

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT# (Ethics Commission filers)</p>	<p>2 Total pages filed: 8</p>																				
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td>Mrs.</td> <td>Lisa</td> <td>L.</td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Birkman</td> <td></td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Mrs.	Lisa	L.		NICKNAME	LAST	SUFFIX			Birkman			<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">JAN 17 2006</p> <p style="font-size: 0.8em; margin: 0;">Date Received</p> <p style="font-size: 0.8em; margin: 0;">By _____</p> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 0.8em; margin: 0;">11:52 AM CH (P)</p> <table style="width:100%; border-collapse: collapse; font-size: 0.7em;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount	Date Processed	Date Imaged
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Mrs.	Lisa	L.																					
NICKNAME	LAST	SUFFIX																					
	Birkman																						
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<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>P. O. Box 1831</td> <td></td> <td>Round Rock TX</td> <td></td> <td>78680</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P. O. Box 1831		Round Rock TX		78680											
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<p>10 PERIOD COVERED</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> </tr> <tr> <td>7</td> <td>1</td> <td>2005</td> <td></td> <td>12</td> <td>31</td> <td>2005</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	7	1	2005		12	31	2005							
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<p>11 ELECTION</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ELECTION DATE</td> <td style="width:70%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month / Day / Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special																	
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<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p> <p>Williamson Co. Commissioner Pct. 1</p>	<p>13 OFFICE SOUGHT (if known)</p>																						
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>.. 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. ..</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>																						

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)

** 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 2050.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2630.83

CONTRIBUTION BALANCE

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

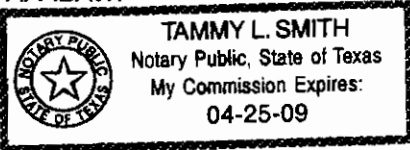
\$ 19814.69

OUTSTANDING LOAN TOTALS

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

\$ 0

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 17th day of Jan., 2006, to certify which, witness my hand and seal of office.

Tammy L. Smith
Signature of officer administering oath

Tammy L. Smith
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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 9-20-05	5 Payee name Brushy Creek MVD	7 Amount (\$) \$100.00
6 Payee address; City; State; Zip Code 16318 Great Oaks Dr Round Rock, TX 78681		
8 Purpose of payment (See instructions regarding type of information required.) room rental - final payment - for Republican event		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-23-05	Payee name Georgetown Area Community Foundation	Amount (\$) \$300.00
Payee address; City; State; Zip Code 116 W. 8th St. #105 Georgetown, TX 78626		
Purpose of payment (See instructions regarding type of information required.) donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-21-05	Payee name HEB	Amount (\$) \$320.94
Payee address; City; State; Zip Code 16900 North RR 620 Round Rock, TX 78681		
Purpose of payment (See instructions regarding type of information required.) food for Republican party event		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-29-05	Payee name HEB	Amount (\$) \$101.87
Payee address; City; State; Zip Code 16900 North RR 620 Round Rock, TX 78681		
Purpose of payment (See instructions regarding type of information required.) food for community event		-- 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 10-4-05	5 Payee name Yours for Keep	7 Amount (\$) \$26.25
6 Payee address; City; State; Zip Code 501 W. Univ. Avenue Georgetown, TX 78626		

8 Purpose of payment (See instructions regarding type of information required.) nametags	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10-5-05	Payee name Georgetown Chamber of Commerce	Amount (\$) \$160.00
Payee address; City; State; Zip Code 100 Stadium Dr. Georgetown, TX 78627		

Purpose of payment (See instructions regarding type of information required.) purchase of a table with tickets to fundraising event	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12-9-05	Payee name Round Rock Leader	Amount (\$) \$104.00
Payee address; City; State; Zip Code 105 S. Blair St. Round Rock, TX 78680		

Purpose of payment (See instructions regarding type of information required.) Christmas ad	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12-15-05	Payee name Postmaster	Amount (\$) \$48.00
Payee address; City; State; Zip Code 797 Sam Bass Road Round Rock, TX 78681		

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

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2630.83

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 8-17-05	5 Payee name Williamson Co. Republican Women	7 Amount (\$) \$ 1000.00
6 Payee address; City; State; Zip Code P.O. Box 342 Bound Rock, tx 78680		

8 Purpose of payment (See instructions regarding type of information required.) donation/tickets to scholarship fundraiser	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 8-25-05	Payee name Brushy Creek MVD	Amount (\$) \$ 200.00
Payee address; City; State; Zip Code 16318 Great Oaks Dr. Bound Rock, tx 78681		

Purpose of payment (See instructions regarding type of information required.) room deposit/partial rental fee for community rooms for event	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9-9-05	Payee name Hobby hobby	Amount (\$) \$ 52.57
Payee address; City; State; Zip Code 130 Sundance Pkwy Round Rock, tx 78664		

Purpose of payment (See instructions regarding type of information required.) purchase of items for donation to Republican women's event	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9-19-05	Payee name Austin Police Benevolent Society	Amount (\$) \$ 150.00
Payee address; City; State; Zip Code 615 W. Yager Lane Austin, TX 78753		

Purpose of payment (See instructions regarding type of information required.) donation/tickets to event	-- 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: 4

2 FILER NAME Lisa L. Birkman 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>7-18-05</u>	5 Payee name <u>HEB</u>	7 Amount (\$) <u>\$31.20</u>
6 Payee address; City; State; Zip Code <u>16900 North RR620 Round Rock, tx 78681</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>food for community event</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>7-13-05</u>	Payee name <u>GARW PAC</u>	Amount (\$) <u>\$12.00</u>
Payee address; City; State; Zip Code <u>119 Blazing Star Georgetown, TX 78628</u>		

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

Date	Payee name <u>First Texas Bank</u>	Amount (\$) <u>\$24.00</u>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <u>bank fees</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	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 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 7-11-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John F. Yearwood	7 Amount of contribution (\$) \$1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5301 Hwy 195 Georgetown, TX 78626			
9 Principal occupation / Job title (See Instructions) Rancher		10 Employer (See Instructions)	
Date 7-27-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Haynie	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 908 Double File Cv. Round Rock, TX 78664			
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Haynie Consulting	
Date 9-6-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Davidson	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4104 Bridgeline Tr. Austin, TX 78731			
Principal occupation / Job title (See Instructions) Businessowner		Employer (See Instructions) Austin Tree Farm	
Date 10-20-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Kallman	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6203 Hudson Bend Rd. Austin, TX 78734			
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) S.D. Kallman Co.	
Date 11-21-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Parker	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3904 Powderhorn Dr. Round Rock, TX 78681			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10-20-05</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brushy Creek MVD - reimbursement for room rental deposit</u>	7 Amount of contribution (\$) <u>\$150</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>10318 Great Oaks Dr. Round Rock, TX 78681</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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