN, TX 78628		Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA SILVER	Contributor address; City; State; Zip Code 17043 GAELICGLEN LN. HOUSTON, TX 77084		Amount of contribution (\$) 500	In-kind contribution description (if applicable)
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: 6	
2 FILER NAME LISA L. BIRKMAN				3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-25-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY C. BOWEN	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 10817 QUARRY OAKS TR. AUSTIN, TX 78717					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM HAYNIE	Amount of contribution (\$) 750	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1415 ASH ST. GEORGETOWN, TX 78626					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLAUDE HAYS	Amount of contribution (\$) 250	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code P.O. BOX 689 GEORGETOWN, TX 78626					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE VOGLER	Amount of contribution (\$) 200	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1009 AINE ST. GEORGETOWN, TX 78626					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KERRY RUSSELL	Amount of contribution (\$) 200	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 20120 WESTLAKE ARWY GEORGETOWN, TX 78628					
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: 6	
2 FILER NAME LISA L. BIRKMAN				3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-25-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDI SHANKLIN	6 Contributor address; City; State; Zip Code 30207 BRIARCREST DR. GEORGETOWN, TX 78628	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VICTORIA MILLER	Contributor address; City; State; Zip Code 1607 EDELWEISS DR. CEDAR PARK, TX 78613	Amount of contribution (\$) 100	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-2-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LISA QUAY	Contributor address; City; State; Zip Code 8903 PERCH CV AUSTIN, TX 78717	Amount of contribution (\$) 50	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-2-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROY RUSHING	Contributor address; City; State; Zip Code 1201A CHURCH ST. GEORGETOWN, TX 78626	Amount of contribution (\$) 50	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-2-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACK GAREY	Contributor address; City; State; Zip Code 6450 RR 2243 GEORGETOWN, TX 78626	Amount of contribution (\$) 500	In-kind contribution description (if applicable)	
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: 6	
2 FILER NAME LISA L. BIRKMAN			3 ACCOUNT # (Ethics Commission filers)		
4 Date 3-9-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAUREN KUNNEL	6 Contributor address; City; State; Zip Code 1. MISTY WOOD ROUND ROCK, TX 78664		7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable) DRINKS FOR PARTY.
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 3-9-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICK & LISA BIRKMAN	Contributor address; City; State; Zip Code 16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681		Amount of contribution (\$) 150	In-kind contribution description (if applicable) FOOD FOR PARTY.
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-11-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LISA BIRKMAN	Contributor address; City; State; Zip Code 16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681		Amount of contribution (\$) 750	In-kind contribution description (if applicable) OFFICE SUPPLIES & POSTAGE.
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JANICE BOWMAN	Contributor address; City; State; Zip Code 205 SAGEBRUSH CT GEORGETOWN, TX 78628		Amount of contribution (\$) 300	In-kind contribution description (if applicable) FOOD FOR FUNDRAISER
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES & VERA PETRU	Contributor address; City; State; Zip Code 307 PARQUE VISTA GEORGETOWN, TX 78626		Amount of contribution (\$) 100	In-kind contribution description (if applicable) DRINKS FOR FUNDRAISER
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: 6	
2 FILER NAME LISA L. BIRKMAN				3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-25-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELIZABETH WHATWORTH	7 Amount of contribution (\$) 150	8 In-kind contribution description (if applicable) FOOD FOR FUNDRAISER		
6 Contributor address; City; State; Zip Code 120 HESTER HOLLOW GEORGETOWN, TX 78628					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 4-2-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARVIN LACKEY	Amount of contribution (\$) 157.07	In-kind contribution description (if applicable) VOTER LISTS, POSTAGE & PRINTING		
Contributor address; City; State; Zip Code 3002 GABRIEL VIEW GEORGETOWN, TX 78628					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-28-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICK BIRKMAN	Amount of contribution (\$) 50	In-kind contribution description (if applicable) MATERIALS FOR SIGNS		
Contributor address; City; State; Zip Code 16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDY MCLEOD	Amount of contribution (\$) 15	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 307 GLADEVIEW ROUND ROCK, TX 78681					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-2-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CRIS PACLE	Amount of contribution (\$) 75	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 16207 W. DORMAN DR. AUSTIN, TX 78717					
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 3-25-04	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) NICK & LISA BIRKMAN	9 Loan Amount (\$) 3,000
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%
12 Principal occupation / Job title (See Instructions)		11 Maturity date 12-24-04
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
20 Employer		
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: **4**

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-2-04

5 Payee name

AUSTIN AMERICAN STATESMAN

7 Amount (\$)

170

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.)

AD

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

Candidate / Officeholder name Office sought Office held

Date

3-3-04

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

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

Candidate / Officeholder name Office sought Office held

Date

3-3-04

Payee name

LAZARUS GRAPHICS

Amount (\$)

1,401.84

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

3-4-04

Payee name

LAZARUS GRAPHICS

Amount (\$)

2,363.04

Payee address; City; State; Zip Code

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

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

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: **4**

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-6-04

5 Payee name

LAZARUS GRAPHICS

7 Amount (\$)

818.85

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

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

Candidate / Officeholder name Office sought Office held

Date

3-8-04

Payee name

ROUND ROCK LEADER

Amount (\$)

147.50

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

Date

3-15-04

Payee name

OFFICE DEPOT

Amount (\$)

37.83

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

Date

3-22-04

Payee name

OFFICE DEPOT

Amount (\$)

73.75

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: **4**

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-24-04

5 Payee name

ADCO ADVERTISING

7 Amount (\$)

129.90

6 Payee address; City; State; Zip Code

6514 McNEIL DR.

AUSTIN, TX 78729

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

CAMPAIGN STICKERS

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

Candidate / Officeholder name Office sought Office held

Date

3-27-04

Payee name

OFFICE DEPOT

Amount (\$)

19.49

Payee address; City; State; Zip Code

13201 B FM 620 NORTH

AUSTIN, TX 78729

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

3-29-04

Payee name

LAZARUS GRAPHICS

Amount (\$)

1,213.48

Payee address; City; State; Zip Code

1205 ROCKRIDGE ST.

ROUND ROCK, TX 78681

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

PRINTING

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

Candidate / Officeholder name Office sought Office held

Date

3-30-04

Payee name

U.S. POSTMASTER

Amount (\$)

180

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

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:

4

2 FILER NAME

LISA L. BIRKMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-1-04

5 Payee name

U.S. POSTMASTER

7 Amount (\$)

483.88

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

4-1-04

Payee name

U.S. POSTMASTER

Amount (\$)

351.43

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

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