

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: 25
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Lisa LAST Birkman	MI L. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P. O. Box 1831	APT / SUITE #: Round Rock	CITY; STATE; ZIP CODE TX 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	APT / SUITE #: Austin	CITY; STATE; ZIP CODE TX 78717
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 748-5152	EXTENSION
9 REPORT TYPE	<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 1 / 1 / 2006	THROUGH	Month / Day / Year 6 / 30 / 2006
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	** 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 <input type="checkbox"/> additional pages		

OFFICE USE ONLY	
RECEIVED JUL 11 2006 By: 9:18 AM CA (P)	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

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. ***

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 21,125.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 24.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,901.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33,720.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

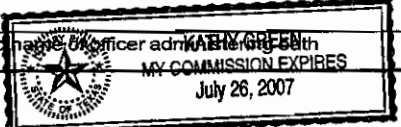
Lisa L. Birkman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa L. Birkman, this the 10th day of July, 2006, to certify which, witness my hand and seal of office.

Kathy Green
Signature of officer administering oath

Printed name of officer administering oath: **KATHY GREEN**
Title of officer administering oath: **MY COMMISSION EXPIRES July 26, 2007**



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 15

2 FILER NAME

Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/3/06

5 Full name of contributor

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

Tim Haynie

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

908 Double File Cv
Round Rock, Tx 78664

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/3/06

Full name of contributor

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

John J. Gavumik

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

20124 Westlake Pkwy
Georgetown, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/06

Full name of contributor

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

Nancy Rabb

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2604 Sunrise
Round Rock, TX 78664

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/06

Full name of contributor

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

Jack W. Buchanan

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

105 Whispering Spring Ln
Georgetown, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/06

Full name of contributor

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

Charles Avery, Jr.

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4029 Sable Oaks
Round Rock, TX 78664

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: 15	
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/3/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan H. Davidson	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4104 Ridgeline Trl Austin, TX 78759			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F. Todd Woods	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 412 Southcross Rd Georgetown, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyle and Nancy Maxwell	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 203685 Austin, TX 78720			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. H. Crossley, Sr.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1117 Round Rock, TX 78680			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerry Russell (Russell, Mooreman & Rodriguez)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 102 W. Morrow St. #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: 15	
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/3/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg Krumme (Armbrust & Brown) 6 Contributor address; City; State; Zip Code 100 Congress Ave., #1300 Austin, TX 78701	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 4/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Garey Contributor address; City; State; Zip Code 6450 CR 2243 Georgetown, TX 78628	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Cassidy (Locke, Liddell & Sapp) Contributor address; City; State; Zip Code 600 Travis St., #3400 Houston, TX 77002	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Chody Contributor address; City; State; Zip Code PO Box 1359 Cedar Park, TX 78630	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/6/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul D. Workman Contributor address; City; State; Zip Code 4415 R. O. Drive Spicewood, TX 78669	Amount of contribution (\$) 250.00	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: 15	
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/6/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John S. Avery Jr.	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3911 Winchester Dr. Cedar Park, TX 78613			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/6/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Kaye Gregory	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 17126 Austin, TX 78760			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/6/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Assoc. State PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8616 Northwest Plaza Dr. Dallas, TX 75225			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/6/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph E. Reed	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1508 S. Lamar Austin, TX 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/6/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Davis (Mike Davis, Attorney at Law)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 N. IH 35 #300 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: 15

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

4 Date 4/6/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Glen (Smith, Robertson, Elliott & Glen) 6 Contributor address; City; State; Zip Code 221 W. 6th St. #1100 Austin, TX 78701	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

Date 4/6/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Brown Contributor address; City; State; Zip Code 250 Canterbury Dr. Austin, TX 78737	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Preston Carlton Contributor address; City; State; Zip Code PO Box 32 Cedar Park, TX 78630	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James A. Broaddus Contributor address; City; State; Zip Code 1301 S. Cap. of TX Hwy., A-302 Austin, TX 78746	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ercel Brashear Contributor address; City; State; Zip Code 2955-B Dawn Dr. Georgetown, TX 78628	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
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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: **15**

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

4 Date 4/17/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon E. Sloan	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1802 Shadowbrook Cir Round Rock, TX 78681			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 4/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey Allen	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 527 Saracen Loop Georgetown, TX 78628			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Polumbo (McCall, Parkhurst&Horton)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Congress Ave., #1250 Austin, TX 78701			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Crossfield (Sheets & Crossfield)	Amount of contribution (\$) 250.00	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)

Date 4/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F. Scott Spears (Arenson & Spears)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 160580 Austin, TX 78716			

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: **15**

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

4 Date 4/17/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry & Mary Steger	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1230 S. Austin Ave. Georgetown, TX 78626		

9 Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

Date 4/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald T. Daugherty	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1403 Club Ridge Cv Austin, TX 78735		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Toni Moman	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1701 Johnson Way Round Rock, TX 78681		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John S. Avery, Sr.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 400 E. Main St. Round Rock, TX 78664		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Priscilla Yearwood	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5301 Hwy. 195 Georgetown, Tx 78626		

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: **15**

2 FILER NAME

Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/24/06

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

David Bodenman

6 Contributor address; City; State; Zip Code

10821 Range View Dr.
Austin, Tx 78730

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/24/06

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

Sam L. Pfeister

Contributor address; City; State; Zip Code

PO Box 688
Georgetown, TX 78627

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/06

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

Garlyn Shelton

Contributor address; City; State; Zip Code

PO Box 4025
Temple, TX 76505

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/06

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

John T. & Sharon Izzo

Contributor address; City; State; Zip Code

3105 Anacacho Cv
Round Rock, TX 78664

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/06

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

Duane McGlaufin

Contributor address; City; State; Zip Code

104 Marshall Ct.
Georgetown, TX 78628

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

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: 15	
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/8/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Galbraith	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 12065 Bohnam Ranch Rd Dripping Springs, TX 78620			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Collie & Braden PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 130089 Houston, TX 77219			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Kallman	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6203 Hudson Bend Road Austin, TX 78734			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judi Carnes	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 428 Champions Dr Georgetown, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul J. Tisch	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7018 Rambolet Terrace 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

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: **15**

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

4 Date 5/9/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Tullos	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 9121 Brimstone Ln Austin, TX 78717		

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Covey	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 502 Innwood Georgetown, TX 78628		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5/9/06	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)

Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter & Burgess PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2705 Bee Caves Rd., #300 Austin, TX 78746		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HDR PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4401 Westgate Blvd., #400 Austin, TX 78745		

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: 15	
2 FILER NAME Lisa L. Birkman			3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/9/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph Birkman	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 2012 Kimbrook Round Rock, TX 78681				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan & Paul Brown	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 16800 Willow Oak Ln Round Rock, TX 78681				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Stephen Carothers	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4407 Monterey Oaks, Blvd Austin, TX 78746				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda McDaniel	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2913 Gabriel View Georgetown, TX 78628				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Duty	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8600 Ripon Cv Austin, TX 78717				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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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: 15	
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/9/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Elleson	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10606 Doubletree Cv Austin, TX 78750			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Dale & Diana Schultz	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15701 Monona Cv Austin, TX 78717			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Col. Marvin & Anna S. Lackey	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 738 Georgetown, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew M. Gray	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4309 Charlemagne Ct. Austin, TX 78759			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Gamble	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7711 O'Connor #1714 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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/9/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Seale	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11711 Buckingham Rd Austin, TX 78759			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V. Bruce Evans	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11406 Toledo Dr. Austin, TX 78759			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B. Snead	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1000 Georgetown, TX 78627			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead, Sechrist & Minick PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5400 Renaissance Tower Dallas, TX 75270			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Bassett	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17061 Conway Springs Ct. Austin, TX 78717			
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: 15	
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/9/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Nelson Nagle	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 400 W. Main St. Round Rock, TX 78664			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Wade McLeod	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 307 Gladeview Dr. Round Rock, TX 78681			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D. Ramming	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16409 Bratton Ln Austin, TX 78628			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gay Erwin	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code No. 3 Jeffrey Cv Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/20/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross Milloy	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1618 San Marcos, TX 78667			
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: 15	
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vivian Sullivan 6 Contributor address; City; State; Zip Code 9909 Mateo Cv Austin, TX 78717	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/20/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johanna Lehane Contributor address; City; State; Zip Code 2005 Shadowbrook Cir Round Rock, TX 78681	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Robinson, III Contributor address; City; State; Zip Code PO Box 9556 Austin, TX 78766	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. O. Robinson Contributor address; City; State; Zip Code PO Box 9556 Austin, TX 78766	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brushy Creek MUD Contributor address; City; State; Zip Code 16318 Great Oaks Dr Round Rock, TX 78681	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) Refund of deposit
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor 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: **8**

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

4 Date	5 Payee name	7 Amount (\$)
1/21/06	Julie Bassett	141.95
	6 Payee address; City; State; Zip Code 17061 Conway Springs Ct Austin, TX 78717	

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

Date	Payee name	Amount (\$)
1/26/06	Tammy Smith	150.00
	Payee address; City; State; Zip Code 300 Bronco Blvd Liberty Hill, TX 78642	

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

Date	Payee name	Amount (\$)
1/26/06	Tammy Smith	250.00
	Payee address; City; State; Zip Code 300 Bronco Blvd Liberty Hill, TX 78642	

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

Date	Payee name	Amount (\$)
2/11/06	Legacy Republican Women	40.00
	Payee address; City; State; Zip Code PO Box 404 Cedar Park, TX 78630	

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
---	--

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **8**

2 FILER NAME
Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/6/06

5 Payee name
Round Rock Chamber of Commerce

7 Amount (\$)

6 Payee address; City; State; Zip Code
**212 E. Main St
Round Rock, TX 78664**

45.00

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

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

Date
2/11/06

Payee name
Georgetown Area Rep. Women

Amount (\$)

Payee address; City; State; Zip Code
**4500 Williams Dr., Ste 212-PMB 267
Georgetown, TX 78228**

40.00

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
3/1/06

Payee name
Brushy Creek MUD

Amount (\$)

Payee address; City; State; Zip Code
**16318 Great Oaks Dr.
Round Rock, TX 78681**

360.00

Purpose of payment (See instructions regarding type of information required.)
Rental of facility for fundraiser

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

Date
3/7/06

Payee name
Tammy Smith

Amount (\$)

Payee address; City; State; Zip Code
**300 Bronco Blvd
Liberty Hill, TX 78642**

50.00

Purpose of payment (See instructions regarding type of information required.)
Refreshments for public meeting.

** 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: **8**

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

4 Date	5 Payee name	7 Amount (\$)
3/19/06	Williamson County Rep. Party	275.00
	6 Payee address; City; State; Zip Code PO Box 393 Round Rock, TX 78680	

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

Date	Payee name	Amount (\$)
3/23/06	Georgetown Chamber of Commerce	100.00
	Payee address; City; State; Zip Code PO Box 346 Georgetown, TX 78627	

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	Payee name	Amount (\$)
3/24/06	Georgetown Area Rep. Women	85.00
	Payee address; City; State; Zip Code 4500 Williams Dr., Ste 212-PMB 267 Georgetown, TX 78628	

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

Date	Payee name	Amount (\$)
4/10/06	Williamson Co. Rep. Women	100.00
	Payee address; City; State; Zip Code PO Box 342 Round Rock, TX 78680	

Purpose of payment (See instructions regarding type of information required.) Sponsorship of luncheon.	** 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:
8

2 FILER NAME
Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/11/06

5 Payee name
Office Depot
.....
6 Payee address; City; State; Zip Code
1013 W. University
Georgetown, TX 78628

7 Amount (\$)
22.17

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

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

Date
4/18/06

Payee name
Brushy Creek MUD
.....
Payee address; City; State; Zip Code
16318 Great Oaks Dr.
Round Rock, TX 78626

Amount (\$)
50.00

Purpose of payment (See instructions regarding type of information required.)
Set up fee for fundraiser.

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

Date
4/18/06

Payee name
Janice Bowman
.....
Payee address; City; State; Zip Code
205 Sagebrush Court
Georgetown, TX 78628

Amount (\$)
500.00

Purpose of payment (See instructions regarding type of information required.)
Deposit on catering for fundraiser

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

Date
4/18/06

Payee name
Document Engine
.....
Payee address; City; State; Zip Code
2701 Gattis School Road
Round Rock, TX 78664

Amount (\$)
254.39

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

** 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: **8**

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

4 Date 5/3/06	5 Payee name 100 Club of Central Texas 6 Payee address; City; State; Zip Code PO Box 10126 Austin, TX 78766	7 Amount (\$) 160.00
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8 Purpose of payment (See instructions regarding type of information required.) Sponsorship/tickets to banquet	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 5/3/06	Payee name Round Rock Chamber of Commerce Payee address; City; State; Zip Code 212 E. Main St. Round Rock, TX 78664	Amount (\$) 15.00
------------------------------	---	--

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

Date 5/5/06	Payee name Austin Party Rental Payee address; City; State; Zip Code 9402A United Drive Austin, TX 78758	Amount (\$) 156.96
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Purpose of payment (See instructions regarding type of information required.) Rental of party equipment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 5/5/06	Payee name Janice Bowman Payee address; City; State; Zip Code 205 Sagebrush Court Georgetown, TX 78628	Amount (\$) 2,600.00
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Purpose of payment (See instructions regarding type of information required.) Catering for fundraiser.	** 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: **8**

2 FILER NAME
Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/5/06

5 Payee name
Tammy Smith

7 Amount (\$)

6 Payee address; City; State; Zip Code
**300 Bronco Blvd.
Liberty Hill, TX 78642**

325.00

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

Reimbursement for Mariachi Band

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

Candidate / Officeholder name Office sought Office held

Date
5/8/06

Payee name
Round Rock ISD

Amount (\$)

Payee address; City; State; Zip Code
**1311 Round Rock Ave
Round Rock, TX 78681**

125.00

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

Rental of school for public meeting.

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

Candidate / Officeholder name Office sought Office held

Date
5/11/06

Payee name
Document Engine

Amount (\$)

Payee address; City; State; Zip Code
**2701 Gattis School Road
Round Rock, TX 78664**

175.00

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

Printing of stationery.

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

Candidate / Officeholder name Office sought Office held

Date
5/11/06

Payee name
HEB Plus

Amount (\$)

Payee address; City; State; Zip Code
**1700 E. Palm Valley Rd
Round Rock, TX 78664**

100.56

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

Food for county 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: **8**

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

4 Date 5/18/06	5 Payee name Document Engine	7 Amount (\$) 270.63
6 Payee address; City; State; Zip Code 2701 Gattis School Rd Round Rock, TX 78664		

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

Date 5/23/06	Payee name Round Rock Chamber of Commerce	Amount (\$) 30.00
Payee address; City; State; Zip Code 212 E. Main St. Round Rock, TX 78664		

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

Date 5/31/06	Payee name HEB Plus	Amount (\$) 49.75
Payee address; City; State; Zip Code 1700 E. Palm Valley Rd Round Rock, TX 78664		

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

Date 6/2/06	Payee name HEB Plus	Amount (\$) 47.54
Payee address; City; State; Zip Code 1700 E. Palm Valley Rd Round Rock, TX 78664		

Purpose of payment (See instructions regarding type of information required.) Food for county 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: 8
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2 FILER NAME Lisa L. Birkman	3 ACCOUNT # (Ethics Commission filers)
--	--

4 Date 6/2/06	5 Payee name Republican Party of Texas	7 Amount (\$) 70.00
6 Payee address; City; State; Zip Code 900 Congress Ave., #300 Austin, TX 78701		

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

Date 6/2/06	Payee name Janice Bowman	Amount (\$) 187.99
Payee address; City; State; Zip Code 205 Sagebrush Court Georgetown, TX 78628		

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

Date 6/2/06	Payee name Round Rock Chamber of Commerce	Amount (\$) 125.00
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
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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
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