

**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)

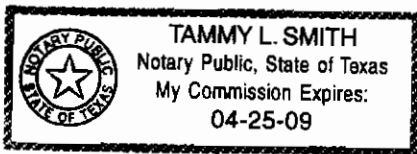
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 17844.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 31,439.57
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 Birkman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa Birkman, this the 25th day of Feb, 2008, 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: <u>2</u>	
2 FILER NAME <u>Lisa Birkman</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1-25-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charlie Crossfield</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>Sheets Crossfield 301 E. Main St., Round Rock, TX 78664</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>1-25-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lori Scott</u>	Amount of contribution (\$) <u>\$150.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2511 Creek Bend Circle Round Rock, TX 78681</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1-25-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim Caskey</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 876 Georgetown, TX 78627</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2-8-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles & Beth Avery</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4029 Sable Oak St. Round Rock, TX 78664</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2-8-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Fields</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1104 S. Mays, #117 Round Rock, TX 78664</u>		(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.

1000

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 2
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2 FILER NAME Lisa Birkman	3 ACCOUNT # (Ethics Commission filers)
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4 Date 2-8-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janis Martin	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1 Chisholm Trl. #3150 Round Rock, Tx 78664		(If travel outside of Texas, complete Schedule T)	

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

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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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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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Lisa Birkman</i>		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	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		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 <i>n/a</i>		20 Employer
Date of loan	Name of lender <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>6</u>
2 FILER NAME <u>Lisa Birkman</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>1-25-08</u>	5 Payee name <u>Austin American-Statesman</u> 6 Payee address; City; State; Zip Code <u>P.O. BOX 670</u> <u>Austin, TX 78704</u>	7 Amount (\$) <u>\$ 2930.40</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>advertising</u> (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 <u>1-25-08</u>	Payee name <u>Document Engine</u> Payee address; City; State; Zip Code <u>2701 Gattis School Rd., #103B</u> <u>Round Rock, TX 78664</u>	Amount (\$) <u>\$ 141.81</u>
Purpose of payment (See instructions regarding type of information required.) <u>printing</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>1-25-08</u>	Payee name <u>Postmaster</u> Payee address; City; State; Zip Code <u>797 Sam Bass Road</u> <u>Round Rock, TX 78681</u>	Amount (\$) <u>\$ 246.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>postage</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
1-25-08	Payee name <u>n/a</u> Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (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 Birkman* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2-8-08</i>	5 Payee name <i>Bound Rock Senior Citizens' Foundation</i>	7 Amount (\$) <i>\$100.⁰⁰</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 481 Bound Rock, TX 78680</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>sponsorship of Daffodil Days</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>2-8-08</i>	Payee name <i>Shannon Oseen</i>	Amount (\$) <i>\$1000.⁰⁰</i>
Payee address; City; State; Zip Code <i>104 Finch Ln. Georgetown, TX 78626</i>		

Purpose of payment (See instructions regarding type of information required.) <i>campaign coordination & consulting</i> <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
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Date <i>2-8-08</i>	Payee name <i>Richard Birkman</i>	Amount (\$) <i>\$643.58</i>
Payee address; City; State; Zip Code <i>16809 Radholme Ct. Bound Rock, TX 78664</i>		

Purpose of payment (See instructions regarding type of information required.) <i>reimbursement \$400.05 - Jr's Grill \$243.53 Aus-Tex Printing</i> <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
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Date <i>2-11-08</i>	Payee name <i>Williamson Co. Republican Women</i>	Amount (\$) <i>\$45.⁰⁰</i>
Payee address; City; State; Zip Code <i>P.O. Box 342 Bound Rock, TX 78680</i>		

Purpose of payment (See instructions regarding type of information required.) <i>luncheon tickets</i> <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
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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 Birkman		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-11-08	5 Payee name Williamson Co. Republican Party	7 Amount (\$) \$ 1000.00
6 Payee address; City; State; Zip Code P.O. Box 393 Bound Rock, TX 78680		
8 Purpose of payment (See instructions regarding type of information required.) sponsorship - Reagan Dinner <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 2-14-08	Payee name Aus-Tex Printing & Mailing	Amount (\$) \$ 3739.38
Payee address; City; State; Zip Code 2431 Forbes Dr. Austin, TX 78754		
Purpose of payment (See instructions regarding type of information required.) printing & mailing services <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 2-15-08	Payee name Postmaster	Amount (\$) \$ 104.00
Payee address; City; State; Zip Code 797 Sam Bass Road Bound 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 2-15-08	Payee name Petco	Amount (\$) \$ 18.40
Payee address; City; State; Zip Code 2701-A Parker Rd., #100 Bound Rock, TX 78681		
Purpose of payment (See instructions regarding type of information required.) donation of auction item to Helping Hands Bassett Hound Rescue event <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

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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 Birkman* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2-15-08</i>	5 Payee name <i>Hobby lobby</i>	7 Amount (\$) <i>\$ 29.67</i>
6 Payee address; City; State; Zip Code <i>130 Sundance Pkwy, #200 Round Rock, TX 78681</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>donation of auction item to Williamson Co. Rep. Party 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 <i>2-15-08</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>\$ 22.71</i>
Payee address; City; State; Zip Code <i>120 Sundance Pkwy Round Rock, TX 78681</i>		

Purpose of payment (See instructions regarding type of information required.) <i>office supplies; copies</i> <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
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Date <i>2-19-08</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>\$ 53.55</i>
Payee address; City; State; Zip Code <i>120 Sundance Pkwy. Round Rock, TX 78681</i>		

Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> <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
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Date <i>2-20-08</i>	Payee name <i>Peer Group Consulting</i>	Amount (\$) <i>\$ 3934.14</i>
Payee address; City; State; Zip Code <i>106 S. Harris St. Round Rock, TX 78664</i>		

Purpose of payment (See instructions regarding type of information required.) <i>radio ads</i> <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
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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 Birkman 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2-20-08</u>	5 Payee name <u>Richard Birkman</u>	7 Amount (\$) <u>\$1 231.58</u>
6 Payee address; City; State; Zip Code <u>16809 Radholme Court Bound Rock, TX 78664</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>reimbursement for recorded calls</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>2-20-08</u>	Payee name <u>Aus-Tex Printing & Mailing</u>	Amount (\$) <u>\$ 3201.16</u>
Payee address; City; State; Zip Code <u>2431 Forbes Dr. Austin, TX 78754</u>		

Purpose of payment (See instructions regarding type of information required.) <u>printing & mailing services</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>2-22-08</u>	Payee name <u>Republican National Hispanic Assembly of Travis County</u>	Amount (\$) <u>\$125.00</u>
Payee address; City; State; Zip Code <u>P.O. Box 13283 Austin, TX 78711</u>		

Purpose of payment (See instructions regarding type of information required.) <u>tickets to event</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>2-22-08</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>\$ 100.88</u>
Payee address; City; State; Zip Code <u>120 Sundance Pkwy Bound Rock, TX 78681</u>		

Purpose of payment (See instructions regarding type of information required.) <u>office supplies & copies</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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BASCO
3658.62

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 2-23-08	5 Payee name Cafe Chelle	7 Amount (\$) \$ 176.85
6 Payee address; City; State; Zip Code 14333 Great Oaks Round Rock, TX 78681		
8 Purpose of payment (See instructions regarding type of information required.) refreshments for 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
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <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	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <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	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <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

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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: |

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

4 Date <u>2-8-08</u>	5 Payee name <u>Aus-Tex Printing & Mailing</u> 6 Payee address; City; State; Zip Code <u>2431 Forbes Dr. Austin, TX 78711</u>	8 Amount (\$) <u>\$1243.53</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>printing</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>2-15-08</u>	Payee name <u>Postmaster</u> Payee address; City; State; Zip Code <u>797 Sam Bass Road Round Rock, TX 78681</u>	Amount (\$) <u>\$118.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>postage</u> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <u>2-19-08</u>	Payee name <u>Dialing Services, Inc.</u> Payee address; City; State; Zip Code <u>5149 Cotton Road Roswell, NM 88201</u>	Amount (\$) <u>\$231.58</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>recorded phone calls</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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:
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2 FILER NAME <i>Lisa Birkman</i>	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.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code <i>n/a</i>	

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

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

Purpose of payment (See instructions regarding type of information required.) (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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Lisa Birlman

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

n/a

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