

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: 14 *Active*

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MS FIRST Lisa Ann Lackey MI
NICKNAME LAST SUFFIX
Birkman

OFFICE USE ONLY

Date Received
*

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE
P.O. Box 1831
Round Rock, TX 78680

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 244-7439

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST Richard A. MI
NICKNAME LAST SUFFIX
Birkman

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE
16809 Radholme Ct.
Round Rock, TX 78664

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 252-8920

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 25 / 08 THROUGH 12 / 31 / 08

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 04 / 08 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Williamson Co. Commissioner Pct. One Williamson Co. Commissioner, Pct. One

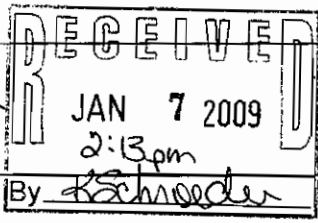
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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 n/a

Address / PO Box Apt. / Suite # City State Zip Code

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 File#)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ *150.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *2500.00*

EXPENDITURE TOTALS

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

\$ *- 0 -*

4. TOTAL POLITICAL EXPENDITURES

\$ *7521.00*

CONTRIBUTION BALANCE

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

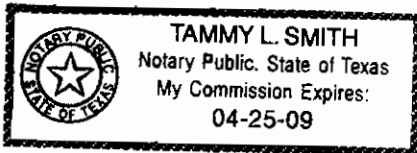
\$ *1187.32*

OUTSTANDING LOAN TOTALS

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

\$ *- 0 -*

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lisa Birkman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lisa Birkman*, this the *17th* day of *Jan*, 20*09*, 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: <u>2</u>	
2 FILER NAME <u>Lisa Birkman</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10-29-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Tim Timmerman</u>	7 Amount of contribution (\$) <u>\$500⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2490 FM 685 Hutto, TX 78634</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10-29-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>HDIR PAC</u>	Amount of contribution (\$) <u>\$500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4401 Westgate Blvd., #400 Austin, TX 78745</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-3-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Javier B. Mendoza</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>229 Middleston haredo, TX 78045</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-3-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>David G. Marshall</u>	Amount of contribution (\$) <u>\$150⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 1813 Georgetown, TX 78627</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-3-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>C.D. Polumbo</u>	Amount of contribution (\$) <u>\$500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7900 Escala Pr. Austin, TX 78735</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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: 2

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

4 Date 12-12-08 **5** Full name of contributor out-of-state PAC (ID#) Bob & Kym Wunsch
6 Contributor address: City: State; Zip Code 2500 Waymaker Way Austin, TX 78746
7 Amount of contribution (\$) \$150⁰⁰ **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 12-12-08 Full name of contributor out-of-state PAC (ID#) Bud & Mary Jo Furman
 Contributor address: City: State; Zip Code 5906 Garden Oaks Dr. Austin, TX 78745
 Amount of contribution (\$) \$100 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date 12-12-08 Full name of contributor out-of-state PAC (ID#) Tim & Betty Mitchell
 Contributor address: City: State; Zip Code 3903 Robert Burns Dr. Austin, TX 78749
 Amount of contribution (\$) \$100 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date 12-10-08 Full name of contributor out-of-state PAC (ID#) Williamson Co. Rep. Party
 Contributor address: City: State; Zip Code P.O. Box 393 Round Rock, TX 78680
 Amount of contribution (\$) \$250⁰⁰ In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions) reimbursement for expenses - phone number list

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) _____
 (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.

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)
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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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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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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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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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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: 1

2 FILER NAME *Lisa Birkenman*

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)
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14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	

19 Principal Occupation	20 Employer
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Date of loan	Name of lender <i>na</i> <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
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer
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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: **3**

2 FILER NAME **Lisa Benckman**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11-18-08

5 Payee name
Pacific East Research
6 Payee address; City; State; Zip Code
**P.O. Box 439
Sumas, WA 98295**

7 Amount (\$)
\$250.00

8 Purpose of payment (See instructions regarding type of information required.)
data phone number information
(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
11-3-08

Payee name
Aus-tex Printing & Mailing
Payee address; City; State; Zip Code
**2431 Forbes Dr.
Austin, TX 78734**

Amount (\$)
\$1,703.92

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
11-8-08

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

Amount (\$)
\$218.02

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
11-8-08

Payee name
Austin-American-Statesman
Payee address; City; State; Zip Code
**P.O. Box 670
Austin, TX 78767**

Amount (\$)
\$1,915.48

Purpose of payment (See instructions regarding type of information required.)
advertising
(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: **3**

2 FILER NAME

Lisa Berkman

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-10-08

5 Payee name

Williamson Co. Republican Women

7 Amount (\$)

\$45.00

6 Payee address; City; State; Zip Code

*P.O. Box 342
Round Rock, TX 78680*

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

tickets 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

11-10-08

Payee name

Williamson Co. Republican Women

Amount (\$)

\$50.00

Payee address; City; State; Zip Code

*P.O. Box 342
Round Rock, TX 78680*

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

membership dues
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

12-12-08

Payee name

Williamson Co. Employee Fund

Amount (\$)

\$50.00

Payee address; City; State; Zip Code

*710 Main St.
Georgetown, TX 78624*

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

*refreshments for
swearing in ceremony*
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

12-15-08

Payee name

Austin American Statesman

Amount (\$)

\$45.95

Payee address; City; State; Zip Code

*P.O. Box 670
Austin, TX 78767*

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

advertising
(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: **3**

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

4 Date 12-15-08	5 Payee name Postmaster	7 Amount (\$) \$42.00
6 Payee address; City; State; Zip Code 797 Sam Bass Rd. Round Rock, TX 78681		

8 Purpose of payment (See instructions regarding type of information required.) mail box rental for one year <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 11-21-08	Payee name Shannon Oseen	Amount (\$) \$500.00
Payee address; City; State; Zip Code 104 Finch Ln. Georgetown, TX 78626		

Purpose of payment (See instructions regarding type of information required.) political consulting & coordination <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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME
Lisa Birkman

3 ACCOUNT # (Ethics Commission filers)

4 Date 11-18-08	5 Payee name Dialing Services	8 Amount (\$) \$884.06
	6 Payee address; City; State; Zip Code 5149 Cotton Rd. Roswell, NM 88201	
7 Purpose of expenditure (See instructions regarding type of information required.) automated phone calls (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 12-19-08	Payee name Dialing Services	Amount (\$) \$1,016.57
	Payee address; City; State; Zip Code 5149 Cotton Rd. Roswell, NM 88201	
Purpose of expenditure (See instructions regarding type of information required.) automated phone calls (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
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	Amount (\$)
	Payee address; City; State; Zip Code	
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	Amount (\$)
	Payee address; City; State; Zip Code	
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: 1

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

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		

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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Birtman

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.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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 checked="" 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 checked="" 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)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		