

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: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mrs.</u> FIRST <u>Lisa</u> MI <u>L.</u> NICKNAME LAST SUFFIX <u>Birkman</u>	OFFICE USE ONLY Date Received: <u>FEB 4 2008</u> By <u>11:04 AM CH(P)</u> Date Hand-delivered or Date Postmarked Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 1831</u> <u>Round Rock, TX 78680</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 244-7439</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Richard</u> MI <u>R.</u> NICKNAME LAST SUFFIX <u>Birkman</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>16809 Radholme Ct.</u> <u>Round Rock, TX 78664</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 252-8920 x 317</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 THROUGH Month Day Year <u>01 / 01 / 08</u> <u>01 / 24 / 08</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>03 / 04 / 08</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Williamson Co. Commissioner, Pct. One</u>	13 OFFICE SOUGHT (if known) <u>Williamson Co. Commissioner, Pct. One</u>	
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 _____ <u>n/a</u>		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Lisa 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	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

(Note: The above table is crossed out with a diagonal line and 'n/a' is written in the center.)

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9826.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,538.98</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>48,183.⁶⁸</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

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 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 4th day of Feb, 2008, 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME Lisa Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-18-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ercel Brashear 6 Contributor address; City; State; Zip Code 2955-B Dawn Dr. Georgetown, TX 78628	7 Amount of contribution (\$) \$ 200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Bassett Contributor address; City; State; Zip Code 17061 Conway Spgs. Ct. Austin, TX 78717	Amount of contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Rabb Contributor address; City; State; Zip Code 2604 Sunrise Round Rock, TX 78664	Amount of contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David & Susan Cogdill Contributor address; City; State; Zip Code 221 Surry Pass Georgetown, TX 78633	Amount of contribution (\$) \$ 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Armbrust Armbrust & Brown Contributor address; City; State; Zip Code 100 Congress Ave., #1300 Austin, TX 78701	Amount of contribution (\$) \$ 250.00 (If travel outside of Texas, complete Schedule T)	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: 10	
2 FILER NAME Lisa Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-18-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny & Brenda Clark	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 7889 Round Rock, TX 78683		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie C. Sells	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 900 CR 438 Thrall, TX 76578		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Bonnie & Bill Stump	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2804 Gabriel View Georgetown, TX 78628		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avis Wukasch	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 209 S. Church St. Georgetown, TX 78626		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John S. Avery, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3911 Winchester Dr. Cedar Park, TX 78613		(If travel outside of Texas, complete Schedule T)	
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: 10	
2 FILER NAME Lisa Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-18-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David & Doretta Conrad	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2004 Tejas Dr. Round Rock, TX 78681		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-18-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles & Beth Avery	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4029 Sable Oaks Round Rock, TX 78664		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark & Maryanne McKenzie	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2601 Dominion Hill Austin, TX 78733		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Boy Butler	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 9190 Austin, TX 78766		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Johnny B. Gantt	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 221 Stearman Dr. Georgetown, TX 78628		(If travel outside of Texas, complete Schedule T)	
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: <p style="text-align: center;">10</p>	
2 FILER NAME: <p style="text-align: center;">Lisa Birkman</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">1-23-08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">Steve & Leslie Doering</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$200.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">30412 La Quinta Georgetown, TX 78628</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">1-23-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">Isaac W. Norman</p>	Amount of contribution (\$) <p style="text-align: center;">\$25.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">12500 FM 1660 Taylor, TX 76574</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">1-23-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">Al Robinson III</p>	Amount of contribution (\$) <p style="text-align: center;">\$250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">P.O. Box 9556 Austin, TX 78766</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">1-23-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">J.O. Robinson</p>	Amount of contribution (\$) <p style="text-align: center;">\$250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">P.O. Box 9556 Austin, TX 78766</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">1-23-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">Dr. Gregory F. Lopreato</p>	Amount of contribution (\$) <p style="text-align: center;">\$76.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">12343 Hunters Chase Dr., #1411 Austin, TX 78729</p>		(If travel outside of Texas, complete Schedule T)	
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: <i>10</i>	
2 FILER NAME <i>Lisa Birkman</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>1-23-08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bryan & Marsha Farney</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 143505 Austin, TX 78714</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1-23-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Modene Marek</i> Contributor address; City; State; Zip Code <i>P.O. Box 36 Schwertner, TX 76573</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-23-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Chris M. Solomon</i> Contributor address; City; State; Zip Code <i>4110 Bimrock Dr. Lago Vista, TX 78645</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-22-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard L. Ridings</i> Contributor address; City; State; Zip Code <i>2301 Windswept Dr. Austin, TX 78738</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable) <i>refreshments for event</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-23-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joanie L. Roome</i> Contributor address; City; State; Zip Code <i>402 W. 4th St Austin, TX 78751</i>	Amount of contribution (\$) <i>\$50.00</i>	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: 10	
2 FILER NAME Lisa Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-23-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul W. Linehan 6 Contributor address; City; State; Zip Code 3502 Lost Creek Blvd. Austin, TX 78735	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Halff Assoc. State PAC Contributor address; City; State; Zip Code 8616 Northwest 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 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Dukette Contributor address; City; State; Zip Code 4410 Twisted Tree Dr. Austin, TX 78735	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Toni Moman Contributor address; City; State; Zip Code 1701 Johnson Way Round Rock, TX 78681	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roland Gamble Contributor address; City; State; Zip Code 5908 Mountain Villa Dr. Austin, TX 78759	Amount of contribution (\$) \$100.00	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: <p style="text-align: center;">10</p>	
2 FILER NAME <p style="font-size: 1.2em;">Lisa Birkman</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.2em;">1-23-08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">Evelyn Seale</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">11711 Buckingham Rd. Austin, TX 78759</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">1-23-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">Judi S. Carnes</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$200.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">428 Champions Dr. Georgetown, TX 78628</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">1-23-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">S. L. & A. W. Waeltz</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2407 Oak Meadow Round Rock, TX 78681</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">1-23-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">Doug & Melissa Pittman</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$50.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2503 Trailing Vine Way Round Rock, TX 78665</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">1-23-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">Harvey M. Allen</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$250.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">527 Saracen Loop Georgetown, TX 78665</p>		(If travel outside of Texas, complete Schedule T)	
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 Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-23-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Billy & Janet Huggins 6 Contributor address; City; State; Zip Code 26 Woodland Ln. Round Rock, TX 78664	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 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Curtis & Cindy Mercer Contributor address; City; State; Zip Code 7918 Osborne Dr. Austin, TX 78729	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary & Tracey Galbraith Contributor address; City; State; Zip Code 12065 Bonham Ranch Rd. Dripping Springs, TX 78620	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard A. Shafer Contributor address; City; State; Zip Code 208 Skyline Rd. Georgetown, TX 78628	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles & Virginia Johnson Contributor address; City; State; Zip Code 1210 CR 111 Georgetown, TX 78626	Amount of contribution (\$) \$100.00	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:
10

2 FILER NAME
Lisa Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-23-08

5 Full name of contributor out-of-state PAC (ID#:
Sam & Laura Dawson
6 Contributor address; City; State; Zip Code
129 Turnberry Way
San Antonio, TX 78230

7 Amount of contribution (\$)
\$300.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1-23-08

Full name of contributor out-of-state PAC (ID#:
Teri & Kent O'Brien
Contributor address; City; State; Zip Code
1602 Braekurn Bend
San Antonio, TX 78258

Amount of contribution (\$)
\$100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1-23-08

Full name of contributor out-of-state PAC (ID#:
Tom & Carol Griebel
Contributor address; City; State; Zip Code
8332 La Plata Loop
Austin, TX 78737

Amount of contribution (\$)
\$100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1-23-08

Full name of contributor out-of-state PAC (ID#:
Mike & Janice Parker
Contributor address; City; State; Zip Code
3904 Powderhorn Dr.
Round Rock, TX 78681

Amount of contribution (\$)
\$50.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1-23-08

Full name of contributor out-of-state PAC (ID#:
Bruce & Ann Evans
Contributor address; City; State; Zip Code
11406 Toledo Dr.
Austin, TX 78759

Amount of contribution (\$)
\$50.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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: 10	
2 FILER NAME Lisa Birkman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-23-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gilbert & Lisa Kretzschmar	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 104 Oakland Dr. Georgetown, TX 78628		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Col. Marvin & Ann Lackey	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3002 Gabriel View Georgetown, TX 78628		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Heidi & Scott Swiderski	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4006 Castle Creek Round Rock, TX 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dr. Steven W. Carothers	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4407 Monterey Oaks Blvd, #110 Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B: 1

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

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E. 1
2 FILER NAME Lisa Birkman		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	6 Lender address; City; State; Zip Code	10 Interest rate
12 Principal occupation / Job title (See Instructions) n/a		11 Maturity date
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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation	Employer	

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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: 4
2 FILER NAME Lisa Birkman		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-3-08	5 Payee name Royal Masset	7 Amount (\$) \$1000.00
6 Payee address; City; State; Zip Code 6108 Back Bay Ln. Austin, TX 78739		
8 Purpose of payment (See instructions regarding type of information required.) political consulting <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
Date 1-3-08	Payee name Hill Country Marketing	Amount (\$) \$88.00
Payee address; City; State; Zip Code 507 Chandler Branch Dr. Leander, TX 78641		
Purpose of payment (See instructions regarding type of information required.) ads <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-4-08	Payee name Postmaster	Amount (\$) \$246.00
Payee address; City; State; Zip Code 797 Sam Bass Road Round Rock, TX 78681		
Purpose of payment (See instructions regarding type of information required.) postage <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-9-08	Payee name Georgetown Area Rep. Women PAC	Amount (\$) \$38.00
Payee address; City; State; Zip Code 4500 Williams Dr., #212-PMB 267 Georgetown, TX 78633		
Purpose of payment (See instructions regarding type of information required.) dues & luncheon <small>(If travel outside of Texas, complete Schedule T)</small>		-- 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 Birkman**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-9-08

5 Payee name
Travis Co. Republican National Hispanic Assembly
6 Payee address; City; State; Zip Code
**P.O. Box 13283
Austin, TX 78711**

7 Amount (\$)
50.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)
**membership dues
& ticket to event**
(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
1-11-08

Payee name
Aus-Tex Printing & Mailing
Payee address; City; State; Zip Code
**2431 Forbes Dr.
Austin, TX 78754**

Amount (\$)
\$ 5282.63

Purpose of payment (See instructions regarding type of information required.)
printing & mailing
(If travel outside of Texas, complete Schedule T)

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

Date
1-11-08

Payee name
Shannon Oseen
Payee address; City; State; Zip Code
**104 Finch Ln.
Georgetown, TX 78626**

Amount (\$)
\$ 1000.⁰⁰

Purpose of payment (See instructions regarding type of information required.)
**campaign coordination
& consulting**
(If travel outside of Texas, complete Schedule T)

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

Date
1-11-08

Payee name
Document Engine
Payee address; City; State; Zip Code
**2701 Gattis School Rd., Ste. B
Round Rock, TX 78664**

Amount (\$)
\$ 468.¹⁸

Purpose of payment (See instructions regarding type of information required.)
printing
(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: 4
2 FILER NAME Lisa Birkman		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-14-08	5 Payee name Williamson Co. Republican Women 6 Payee address; City; State; Zip Code P.O. Box 342 Round Rock, TX 78680	7 Amount (\$) \$ 45.00
8 Purpose of payment (See instructions regarding type of information required.) luncheon (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 1-18-08	Payee name Community Impact Payee address; City; State; Zip Code P.O. Box 2895 Pflugerville, TX 78691	Amount (\$) \$ 949.00
Purpose of payment (See instructions regarding type of information required.) ads (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-18-08	Payee name Adco Advertising Payee address; City; State; Zip Code 6514 McNeil Dr, #2-100 Austin, TX 78729	Amount (\$) \$ 378.88
Purpose of payment (See instructions regarding type of information required.) decals for signs (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-19-08	Payee name Office Depot Payee address; City; State; Zip Code 13201 RM 620 North Austin, TX 78717	Amount (\$) \$ 143.24
Purpose of payment (See instructions regarding type of information required.) office supplies & copies (If travel outside of Texas, complete Schedule T)		-- 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 Birkman* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1-22-08</i>	5 Payee name <i>Junior's Grill & Icehouse</i>	7 Amount (\$) <i>\$200.00</i>
6 Payee address; City; State; Zip Code <i>119 E. Main St. Round Rock, TX 78664</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>refreshments for event</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	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <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	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <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	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <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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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Lisa Birkman</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>24</u> <u>1-24-08</u>	5 Payee name <u>Pacific East</u> 6 Payee address; City; State; Zip Code <u>P.O. Box 439</u> <u>Sumas, WA 98295-0439</u>	8 Amount (\$) <u>\$250.⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>data collection for phone calls</u> (If travel outside of Texas, complete Schedule T)		
Date <u>1-22-08</u>	Payee name <u>Junior's Grill & Icehouse</u> Payee address; City; State; Zip Code <u>119 E. Main St.</u> <u>Round Rock, TX 78664</u>	Amount (\$) <u>\$400.⁰⁵</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>refreshments for event</u> (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.	1 Total pages Schedule H: <u>1</u>
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2 FILER NAME <u>Lisa Birkman</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
(If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
(If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
(If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
(If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form. 1 Total pages Schedule I: 1

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

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Lisa Birkman</u>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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