

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: <div style="text-align: center; font-size: 2em;">15</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MRS. NICKNAME: _____ FIRST: LISA LAST: BIRKMAN MI: L. SUFFIX: _____	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="font-weight: bold; font-size: 1.2em;">JUL 12 2004</div> <div style="font-weight: bold; font-size: 1.2em;">ELECTIONS ADMINISTRATION</div> <div style="font-weight: bold; font-size: 1.2em;">Date Hand Carried or Date Postmarked 11:37AM CH (1)</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount			Date Processed		Date Imaged	
Receipt #	Amount										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. BOX 1831 CITY: ROUND ROCK, TX STATE: TX ZIP CODE: 78680										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 244-7439 EXTENSION: _____										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR. NICKNAME: _____ FIRST: DAVID LAST: NANCE MI: H. SUFFIX: _____										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 8306 MENDOTA CV CITY: AUSTIN, TX STATE: TX ZIP CODE: 78717										
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 748-5152 EXTENSION: _____										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" 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)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" 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: 4 / 4 / 04 THROUGH Month Day Year: 6 / 30 / 04										
11 ELECTION	ELECTION DATE: Month Day Year: / / ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any): WILLIAMSON CO. COMMISSIONER PCT ONE	13 OFFICE SOUGHT (if known):									
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 **LISA L. BIRKMAN** 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

.. 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 10
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,003.37
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,034.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,286.81
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 L. Birkman
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lisa L. Birkman, this the 12 day of July, 2004, 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: 7	
2 FILER NAME LISA L. BIRKMAN			3 ACCOUNT # (Ethics Commission filers)		
4 Date 4-9-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL + JANA HUNSICKER	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 4-9-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH WHITWORTH	Amount of contribution (\$) 50	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 4-9-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY GUTIERREZ	Amount of contribution (\$) 150	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 930 GROVE LN GEORGETOWN, TX 78626					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-9-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL FRONCZEK + ANGELINE ZANTZER	Amount of contribution (\$) 70	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code P.O. BOX 844 ROUND ROCK, TX 78680					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-9-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN + PATRICIA WATSON	Amount of contribution (\$) 250	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1409 MALONE ST. HOUSTON, TX 77007					
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 4-9-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT CHODY	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7404 TWO JACKS TR. ROUND ROCK, TX 78681			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-9-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDY LIMMER	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12610 FM 1660 TAYLOR, TX 76574			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-9-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTY & BILL 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 4-9-04	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 4-20-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN B. GORDON	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1007 GREEN MEADOW ROUND ROCK, TX 78664			
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 4-20-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARVEY M. ALLEN	7 Amount of contribution (\$) 750	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 106 CHAMPIONS CT GEORGETOWN, TX 78628			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-4-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX ASSOC. OF REALTORS P.A.C. AVIS WUKASCH	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1836 AUSTIN, TX 78767		TREAS.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-4-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL WORKMAN	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4415 R.O. DRIVE SPICEWOOD, TX 78669			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-4-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GWEN SCOTT	Amount of contribution (\$) 75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 512 CLEARVIEW DR. GEORGETOWN, TX 78626			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-19-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN GLEN	Amount of contribution (\$) 750	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 W. 6th St. #300 AUSTIN, TX 78703			
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 files)	
4 Date 5-19-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKE MAGEE	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1400 ELTON LN. AUSTIN, TX 78703			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-26-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MARTIN	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3317 TEXAS STAR LN AUSTIN, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-26-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERCEL BRASHEAR	Amount of contribution (\$) 700	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2955 DAWN DR. GEORGETOWN, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-26-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD KAMMERMAN	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7200 N. MOPAC #150 AUSTIN, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-26-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHAN SHEETS	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 E. MAIN ST. ROUND ROCK, TX 78664			
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 6-21-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FULBRIGHT + JAWORSKI TX COMMITTEE	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1301 MCKINNEY, STE 5100 HOUSTON, TX 77010			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-21-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANK ROTHELL	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5280 W. HWY 29 GEORGETOWN, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-21-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL ROBINSON III	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 9556 AUSTIN, TX 78766			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-21-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN M. JANSING JR.	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8608 CRESTRIDGE CIR. AUSTIN, TX 78750			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-5-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA BIRKMAN	Amount of contribution (\$) 150	In-kind contribution description (if applicable) AUTDMATED PHONE CALLS
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 <i>LISA L. BIRKMAN</i>				3 ACCOUNT # (Ethics Commission filers)			
4 Date <i>4-7-04</i>	5 Full name of contributor <i>LISA BIRKMAN</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	6 Contributor address: City: State: Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>		7 Amount of contribution (\$) <i>150</i>	8 In-kind contribution description (if applicable) <i>AUTOMATED PHONE CALLS</i>		
9 Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)			
Date <i>4-12-04</i>	Full name of contributor <i>LISA BIRKMAN</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address: City: State: Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>		Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable) <i>AUTOMATED PHONE CALLS</i>		
Principal occupation / Job title (See Instructions)				Employer (See Instructions)			
Date <i>4-13-04</i>	Full name of contributor <i>LISA BIRKMAN</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address: City: State: Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>		Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable) <i>AUTOMATED PHONE CALLS</i>		
Principal occupation / Job title (See Instructions)				Employer (See Instructions)			
Date <i>4-14-04</i>	Full name of contributor <i>LISA BIRKMAN</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address: City: State: Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>		Amount of contribution (\$) <i>325</i>	In-kind contribution description (if applicable) <i>AUTOMATED PHONE CALLS</i>		
Principal occupation / Job title (See Instructions)				Employer (See Instructions)			
Date <i>4-23-04</i>	Full name of contributor <i>LISA BIRKMAN</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address: City: State: Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>		Amount of contribution (\$) <i>111</i>	In-kind contribution description (if applicable) <i>POSTAGE</i>		
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>4-28-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LISA BIRKMAN</i>	7 Amount of contribution (\$) <i>600</i>	8 In-kind contribution description (if applicable) <i>FOOD FOR RECEPTION</i>
6 Contributor address; City; State; Zip Code <i>16917 JUDY SCHOLL WAY ROUND ROCK, TX 78681</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-28-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LISA BIRKMAN</i>	Amount of contribution (\$) <i>122.37</i>	In-kind contribution description (if applicable) <i>ADVERTISING</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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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. BIARMAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-5-04	5 Payee name IN TOUCH SYSTEMS	7 Amount (\$) 150
6 Payee address; City; State; Zip Code 5149 COTTON RD. ROSWELL, NM 88201		
8 Purpose of payment (See instructions regarding type of information required.) AUTOMATED PHONE CALLS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-6-04	Payee name U.S. POSTMASTER	Amount (\$) 483.88
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 4-7-04	Payee name JOHN COLLINS	Amount (\$) 108.25
Payee address; City; State; Zip Code 7023 RAMBOLLET TERRACE ROUND ROCK, TX 78681		
Purpose of payment (See instructions regarding type of information required.) MOONWALK FOR RALLY.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-7-04	Payee name COOPER'S PIT BBQ	Amount (\$) 1190.75
Payee address; City; State; Zip Code 403 N. MAYS ROUND ROCK, TX 78664		
Purpose of payment (See instructions regarding type of information required.) FOOD FOR RALLY		-- 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

4-7-04

5 Payee name

IN TOUCH SYSTEM

7 Amount (\$)

150

6 Payee address; City; State; Zip Code

5149 COTTON RD
ROSWELL, NM 88201

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

AUTOMATED PHONE CALLS

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

Candidate / Officeholder name Office sought Office held

Date

4-10-04

Payee name

LAZARUS GRAPHICS

Amount (\$)

3619.89

Payee address; City; State; Zip Code

1205 ROCKRIDGE ST.
ROUND ROCK, TX 78681

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

PRINTING & DESIGN

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

Candidate / Officeholder name Office sought Office held

Date

4-10-04

Payee name

U. S. POSTMASTER

Amount (\$)

509.58

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

4-12-04

Payee name

LAZARUS GRAPHICS

Amount (\$)

2819.92

Payee address; City; State; Zip Code

1205 ROCKRIDGE
ROUND ROCK, TX 78681

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

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>4-12-04</i>	5 Payee name <i>IN TOUCH SYSTEMS</i>	7 Amount (\$) <i>150</i>
6 Payee address; City; State; Zip Code <i>5149 COTTON RD ROSWELL, NM 88201</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>AUTOMATED PHONE CALLS</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4-13-04</i>	Payee name <i>IN TOUCH SYSTEMS</i>	Amount (\$) <i>150</i>
Payee address; City; State; Zip Code <i>5149 COTTON RD ROSWELL, NM 88201</i>		
Purpose of payment (See instructions regarding type of information required.) <i>AUTOMATED PHONE CALLS</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4-14-04</i>	Payee name <i>PACIFIC EAST RESEARCH</i>	Amount (\$) <i>325</i>
Payee address; City; State; Zip Code <i>200 W. 3RD ST. SUMAS, WA 98295</i>		
Purpose of payment (See instructions regarding type of information required.) <i>PHONE NUMBER RESEARCH</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4-20-04</i>	Payee name <i>BRUSHY CREEK MUD</i>	Amount (\$) <i>340</i>
Payee address; City; State; Zip Code <i>16318 GREAT OAKS DR ROUND ROCK, TX 78681</i>		
Purpose of payment (See instructions regarding type of information required.) <i>ROOM RENTALS FOR RECEPTION</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

4-20-04

5 Payee name

ADCO ADVERTISING

7 Amount (\$)

216.50

6 Payee address; City; State; Zip Code

6514 McNEIL DR.
AUSTIN, TX 78729

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

4-20-04

Payee name

ROUND ROCK LEADER

Amount (\$)

132

Payee address; City; State; Zip Code

P.O. Box 459
ROUND ROCK, TX 78680

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

"THANK YOU" AD.

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

Date

4-23-04

Payee name

ROUND ROCK 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.)

POSTAGE

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

Date

4-28-04

Payee name

JANICE BOWMAN

Amount (\$)

600

Payee address; City; State; Zip Code

205 SAGEBRUSH CT.
GEORGETOWN, TX 78628

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

RECEPTION FOOD

-- 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>4-28-04</i>	5 Payee name <i>AUSTIN AMERICAN STATESMAN</i>	7 Amount (\$) <i>122.37</i>
6 Payee address; City; State; Zip Code <i>203 E. MAIN ST. ROUND ROCK, TX 78664</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>THANK YOU AD</i>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <i>5-3-04</i>	Payee name <i>DOCUMENT ENGINE</i>	Amount (\$) <i>140.30</i>
Payee address; City; State; Zip Code <i>2701 GATTIS SCHOOL RD #103 B ROUND ROCK, TX 78664</i>		

Purpose of payment (See instructions regarding type of information required.) <i>PRINTING OF INVITATIONS</i>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <i>5-3-04</i>	Payee name <i>SCHLOTSKY'S</i>	Amount (\$) <i>241</i>
Payee address; City; State; Zip Code <i>600 S. IH 35 GEORGETOWN, TX 78626</i>		

Purpose of payment (See instructions regarding type of information required.) <i>FOOD FOR RECEPTION</i>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <i>5-3-04</i>	Payee name <i>JANICE BOWMAN</i>	Amount (\$) <i>200</i>
Payee address; City; State; Zip Code <i>205 SAGEBRUSH CT GEORGETOWN, TX 78628</i>		

Purpose of payment (See instructions regarding type of information required.)	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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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 5-14-04	5 Payee name DOCUMENT ENGINE	7 Amount (\$) 75.78
6 Payee address; City: State; Zip Code 2701 GATTIS SCHOOL RD. #103 B ROUND ROCK, TX 78664		
8 Purpose of payment (See instructions regarding type of information required.) PRINTING OF CARDS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6-7-04	Payee name NEIGHBORHOOD NEWS	Amount (\$) 87.50
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 6-7-04	Payee name ROUND ROCK CHAMBER OF COMMERCE	Amount (\$) 100
Payee address; City: State; Zip Code 212 E. MAIN ST. ROUND ROCK, TX 78664		
Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6-14-04	Payee name AUSTIN AMERICAN STATESMAN	Amount (\$) 10.50
Payee address; City: State; Zip Code 203 E. MAIN ST. ROUND ROCK, TX 78664		
Purpose of payment (See instructions regarding type of information required.) BALANCE OWED ON ADS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		