

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Lisa	MI L.
	NICKNAME	LAST Birkman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; P. O. Box 1831	APT / SUITE #;	CITY; STATE; ZIP CODE Round Rock TX 78680
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 244-7439	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR 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; STATE; ZIP CODE Austin TX 78717
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 748-5152	EXTENSION
9 REPORT TYPE	<input checked="" 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 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 7 / 1 / 2004	THROUGH	Month / Day / Year 12 / 31 / 2004
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. 1	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			

OFFICE USE ONLY	
RECEIVED	
Date Received JAN 14 2005	
By _____	
Date Hand-delivered or Date Postmarked 9:34 AM CH (P)	
Receipt #	Amount
Date Processed	
Date Imaged	

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,387.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,932.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,550.00

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

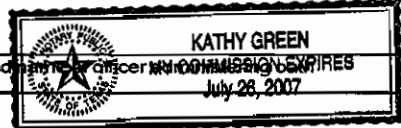
Sworn to and subscribed before me, by the said Lisa L. Birkman, this the 13th day of January, 2005, to certify which, witness my hand and seal of office.

Kathy Green

 Signature of officer administering oath

KATHY GREEN

 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: **3**

2 FILER NAME
Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/9/04

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

7 Amount of contribution (\$) **1,000.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**1230 Austin Ave.
Georgetown, TX 78628**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/23/04

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

Amount of contribution (\$) **1,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**6504 Bridge Point, Ste 200
Austin, TX 78730**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/23/04

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

Amount of contribution (\$) **200.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**3834 Promontory Pt.
Austin, TX 78744**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/23/04

Full name of contributor out-of-state PAC (ID#: _____)
Turner Collie & Braden PAC

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**P O Box 130089
Houston, TX 77219**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/23/04

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

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**CR 103
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:

3

2 FILER NAME

Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/28/04

5 Full name of contributor

out-of-state PAC (ID#: _____)

David & Vicki Brevell

6 Contributor address; City; State; Zip Code

1404 Pearl Cv
Round Rock, TX 78681

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/31/04

Full name of contributor

out-of-state PAC (ID#: _____)

Keith & Lorraine Rosbury

Contributor address; City; State; Zip Code

1700 Gentle Way
Prosper, TX 75078

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/04

Full name of contributor

out-of-state PAC (ID#: _____)

Half Assoc. State PAC

Contributor address; City; State; Zip Code

8616 NW Plaza Dr.
Dallas TX 75225

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/13/04

Full name of contributor

out-of-state PAC (ID#: _____)

Home Builders Assoc. of Greater Austin HOME

Contributor address; City; State; Zip Code

7952 Anderson Square
Austin, TX 78757

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/04

Full name of contributor

out-of-state PAC (ID#: _____)

Williamson Co. Repub. Women PAC

Contributor address; City; State; Zip Code

P O Box 342
Round Rock, TX 78680

Amount of contribution (\$)

800.00

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:

3

2 FILER NAME

Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/25/04

5 Full name of contributor

out-of-state PAC (ID#: _____)

Real Estate Council of Austin PAC

6 Contributor address; City; State; Zip Code

98 San Jacinto, #180
Austin, TX 78701

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/6/04

Full name of contributor

out-of-state PAC (ID#: _____)

Joe Baker

Contributor address; City; State; Zip Code

959 Blue Spring Cove
Round Rock, TX 78681

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/24/04

Full name of contributor

out-of-state PAC (ID#: _____)

Chaz Glace

Contributor address; City; State; Zip Code

P O Box 1057
Round Rock, TX 78680

Amount of contribution (\$)

1,000.00

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 8/23/04	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick and Lisa Birkman	9 Loan Amount (\$) 500
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 12/24/05
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 11/2/04	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick and Lisa Birkman	Loan Amount (\$) 300
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 16917 Judy Scholl Way Round Rock, TX 78681	Interest rate 6%
Principal occupation / Job title (See Instructions)		Maturity date 12/24/05
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor 17 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: **5**

2 FILER NAME
Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/23/04	5 Payee name Williamson Co. Repub. Women PAC	7 Amount (\$) 500.00
	6 Payee address; City; State; Zip Code P O Box 342 Round Rock, TX 78680	

8 Purpose of payment (See instructions regarding type of information required.) Donation for gala sponsorship 8/23/04	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/16/04	Payee name Georgetown Area Repub. Women PAC	Amount (\$) 90.00
	Payee address; City; State; Zip Code 186 Trail Rider Way Georgetown, TX 78628	

Purpose of payment (See instructions regarding type of information required.) Scholarship luncheon contribution	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/7/04	Payee name Julie Bassett Enterprises	Amount (\$) 59.70
	Payee address; City; State; Zip Code 17061 Conway Springs Austin, TX 78717	

Purpose of payment (See instructions regarding type of information required.) Web site hosting and expenses	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/28/04	Payee name Lisa L. Birkman	Amount (\$) 500.00
	Payee address; City; State; Zip Code 16917 Judy Scholl Way Round Rock, TX 78681	

Purpose of payment (See instructions regarding type of information required.) Food, table rentals, etc. for open house.	9 ** Complete if direct expenditure to benefit C/OH ** 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: 5
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/2/04	5 Payee name Lone Star Bakery <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 106 W. Liberty Round Rock, TX 78664	7 Amount (\$) 126.00
8 Purpose of payment (See instructions regarding type of information required.) Food for victory party.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/2/04	Payee name Partners Rental Purchase <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 900 Palm Valley #1013 Round Rock, Tx 78664	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) Rental of big screen televisions		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/2/04	Payee name Document Engine <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 2701 Gattis School Rd, #103 B Round Rock, Tx 78664	Amount (\$) 75.78
Purpose of payment (See instructions regarding type of information required.) Stationery		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/24/04	Payee name Kwik Signs <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 1601 Hydro Dr. Austin, TX 78728	Amount (\$) 54.13
Purpose of payment (See instructions regarding type of information required.) Magnetic car 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: **5**

2 FILER NAME
Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/10/04	5 Payee name Round Rock Leader <hr/> 6 Payee address; City; State; Zip Code P O Box 459 Round Rock, TX 78680	7 Amount (\$) 60.00
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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
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Date 10/4/04	Payee name U. S. Postmaster <hr/> Payee address; City; State; Zip Code 797 Sam Bass Rd Round Rock, Tx 78681	Amount (\$) 48.00
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Purpose of payment (See instructions regarding type of information required.) Rental of post office box.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/22/04	Payee name Tammy Smith <hr/> Payee address; City; State; Zip Code 300 Bronco Blvd. Liberty Hill, TX 78642	Amount (\$) 300.00
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Purpose of payment (See instructions regarding type of information required.) Food and supplies for swearing-in ceremony.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/31/04	Payee name First Texas Bank <hr/> Payee address; City; State; Zip Code P O Box 5 Round Rock, TX 78680	Amount (\$) 24.00
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Purpose of payment (See instructions regarding type of information required.) Monthly bank charges.	-- 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: **5**

2 FILER NAME

Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/12/04

5 Payee name
Rick and Lisa Birkman
6 Payee address; City; State; Zip Code
16917 Judy Scholl Way
Round Rock, TX 78681

7 Amount (\$)
5,000.00

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

Repayment of campaign loan.

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

Date
7/23/04

Payee name
Rick and Lisa Birkman
Payee address; City; State; Zip Code
16917 Judy Scholl Way
Round Rock, Tx 78681

Amount (\$)
250.00

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

Repayment of campaign loan.

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

Date
8/28/04

Payee name
Rick & Lisa Birkman
Payee address; City; State; Zip Code
16917 Judy Scholl Way
Round Rock, TX 78681

Amount (\$)
500.00

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

Repayment of campaign loan.

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

Date
9/13/04

Payee name
Rick and Lisa Birkman
Payee address; City; State; Zip Code
16917 Judy Scholl Way
Round Rock, TX 78681

Amount (\$)
2,500.00

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

Repayment of campaign loan.

-- 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: **5**

2 FILER NAME
Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/6/04	5 Payee name Rick and Lisa Birkman 6 Payee address; City; State; Zip Code 16917 Judy Scholl Way Round Rock, TX 78681	7 Amount (\$) 500.00
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8 Purpose of payment (See instructions regarding type of information required.) Repayment of campaign loan.	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 11/26/04	Payee name Rick and Lisa Birkman Payee address; City; State; Zip Code 16917 Judy Scholl Way Round Rock, Tx 78681	Amount (\$) 1,500.00
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Purpose of payment (See instructions regarding type of information required.) Repayment of campaign loan.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED