

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:** 9

3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs. Lisa NICKNAME	FIRST Lisa LAST	MI L. SUFFIX	OFFICE USE ONLY RECEIVED JAN 12 2007 By 9:00 AM CH(P) Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	Birkman				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 1831 Round Rock, TX 78664	APT / SUITE #:	CITY:	STATE:	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 244-1439	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. Richard NICKNAME	FIRST Richard LAST	MI R. SUFFIX		
	Rick Birkman				

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 16009 Radholme Ct. Round Rock, TX 78664	APT / SUITE #:	CITY:	STATE:	ZIP CODE
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8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 252-8920	EXTENSION		
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9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (Attach C/OH - FR)	<input type="checkbox"/> Exceeded \$500 limit
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED	Month Day Year 7 / 1 / 06	THROUGH	Month Day Year 12 / 31 / 06
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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
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12 OFFICE	OFFICE HELD (if any) Williamson Co. Commissioner, Pct. 1	13 OFFICE SOUGHT (if known) n/a
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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 n/a	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code n/a	

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)

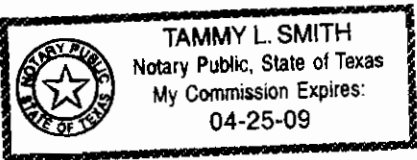
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

additional pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2453.86
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 3133.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,972.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

19 AFFIDAVIT



TAMMY L. SMITH
Notary Public, State of Texas
My Commission Expires:
04-25-09

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 12th day of January, 2007, to certify which, witness my hand and seal of office.

Tammy L. Smith TAMMY L. SMITH Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME
Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date
8-28-06

5 Full name of contributor out-of-state PAC (ID#: _____)
William Pohl
6 Contributor address; City; State; Zip Code
13809 Research Blvd. #1000
Austin, TX 78750

7 Amount of contribution (\$)
\$1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11-6-06

Full name of contributor out-of-state PAC (ID#: _____)
Brad Brown
Contributor address; City; State; Zip Code
250 Canterbury
Austin, TX 78757

Amount of contribution (\$)
\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-11-06

Full name of contributor out-of-state PAC (ID#: _____)
Edward McSpedon
Contributor address; City; State; Zip Code
24690 Wooded Vista
West Mills, CA 91307

Amount of contribution (\$)
\$1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-11-06

Full name of contributor out-of-state PAC (ID#: _____)
WCRW PAC
Contributor address; City; State; Zip Code
P.O. Box 342
Bound Rock, TX 78600

Amount of contribution (\$)
\$203.86

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.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **6**

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

4 Date 9-13-06	5 Payee name Georgetown Chamber of Commerce	7 Amount (\$) 200.00
6 Payee address; City; State; Zip Code 100 Stadium Drive Georgetown, TX 78626		

8 Purpose of payment (See instructions regarding type of information required.) sponsorship of event <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9-15-06	Payee name Georgetown Area Community Foundation	Amount (\$) 400.00
Payee address; City; State; Zip Code 110 W. 8th St; #105 Georgetown, TX 78626		

Purpose of payment (See instructions regarding type of information required.) sponsorship of event <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9-23-06	Payee name HEB Plus	Amount (\$) 254.55
Payee address; City; State; Zip Code 1700 E. Palm Valley Blvd Round Rock, TX 78664		

Purpose of payment (See instructions regarding type of information required.) food for open house <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10-2-06	Payee name Round Rock Chamber of Commerce	Amount (\$) 120.00
Payee address; City; State; Zip Code 212 E. Main St. Round Rock, TX 78664		

Purpose of payment (See instructions regarding type of information required.) tickets to banquet & luncheons <small>(If travel outside of Texas, complete Schedule T)</small>	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: 6

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

4 Date <i>10-6-06</i>	5 Payee name <i>Postmaster</i>	7 Amount (\$) <i>39.00</i>
6 Payee address; City; State; Zip Code <i>797 Sam Bass Road Round Rock, TX 78681</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>postage</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>10-9-06</i>	Payee name <i>WCRW PAC</i>	Amount (\$) <i>\$ 1000.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 342 Round Rock, TX 78080</i>		

Purpose of payment (See instructions regarding type of information required.) <i>political contribution sponsorship of fundraiser</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>10-13-06</i>	Payee name <i>Williamson Co. Elections Dept.</i>	Amount (\$) <i>\$ 14.90</i>
Payee address; City; State; Zip Code <i>P.O. Box 209 Georgetown, TX 78627</i>		

Purpose of payment (See instructions regarding type of information required.) <i>copies of past campaign finance reports</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>10-30-06</i>	Payee name <i>Academy Sports + Outdoors</i>	Amount (\$) <i>\$ 96.09</i>
Payee address; City; State; Zip Code <i>1351 IH35 South Round Rock, TX 78664</i>		

Purpose of payment (See instructions regarding type of information required.) <i>political contribution auction item for Republican women</i> <small>(If travel outside of Texas, complete Schedule T)</small>	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: 6

2 FILER NAME
Lisa Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-29-06

5 Payee name
HEB
6 Payee address; City; State; Zip Code
16900 N. RR 020
Round Rock, TX 78681

7 Amount (\$)
\$ 84.95

8 Purpose of payment (See instructions regarding type of information required.)
political contribution
auction items for
Republican Women fundraiser
(If travel outside of Texas, complete Schedule T)

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

Date
10-31-06

Payee name
Williamson Co. Parks Dept.
Payee address; City; State; Zip Code
350 Discovery Blvd., #207
Cedar Park, TX 78613

Amount (\$)
\$ 20.00

Purpose of payment (See instructions regarding type of information required.)
political contribution
purchase of camping
rental for RW fundraiser
auction
(If travel outside of Texas, complete Schedule T)

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

Date
11-13-06

Payee name
WCRW PAC
Payee address; City; State; Zip Code
P.O. Box 342
Round Rock, TX 78680

Amount (\$)
\$ 30.00

Purpose of payment (See instructions regarding type of information required.)
political contribution
tickets for
luncheon
(If travel outside of Texas, complete Schedule T)

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

Date
11-16-06

Payee name
Republican Club of Sun City
Payee address; City; State; Zip Code
109 Bass St.
Georgetown, TX 78628

Amount (\$)
\$ 15.00

Purpose of payment (See instructions regarding type of information required.)
political contribution:
ticket to event
(If travel outside of Texas, complete Schedule T)

** 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: 6
2 FILER NAME Lisa L. Birkman		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-6-06	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 1013 W. University Georgetown, TX 78628	7 Amount (\$) \$ 31.30
8 Purpose of payment (See instructions regarding type of information required.) office supplies/copies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-2-06	Payee name Wal-Mart Payee address; City; State; Zip Code 13201 FM 020 N. Austin, TX 78729	Amount (\$) \$ 85.98
Purpose of payment (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-17-06	Payee name Office Depot Payee address; City; State; Zip Code 120 Sundance Pkwy Round Rock, TX 78681	Amount (\$) \$ 54.79
Purpose of payment (See instructions regarding type of information required.) office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-10-06	Payee name Office Depot Payee address; City; State; Zip Code 120 Sundance Pkwy Round Rock, TX 78681	Amount (\$) \$ 62.83
Purpose of payment (See instructions regarding type of information required.) office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

6

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME

Lisa L. Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-6-06

5 Payee name

Bound Rock Chamber

7 Amount (\$)

\$ 30.00

6 Payee address; City; State; Zip Code

212 E. Main St
Bound Rock, TX 78664

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

tickets to event

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

Date

7-29-06

Payee name

Maggie's Moo's Ice Cream

Amount (\$)

\$ 20.00

Payee address; City; State; Zip Code

150 Sundance Pkwy, #500
Round Rock, TX 78664

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

gift certificate donation
as door prize to Republican picnic -
political contribution

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

Date

7-29-06

Payee name

Williamson Co Republican Party

Amount (\$)

\$ 150.00

Payee address; City; State; Zip Code

P.O. Box 393
Bound Rock, TX 78680

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

political contribution
sponsorship of picnic

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

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