

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

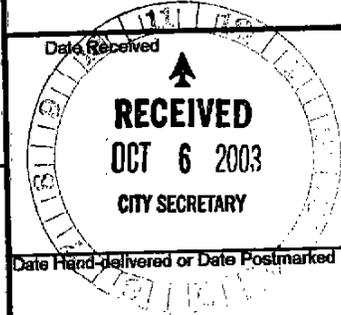
1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:  
1/40

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS/MRS/MR Mrs. FIRST Pamela MI N.  
NICKNAME LAST SUFFIX  
Pam Holm

OFFICE USE ONLY



4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
5773 Woodway Drive, PMB 293  
Houston, TX 77057

Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 621-4328

6 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR Mr. FIRST Charles MI B.  
NICKNAME LAST SUFFIX  
Chuck Holm

Receipt # Amount

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
5773 Woodway Drive, PMB 293  
Houston, TX 77057

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 621-4328

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment  
 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  
07 / 01 / 03 09 / 25 / 03

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
11 / 04 / 03

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
Other-City Council District G

14 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

additional pages

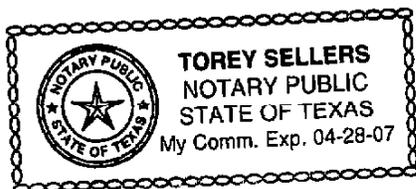
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME <b>Pamela (Pam) Holm</b>		16 ACCOUNT # (Ethics Commission filers)	
17 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This listing includes 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	COMMITTEE NAME	
	<input checked="" 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	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 56,497.96
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 42,583.60
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 125,312.97
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

## 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.

*Pamela Holm*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pam Holm, this the 6<sup>th</sup> day of October, 2003, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

**TOREY SELLERS**  
Print name of officer administering oath

Personal Banker.  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

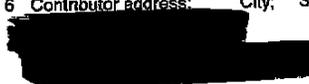
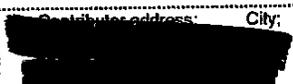
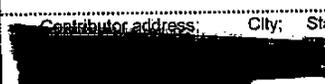
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3/40</b>	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  7/1/2003	5 Full name of contributor Jeffrey S. Kuhn  6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  200.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/1/2003	Full name of contributor Ms. Janeen Fertitta  Contributor address; City; State; Zip Code 	Amount of contribution (\$)  300.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/2/2003	Full name of contributor Mr. Rock N. Houstoun  Contributor address; City; State; Zip Code 	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/2/2003	Full name of contributor Ms. Cindy R. Van Keppel  Contributor address; City; State; Zip Code 	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/2/2003	Full name of contributor Fielding L. Cocke  Contributor address; City; State; Zip Code 	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

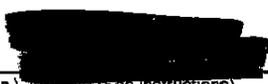
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4/40	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/2/2003	5 Full name of contributor Keiji Asakura 6 Contributor address: City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	7 Amount of contribution (\$) 100.00 8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 7/3/2003	Full name of contributor Mr. Paul E. Stallings Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) 250.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 7/3/2003	Full name of contributor Mr. B. Gaines Matthews Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) 200.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 7/3/2003	Full name of contributor Mr. Edward C. Hutcheson, Jr. Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) 500.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 7/4/2003	Full name of contributor Mrs. Vicki H. Hitzhusen Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) 25.00 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: 5/40	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/5/2003	5 Full name of contributor Mr. D. Gibson Walton 6 Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	7 Amount of contribution (\$) 500.00
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 7/6/2003	Full name of contributor Mr. Harry W. Burrow Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) 300.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 7/6/2003	Full name of contributor Ms. Patricia Allred Thomas Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) 100.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 7/7/2003	Full name of contributor Mr. David K. Oelfke Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) 100.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 7/7/2003	Full name of contributor Mr. James B. Ledbetter Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) 100.00
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:  
**6/40**

2 FILER NAME  
**Pamela (Pam) Holm**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/7/2003</b>	5 Full name of contributor <b>Ms. Minnette B. Boesel</b>	Out of state PAC (ID# _____)	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 				

9 Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

Date <b>7/7/2003</b>	Full name of contributor <b>Mr. Gordon M. Carver III</b>	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 				

Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

Date <b>7/7/2003</b>	Full name of contributor <b>Frost Cochran</b>	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 				

Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

Date <b>7/7/2003</b>	Full name of contributor <b>Richard K. Ellender</b>	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 				

Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

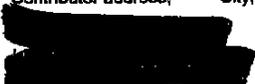
Date <b>7/7/2003</b>	Full name of contributor <b>Mr. Carlton T. Ahrens</b>	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 				

Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7/40	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/7/2003</b>	5 Full name of contributor <b>Mrs. W. M. Wheless, III</b> 6 Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	7 Amount of contribution (\$) <b>100.00</b>
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable)	
Employer (See Instructions)			
Date <b>7/7/2003</b>	Full name of contributor <b>Lynn Schroth</b> Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>500.00</b>
Principal occupation \ Job Title (See Instructions)		In-kind contribution description (if applicable)	
Employer (See Instructions)			
Date <b>7/7/2003</b>	Full name of contributor <b>Grier Patton</b> Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) <b>500.00</b>
Principal occupation \ Job Title (See Instructions)		In-kind contribution description (if applicable)	
Employer (See Instructions)			
Date <b>7/7/2003</b>	Full name of contributor <b>Ms. Nancy Reese</b> Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>50.00</b>
Principal occupation \ Job Title (See Instructions)		In-kind contribution description (if applicable)	
Employer (See Instructions)			
Date <b>7/7/2003</b>	Full name of contributor <b>Mr. Frank Liu</b> Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation \ Job Title (See Instructions)		In-kind contribution description (if applicable)	
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:  
**8/40**

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/8/2003

5 Full name of contributor

Ms. Ann A. Bradford

Out of state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

7/8/2003

Full name of contributor

Ms. Pam Mycoskie

Out of state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

7/8/2003

Full name of contributor

Ms. Priscilla P. Speed

Out of state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

7/10/2003

Full name of contributor

Mr. Robert E. Fondren

Out of state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

7/11/2003

Full name of contributor

Mr. Carl Detering, Jr.

Out of state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

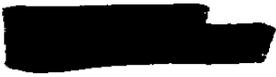
Principal occupation \ Job Title (See Instructions)

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: <b>9/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/11/2003</b>	5 Full name of contributor <b>Ms. Victoria Mott Stone</b> 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/12/2003</b>	Full name of contributor <b>Mr. Michael W. Perrin</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/14/2003</b>	Full name of contributor <b>Mr. John C. Marshall</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/15/2003</b>	Full name of contributor <b>Mr. Matthew C. Deal</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/15/2003</b>	Full name of contributor <b>Ms. Charlene Geiss</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>100.00</b>	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:  
10/40

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/15/2003

5 Full name of contributor

Ms. Jacqueline E. Grant

Out of state PAC (ID#)

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City; State; Zip Code

9 Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

7/15/2003

Full name of contributor

Ms. Barbara A. Marshall

Out of state PAC (ID#)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

7/15/2003

Full name of contributor

Majja Thornton

Out of state PAC (ID#)

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

7/15/2003

Full name of contributor

Ms. Belinda Phelps

Out of state PAC (ID#)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

7/15/2003

Full name of contributor

Mr. Alex Rodriguez

Out of state PAC (ID#)

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

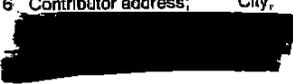
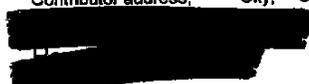
Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

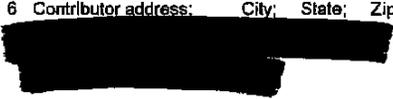
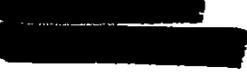
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11/40	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  7/15/2003	5 Full name of contributor Ms. Anne Arnold Suman 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/15/2003	Full name of contributor Ms. Martha M. Tucker Contributor address; City; State; Zip Code 	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/15/2003	Full name of contributor Blake C. Vaughan Contributor address; City; State; Zip Code 	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/15/2003	Full name of contributor Ms. Lisa Marshall Contributor address; City; State; Zip Code 	Amount of contribution (\$)  600.00	In-kind contribution description (if applicable)  Reception
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/16/2003	Full name of contributor Mrs. Edward A. Blackburn, Jr. Contributor address; City; State; Zip Code 	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

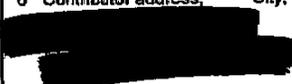
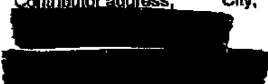
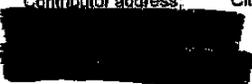
**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12/40	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  7/16/2003	5 Full name of contributor Mr. Gary T. Crum 6 Contributor address: City: State: Zip Code 	Out of state PAC (ID#)	7 Amount of contribution (\$)  1,000.00
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/16/2003	Full name of contributor Dr. Robert A. Johnston, Jr. Contributor address: City: State: Zip Code 	Out of state PAC (ID#)	Amount of contribution (\$)  50.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/16/2003	Full name of contributor Mr. Wade A. Kilpatrick Contributor address: City: State: Zip Code 	Out of state PAC (ID#)	Amount of contribution (\$)  500.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/16/2003	Full name of contributor Mr. Calvin H. Nelson Contributor address: City: State: Zip Code 	Out of state PAC (ID#)	Amount of contribution (\$)  300.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  7/16/2003	Full name of contributor Mr. Robert B. Wall Contributor address: City: State: Zip Code 	Out of state PAC (ID#)	Amount of contribution (\$)  100.00
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

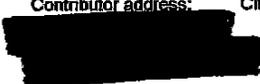
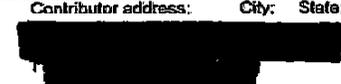
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13/40	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/17/2003</b>	5 Full name of contributor <b>Mr. Jerry D. Fields</b> Out of state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/17/2003</b>	Full name of contributor <b>Mr. Paul L. Kennedy</b> Out of state PAC (ID# _____) Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/17/2003</b>	Full name of contributor <b>Mr. Edward D. Sheffield</b> Out of state PAC (ID# _____) Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/19/2003</b>	Full name of contributor <b>Mr. Stephen Broliier</b> Out of state PAC (ID# _____) Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/20/2003</b>	Full name of contributor <b>Ms. Margaret K. Suttles</b> Out of state PAC (ID# _____) Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>100.00</b>	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: <b>14/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/21/2003</b>	5 Full name of contributor <b>Sissy Fenoglio</b> 6 Contributor address: City: State: Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	7 Amount of contribution (\$) <b>200.00</b> 8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/21/2003</b>	Full name of contributor <b>Ms. Sandra D. Robison</b> Contributor address: City: State: Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>100.00</b> In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/21/2003</b>	Full name of contributor <b>Mr. R. John Stanton, Jr.</b> Contributor address: City: State: Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>1,000.00</b> In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/22/2003</b>	Full name of contributor <b>Texas Association of Realtors PAC</b> Contributor address: City: State: Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>1,000.00</b> In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>7/23/2003</b>	Full name of contributor <b>Mrs. Jamie N. Barrere</b> Contributor address: City: State: Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>100.00</b> In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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<b>POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS</b>	<b>SCHEDULE A</b>
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 15/40
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2 FILER NAME  Pamela (Pam) Holm	3 ACCOUNT # (Ethics Commission filers)
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4 Date  7/29/2003	5 Full name of contributor Mrs. Hester Anders 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  100.00	8 In-kind contribution description (if applicable)
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9 Principal occupation \ Job Title (See Instructions)	Employer (See Instructions)
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Date  7/29/2003	Full name of contributor Mr. Brady F. Carruth Contributor address; City; State; Zip Code 	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
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Principal occupation \ Job Title (See Instructions)	Employer (See Instructions)
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Date  7/30/2003	Full name of contributor Mr. William D. Allison Contributor address; City; State; Zip Code 	Amount of contribution (\$)  20.00	In-kind contribution description (if applicable)
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Principal occupation \ Job Title (See Instructions)	Employer (See Instructions)
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Date  7/31/2003	Full name of contributor Mrs. Lucinda Y. Matthews Contributor address; City; State; Zip Code 	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
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Principal occupation \ Job Title (See Instructions)	Employer (See Instructions)
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Date  8/3/2003	Full name of contributor Ms. Kristin Virginia Liedtke Contributor address; City; State; Zip Code 	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
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Principal occupation \ Job Title (See Instructions)	Employer (See Instructions)
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
16/40

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

Out of state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

8/4/2003

Mr. Ira H. Green, Jr.

100.00

6 Contributor address; City; State; Zip Code

9 Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Out of state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/6/2003

Mr. John F. Schwarz

200.00

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Out of state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/7/2003

Mr. Lynn S. Zarr, Jr.

250.00

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Out of state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/9/2003

Mr. N. Glenn Whittington

100.00

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Out of state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/10/2003

Mr. William F. Woodward

15.00

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

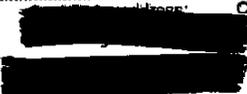
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1	Total pages Schedule A: 17/40
2 FILER NAME  Pamela (Pam) Holm		3	ACCOUNT # (Ethics Commission filers)
4 Date  8/11/2003	5 Full name of contributor Mr. W. Cullen Callaway 6 Contributor address; City; State; Zip Code 	Out of state PAC (ID#)	7 Amount of contribution (\$) 250.00 8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/11/2003	Full name of contributor Ms. Melissa Collie Contributor address; City; State; Zip Code 	Out of state PAC (ID#)	Amount of contribution (\$) 250.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/11/2003	Full name of contributor Mrs. Laurence B. Neuhaus Contributor address; City; State; Zip Code 	Out of state PAC (ID#)	Amount of contribution (\$) 100.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/11/2003	Full name of contributor Mr. Edmond D. Wulfe Contributor address; City; State; Zip Code 	Out of state PAC (ID#)	Amount of contribution (\$) 500.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/12/2003	Full name of contributor Mrs. Judith Beck Contributor address; City; State; Zip Code 	Out of state PAC (ID#)	Amount of contribution (\$) 500.00 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: <b>18/40</b>	
2 FILER NAME  <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date  8/12/2003	5 Full name of contributor <b>Fulbright &amp; Jaworski LLP Texas Committee</b> 6 Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	7 Amount of contribution (\$)  1,000.00
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/13/2003	Full name of contributor <b>Mr. C. Mitchell Cox</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/13/2003	Full name of contributor <b>Mrs. Mary E. King</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$)  300.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/14/2003	Full name of contributor <b>Mrs. Alicia Weatherall</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$)  100.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/15/2003	Full name of contributor <b>Mr. Gordon Arnold</b> Contributor address; City; State; Zip Code <b>Houston, TX</b> 	Out of state PAC (ID# _____)	Amount of contribution (\$)  500.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

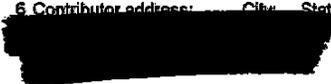
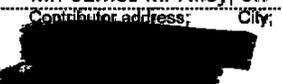
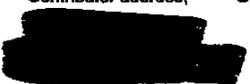
## SCHEDULE A

The Instruction Guide explains how to complete this form.						1	Total pages Schedule A: 19/40		
2 FILER NAME <b>Pamela (Pam) Holm</b>						3	ACCOUNT # (Ethics Commission filers)		
4	Date	5	Full name of contributor	Out of state PAC (ID# _____)		7	Amount of contribution (\$)	8	In-kind contribution description (if applicable)
	8/15/2003		Mr. J. Dickson Rogers				100.00		
		6 Contributor address; City; State; Zip Code							
		Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)					
	Date		Full name of contributor	Out of state PAC (ID# _____)			Amount of contribution (\$)		In-kind contribution description (if applicable)
	8/15/2003		Ms. Lorraine Wulfe				100.00		
		Contributor address; City; State; Zip Code							
		Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)					
	Date		Full name of contributor	Out of state PAC (ID# _____)			Amount of contribution (\$)		In-kind contribution description (if applicable)
	8/16/2003		Mr. George Smith				100.00		
		Contributor address; City; State; Zip Code							
		Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)					
	Date		Full name of contributor	Out of state PAC (ID# _____)			Amount of contribution (\$)		In-kind contribution description (if applicable)
	8/16/2003		Mr. Robert L. Stillwell				500.00		
		Contributor address; City; State; Zip Code							
		Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)					
	Date		Full name of contributor	Out of state PAC (ID# _____)			Amount of contribution (\$)		In-kind contribution description (if applicable)
	8/18/2003		Mr. E. Holt Williams				100.00		
		Contributor address; City; State; Zip Code							
		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: 20/40	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  8/18/2003	5 Full name of contributor Mr. Jeffrey B. Wise 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/18/2003	Full name of contributor Mr. Philip B. Wise Contributor address; City; State; Zip Code 	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/20/2003	Full name of contributor Mr. James M. Riley, Jr. Contributor address; City; State; Zip Code 	Amount of contribution (\$)  200.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/21/2003	Full name of contributor Mr. John P. Courtney Contributor address; City; State; Zip Code 	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/21/2003	Full name of contributor Lestie Duncan Contributor address; City; State; Zip Code 	Amount of contribution (\$)  500.00	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**

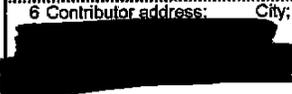
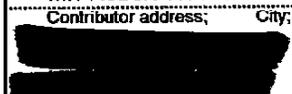
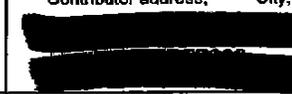
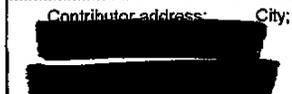
**SCHEDULE A**

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A: 21/40	
2 FILER NAME  Pamela (Pam) Holm						3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor	Out of state PAC (ID# _____)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
8/22/2003	Mr. Larry D. Callender			250.00			
6 Contributor address; City; State; Zip Code		[REDACTED]					
9 Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date	Full name of contributor	Out of state PAC (ID# _____)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
8/22/2003	Mr. Harry M. Reasoner			250.00			
Contributor address; City; State; Zip Code		[REDACTED]					
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date	Full name of contributor	Out of state PAC (ID# _____)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
8/25/2003	Mr. William E. Gipson			100.00			
Contributor address; City; State; Zip Code		[REDACTED]					
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date	Full name of contributor	Out of state PAC (ID# _____)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
8/25/2003	Mr. Richard J. Trabulsi			100.00			
Contributor address; City; State; Zip Code		[REDACTED]					
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date	Full name of contributor	Out of state PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)		
8/26/2003	Mr. Henry J. N. Taub			100.00			
Contributor address; City; State; Zip Code		[REDACTED]					
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

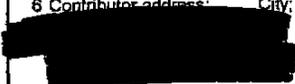
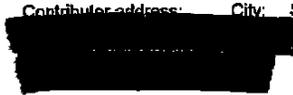
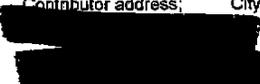
**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>22/40</b>	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  8/27/2003	5 Full name of contributor Jesse W. Couch 6 Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	7 Amount of contribution (\$)  50.00
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/27/2003	Full name of contributor Mr. Robert W. Paddock Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  1,500.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/27/2003	Full name of contributor Mr. S. E. Rodriguez Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  8/28/2003	Full name of contributor Merrell Athon Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/29/2003	Full name of contributor Mr. Edward H. Baird Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

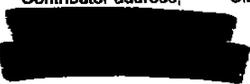
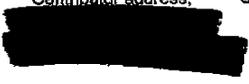
**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>23/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>8/28/2003</b>	5 Full name of contributor <b>Mr. Joseph R. Franz</b> 6 Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	7 Amount of contribution (\$) <b>100.00</b>
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>8/28/2003</b>	Full name of contributor <b>Mr. T. Dan Friedkin</b> Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>8/28/2003</b>	Full name of contributor <b>Mrs. Anita J. Schall</b> Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>50.00</b>
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>8/29/2003</b>	Full name of contributor <b>Mr. Daniel C. Arnold</b> Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>500.00</b>
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>8/29/2003</b>	Full name of contributor <b>Mrs. Catherine Dursum</b> Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>500.00</b>
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

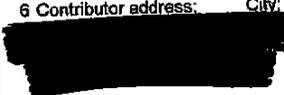
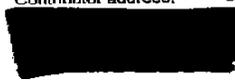
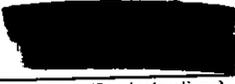
**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>24/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>8/30/2003</b>	5 Full name of contributor <b>Mrs. Madeleine G. Appel</b> 6 Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	7 Amount of contribution (\$) <b>100.00</b> 8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>8/30/2003</b>	Full name of contributor <b>Terry P. Dalton</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>250.00</b> In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>8/30/2003</b>	Full name of contributor <b>Mr. Jack J. Schubert</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>250.00</b> In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>8/31/2003</b>	Full name of contributor <b>Mrs. Mary M. Henderson</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>100.00</b> In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/1/2003</b>	Full name of contributor <b>Mr. Travis C. Broesche</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>100.00</b> 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

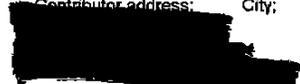
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>25/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/1/2003</b>	5 Full name of contributor <b>Mrs. Eleanor M. Hill</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/1/2003</b>	Full name of contributor <b>Mrs. Ann K. Schramm</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/1/2003</b>	Full name of contributor <b>Mrs. Bette P. Thomas</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/1/2003</b>	Full name of contributor <b>Mr. Bass C. Wallace</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/2/2003</b>	Full name of contributor <b>Mr. David R. Graham</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
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: 26/40	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  9/2/2003	5 Full name of contributor Mr. Ronald Krist 6 Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	7 Amount of contribution (\$)  500.00
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable)	
Date  9/2/2003	Full name of contributor Mr. H. Hartwell Peebles, Jr. Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/2/2003	Full name of contributor Mr. J. Hugh Roff, Jr. Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/2/2003	Full name of contributor Mr. Jack H. Mayfield, Jr. Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  1,500.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/2/2003	Full name of contributor Mrs. Susan R. Miclette Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  100.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
27/40  
3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME  
**Pamela (Pam) Holm**

4 Date: 9/2/2003  
5 Full name of contributor: Mr. Giorgio Borlenghi  
Out of state PAC (ID#)  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$): 500.00  
8 In-kind contribution description (if applicable)

9 Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

Date: 9/2/2003  
Full name of contributor: Mr. Jack T. Trotter  
Out of state PAC (ID#)  
Contributor address; City; State; Zip Code

Amount of contribution (\$): 250.00  
In-kind contribution description (if applicable)

Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

Date: 9/3/2003  
Full name of contributor: Mr. Barry J. Caver  
Out of state PAC (ID#)  
Contributor address; City; State; Zip Code

Amount of contribution (\$): 250.00  
In-kind contribution description (if applicable)

Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

Date: 9/3/2003  
Full name of contributor: Mr. Robert G. Greer  
Out of state PAC (ID#)  
Contributor address; City; State; Zip Code

Amount of contribution (\$): 150.00  
In-kind contribution description (if applicable)

Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

Date: 9/3/2003  
Full name of contributor: Mr. H.W. Horne  
Out of state PAC (ID#)  
Contributor address; City; State; Zip Code

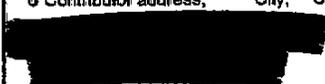
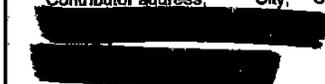
Amount of contribution (\$): 250.00  
In-kind contribution description (if applicable)

Principal occupation \ Job Title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>28/40</b>	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  9/3/2003	5 Full name of contributor Mr. Scott Atlas 6 Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	7 Amount of contribution (\$)  100.00
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable)	
Date  9/4/2003	Full name of contributor Mr. A.J. Harper II Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/4/2003	Full name of contributor Mr. William E. Junell, Jr. Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/4/2003	Full name of contributor Locke Liddell & Sapp LLP PAC Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$)  500.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/4/2003	Full name of contributor Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  1,000.00
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: <b>29/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/4/2003</b>	5 Full name of contributor <b>Ms. Sally Harvin</b> 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) <b>328.00</b>	8 In-kind contribution description (if applicable) <b>Invitations and paper goods; Food and Drink</b>
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/4/2003</b>	Full name of contributor <b>Ms. Tracy S. Connally</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/5/2003</b>	Full name of contributor <b>Mr. W. Craig Plumhoff</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/5/2003</b>	Full name of contributor <b>Mrs. Maureen Hackett</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/5/2003</b>	Full name of contributor <b>Mrs. Ann C. McGuyer</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>100.00</b>	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:  
**30/40**

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/6/2003

5 Full name of contributor

Mrs. Thomas R. Kelsey

Out of state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

9/7/2003

Full name of contributor

Mr. Robert Cizik

Out of state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

9/7/2003

Full name of contributor

Ms. Franna Litton

Out of state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

179.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Netags, invitations, food, stamps

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

9/8/2003

Full name of contributor

Mr. Charles C. Foster

Out of state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

9/8/2003

Full name of contributor

Mrs. Patricia P. Hopson

Out of state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

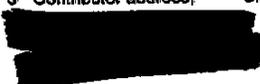
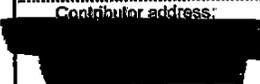
Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

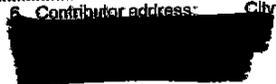
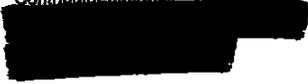
**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>31/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/8/2003</b>	5 Full name of contributor <b>Houston Associated General Contractors PAC</b> Out of state PAC (ID# _____)	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/8/2003</b>	Full name of contributor <b>Mrs. Armand Shapiro</b> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/8/2003</b>	Full name of contributor <b>Mrs. Jane Cizik</b> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/8/2003</b>	Full name of contributor <b>Mr. David G. Dunlap</b> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/8/2003</b>	Full name of contributor <b>Mrs. Janet H. Dunn</b> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

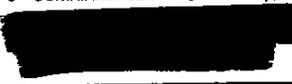
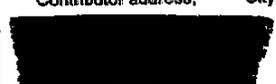
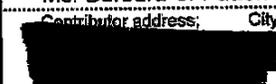
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>32/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/9/2003</b>	5 Full name of contributor <b>Mrs. Rita Aron</b> Out of state PAC (ID# _____)	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 			
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/9/2003</b>	Full name of contributor <b>Baker Botts Amicus Fund</b> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/9/2003</b>	Full name of contributor <b>Ms. Sally L. Bradford</b> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/9/2003</b>	Full name of contributor <b>Ms. A. Gail Crawford</b> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/9/2003</b>	Full name of contributor <b>Mr. John S. Donahoe</b> Out of state PAC (ID# _____)	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

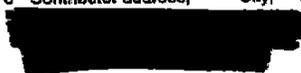
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 33/40	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  9/9/2003	5 Full name of contributor Mr. Alfred H. Ebert, Jr. 6 Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	7 Amount of contribution (\$)  250.00 8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/9/2003	Full name of contributor Lee W. Hogan Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$)  1,000.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/9/2003	Full name of contributor Mr. Whipple S. Newell Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$)  100.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/9/2003	Full name of contributor Mr. Bobby K. Newman Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$)  500.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/9/2003	Full name of contributor Ms. Barbara S. Patton Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00 In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

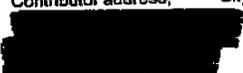
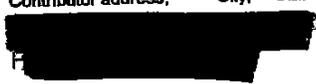
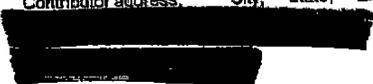
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1	Total pages Schedule A: 34/40
2 FILER NAME  Pamela (Pam) Holm		3	ACCOUNT # (Ethics Commission filers)
4 Date  9/9/2003	5 Full name of contributor Mrs. Elizabeth B. Phillips 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  250.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/9/2003	Full name of contributor J.T. Symonds Contributor address; City; State; Zip Code 	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/9/2003	Full name of contributor Mr. Edward H. Withers Contributor address; City; State; Zip Code 	Amount of contribution (\$)  300.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/9/2003	Full name of contributor Mr. Andrew M. Alexander Contributor address; City; State; Zip Code 	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/9/2003	Full name of contributor Mr. Bolivar C. Andrews Contributor address; City; State; Zip Code 	Amount of contribution (\$)  150.00	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

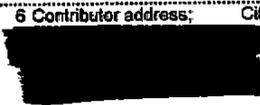
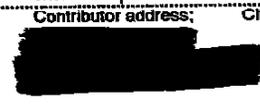
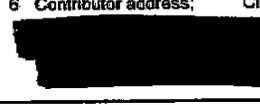
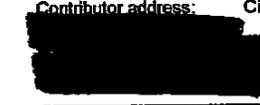
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 35/40	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  9/10/2003	5 Full name of contributor Mr. Robert C. Walker 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  250.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/10/2003	Full name of contributor Mr. Joseph A. Hafner, Jr. Contributor address; City; State; Zip Code 	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/10/2003	Full name of contributor Mrs. Kathi A. Jones Contributor address; City; State; Zip Code 	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/11/2003	Full name of contributor Mr. Douglas W. Schnitzer Contributor address; City; State; Zip Code 	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/12/2003	Full name of contributor Mr. Frank J. Hevrdejs Contributor address; City; State; Zip Code 	Amount of contribution (\$)  200.00	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: <b>36/40</b>	
2 FILER NAME  Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date  9/12/2003	5 Full name of contributor Mr. John Irwin 6 Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	7 Amount of contribution (\$)  250.00
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable)	
Date  9/13/2003	Full name of contributor Mr. Philip A. Edmundson Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$)  500.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/15/2003	Full name of contributor Ms. Mary Mischer 6 Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  200.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/15/2003	Full name of contributor Mrs. A. R. Bechtol Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  400.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date  9/15/2003	Full name of contributor Mr. Carl E. Isgren Contributor address; City; State; Zip Code 	<input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$)  250.00
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

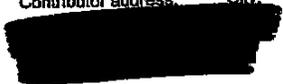
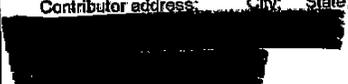
**SCHEDULE A**

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A: <b>37/40</b>	
2 FILER NAME Pamela (Pam) Holm						3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor	Out of state PAC (ID#)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9/15/2003	Ms. Peggy Rice			453.66	Reception Food, beverages		
6 Contributor address; City; State; Zip Code				[REDACTED]			
9 Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date	Full name of contributor	Out of state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
9/16/2003	Bess B. Sharman			50.00			
Contributor address; City; State; Zip Code				[REDACTED]			
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date	Full name of contributor	Out of state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
9/16/2003	Mr. Weldon H. Smith			100.00			
Contributor address; City; State; Zip Code				[REDACTED]			
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date	Full name of contributor	Out of state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
9/16/2003	Mrs. Betty Carter			100.00			
Contributor address; City; State; Zip Code				[REDACTED]			
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date	Full name of contributor	Out of state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
9/16/2003	Mr. Guy W. Jackson, Jr.			250.00			
Contributor address; City; State; Zip Code				[REDACTED]			
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: <b>38/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/16/2003</b>	5 Full name of contributor <b>Ms. Patricia K. Joiner</b>	Out of state PAC (ID#)	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address: City, State, Zip Code 		8 In-kind contribution description (if applicable)	
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/16/2003</b>	Full name of contributor <b>Ms. Cathy C. Malone</b>	Out of state PAC (ID#)	Amount of contribution (\$) <b>300.00</b>
Contributor address: City, State, Zip Code 		In-kind contribution description (if applicable) <b>Food, drinks, invitations, stamps, nametags, paper goods</b>	
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/17/2003</b>	Full name of contributor <b>Mr. Matthew R. Simmons</b>	Out of state PAC (ID#)	Amount of contribution (\$) <b>500.00</b>
Contributor address: City, State, Zip Code 		In-kind contribution description (if applicable)	
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/17/2003</b>	Full name of contributor <b>Ms. Anne F. Farish</b>	Out of state PAC (ID#)	Amount of contribution (\$) <b>100.00</b>
Contributor address: City, State, Zip Code 		In-kind contribution description (if applicable)	
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/17/2003</b>	Full name of contributor <b>Mr. David D. Livingston</b>	Out of state PAC (ID#)	Amount of contribution (\$) <b>100.00</b>
Contributor address: City, State, Zip Code 		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

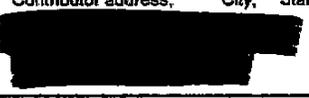
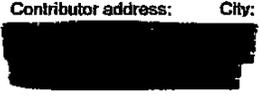
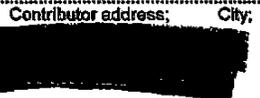
**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>39/40</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/19/2003</b>	5 Full name of contributor <b>Mr. R. Stan Marek, Jr.</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/22/2003</b>	Full name of contributor <b>Paul and Carolyn Meyer</b>	Amount of contribution (\$) <b>127.30</b>	In-kind contribution description (if applicable) <b>Food and drink</b>
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/22/2003</b>	Full name of contributor <b>Ms. Marsha A. Parker</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/22/2003</b>	Full name of contributor <b>Mr. Herbert L. Stone</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date <b>9/22/2003</b>	Full name of contributor <b>Mr. Barry H. Margolis</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
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: 40/40	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/23/2003</b>	5 Full name of contributor <b>Mr. L. R. French III</b> 6 Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	7 Amount of contribution (\$) <b>200.00</b>
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable)	
Employer (See Instructions)			
Date <b>9/23/2003</b>	Full name of contributor <b>Mrs. Janita F. Griggs</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>200.00</b>
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable)	
Employer (See Instructions)			
Date <b>9/23/2003</b>	Full name of contributor <b>Ms. Lauren C. Roemer</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>30.00</b>
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable)	
Employer (See Instructions)			
Date <b>9/25/2003</b>	Full name of contributor <b>Ms. Patricia Bender</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>350.00</b>
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable) <b>Food, beverage, stamps, and invitations</b>	
Employer (See Instructions)			
Date <b>9/25/2003</b>	Full name of contributor <b>Robin Reed</b> Contributor address; City; State; Zip Code 	Out of state PAC (ID# _____)	Amount of contribution (\$) <b>200.00</b>
9 Principal occupation \ Job Title (See Instructions)		8 In-kind contribution description (if applicable)	
Employer (See Instructions)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 1 / 19
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2 FILER NAME Pamela (Pam) Holm	3 ACCOUNT # (Ethics Commission filers)
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4 Date 7/2/03	5 Payee name Whitney Bowles 6 Payee address; City; State; Zip Code 616 Memorial Heights Drive #11105 Houston, TX 77007	7 Amount (\$) \$43.40
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement: mileage, supplies	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 7/3/03	Payee name Katmor Realty Payee address; City; State; Zip Code 2425 West Loop S., Ste. 300 Houston, TX 77027	Amount (\$) \$200.00
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Purpose of payment (See instructions regarding type of information required.) July Rent	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 7/8/03	Payee name Peter Boyle Graphic Design Payee address; City; State; Zip Code P.O. Box 667247 Houston, TX 77266	Amount (\$) \$1708.03
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Purpose of payment (See instructions regarding type of information required.) Graphics & design fees	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 7/8/03	Payee name Knight Printing Payee address; City; State; Zip Code 5750 Bintliff, Ste. 202 Houston, TX 77036	Amount (\$) \$559.65
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Purpose of payment (See instructions regarding type of information required.) Printing services	-- 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:

2 / 19

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date  
7/8/03

5 Payee name  
Mayfield Harris

7 Amount (\$)

6 Payee address; City; State; Zip Code  
9323 Bristlebrook Dr.  
Houston, TX 77083

\$203.75

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

Computer technician

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

Date  
7/9/03

Payee name  
Kinko's  
Payee address; City; State; Zip Code

Amount (\$)

5616 Westheimer  
Houston, TX 77056

\$22.51

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

copies

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

Date  
7/13/03

Payee name  
Target  
Payee address; City; State; Zip Code

Amount (\$)

4323 San Felipe  
Houston, TX 77027

\$93.40

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

Office supplies

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

Date  
7/14/03

Payee name  
Charles Litton  
Payee address; City; State; Zip Code

Amount (\$)

5522 Bordley  
Houston, TX 77056

\$27.60

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

Reimbursement: copies

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

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<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: 3 / 19
<b>2</b> FILER NAME Panels (Pam) Holm		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 7/14/03	<b>5</b> Payee name Whitney Bowles <b>6</b> Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007	<b>7</b> Amount (\$)  \$1500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Management		<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 7/16/03	Payee name Butrum & Assoc. Payee address; City; State; Zip Code 952 Echo Lane, Ste. 350 Houston, TX 77024	Amount (\$)  \$162.38
Purpose of payment (See instructions regarding type of information required.) Expense reimbursement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 7/17/03	Payee name Charles Litton Payee address; City; State; Zip Code 5522 Bordley Houston, TX 77056	Amount (\$)  \$61.43
Purpose of payment (See instructions regarding type of information required.) Reimbursement: copies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 7/17/03	Payee name Office Depot Payee address; City; State; Zip Code 3443 Kirby Dr. Houston, TX 77098	Amount (\$)  \$52.46
Purpose of payment (See instructions regarding type of information required.) Office Supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 4 / 19
<b>2</b> FILER NAME Pamela (Pam) Holm		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 7/18/03	<b>5</b> Payee name Necessities & More <b>6</b> Payee address; City; State; Zip Code 14711 Kellywood Houston, TX 77079	<b>7</b> Amount (\$) \$690.64
<b>8</b> Purpose of payment (See instructions regarding type of information required.) T-shirts		<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/18/03	Payee name Atiwa Computing Inc. Payee address; City; State; Zip Code 1003 Wirt Road, Ste. 100 Houston, TX 77055	Amount (\$) \$1065.21
Purpose of payment (See instructions regarding type of information required.) Computer rental		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/21/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007	Amount (\$) \$28.36
Purpose of payment (See instructions regarding type of information required.) Reimbursement: mileage, misc. expenses		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/22/03	Payee name GOTOMYPC Payee address; City; State; Zip Code (online website)	Amount (\$) \$9.95
Purpose of payment (See instructions regarding type of information required.) Internet service		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule F:  
5 / 19

**2** FILER NAME  
Pamela (Pam) Holm **3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 7/23/03	<b>5</b> Payee name Office Depot <b>6</b> Payee address; City; State; Zip Code 7519 Westheimer Rd. Houston, TX 77063	<b>7</b> Amount (\$) \$197.48
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Office supplies	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 7/23/03	Payee name Office Depot Payee address; City; State; Zip Code 10217 Katy Frwy. Houston, TX 77024	Amount (\$) \$424.30
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Purpose of payment (See instructions regarding type of information required.) Office supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/23/03	Payee name U.S. Postmaster Payee address; City; State; Zip Code 2802 Timmons Houston, TX 77027	Amount (\$) \$74.00
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Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 7/23/03	Payee name SBC Payee address; City; State; Zip Code P.O. Box 441, Rm. 101 Corpus Christi, TX 78401	Amount (\$) \$481.58
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Purpose of payment (See instructions regarding type of information required.) telephone service	** 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**

<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 6 / 19
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2 FILER NAME Pamela (Pam) Holm	3 ACCOUNT # (Ethics Commission filers)
-----------------------------------	--

4 Date 7/23/03	5 Payee name Whitney Bowles	7 Amount (\$) \$8.66
6 Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007		

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

Date 7/23/03	Payee name Houston Chronicle	Amount (\$) \$62.00
Payee address; City; State; Zip Code P.O. Box 4260 Houston, TX 77210-4260		

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

Date 7/25/03	Payee name Printing Communications, Inc.	Amount (\$) \$3158.80
Payee address; City; State; Zip Code 5601 Central Crest Houston, TX 77092		

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

Date 7/25/03	Payee name Kroger	Amount (\$) \$33.24
Payee address; City; State; Zip Code 1938 West Gray Houston, TX 77019		

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

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<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 7 / 19	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/26/03	5 Payee name Einstein Bagels 6 Payee address; City; State; Zip Code 6383 Westheimer Houston, TX 77057	7 Amount (\$) \$48.68	
8 Purpose of payment (See instructions regarding type of information required.) Volunteer refreshments		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 7/30/03	Payee name City of Houston Payee address; City; State; Zip Code 900 Bagby Houston, TX 77002	Amount (\$) \$12.75	
Purpose of payment (See instructions regarding type of information required.) Copies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 7/31/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007	Amount (\$) \$211.44	
Purpose of payment (See instructions regarding type of information required.) Reimbursement: mileage & expenses		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 8/1/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007	Amount (\$) \$1500.00	
Purpose of payment (See instructions regarding type of information required.) Campaign management		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>			

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
8 / 19

2 FILER NAME  
Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/4/03	5 Payee name International Mailing Systems, Inc. 6 Payee address; City; State; Zip Code P.O. Box 230229 Houston, TX 77223-0229	7 Amount (\$) \$1049.00
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8 Purpose of payment (See instructions regarding type of information required.) Printing & mailing costs	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 8/4/03	Payee name Michael's Payee address; City; State; Zip Code 7560 Westheimer Rd. Houston, TX 77063	Amount (\$) \$13.48
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Purpose of payment (See instructions regarding type of information required.) Office Supplies	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 8/8/03	Payee name Sprint DigitalPrint Payee address; City; State; Zip Code 10100 Clay Rd., Ste. C Houston, TX 77080	Amount (\$) \$2570.94
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Purpose of payment (See instructions regarding type of information required.) Deposit on signs	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 8/8/03	Payee name U.S. Postmaster Payee address; City; State; Zip Code 2802 Timmons Houston, TX 77027	Amount (\$) \$222.00
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Purpose of payment (See instructions regarding type of information required.) Postage	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 9 / 19
<b>2</b> FILER NAME Pamela (Pam) Holm		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 8/8/03	<b>5</b> Payee name Booker Industries <b>6</b> Payee address; City; State; Zip Code 5415 Maple Ave., Ste. 230 Dallas, TX 75235	<b>7</b> Amount (\$) \$378.88
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Voter information		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/8/03	Payee name Verizon Wireless Payee address; City; State; Zip Code P.O. Box 773600 Houston, TX 77215-3600	Amount (\$) \$104.85
Purpose of payment (See instructions regarding type of information required.) Telephone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/8/03	Payee name Katmor Realty Payee address; City; State; Zip Code 2425 West Loop South, Ste. 300 Houston, TX 77027	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) August rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/8/03	Payee name Katmor Realty Payee address; City; State; Zip Code 2425 West Loop South, Ste. 300 Houston, TX 77027	Amount (\$) \$63.70
Purpose of payment (See instructions regarding type of information required.) Lobby directory charge		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 10 / 19
<b>2</b> FILER NAME Pamela (Pam) Holm		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 8/8/03	<b>5</b> Payee name SBC <b>6</b> Payee address; City; State; Zip Code P.O. Box 441, Rm. 101 Corpus Christi, TX 78401	<b>7</b> Amount (\$)  \$441.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) phone internet services		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/10/03	Payee name Office Depot Payee address; City; State; Zip Code 7519 Westheimer Rd. Houston, TX 77063	Amount (\$)  \$108.76
Purpose of payment (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/11/03	Payee name Sprint Digital Print Payee address; City; State; Zip Code 10100 Clay Rd., Ste. C Houston, TX 77080	Amount (\$)  \$2679.19
Purpose of payment (See instructions regarding type of information required.) Balance due on signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/12/03	Payee name International Mailing Systems Payee address; City; State; Zip Code P.O. Box 230229 Houston, TX 77223-0229	Amount (\$)  \$843.80
Purpose of payment (See instructions regarding type of information required.) Printing & mailing costs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 11 / 19
<b>2</b> FILER NAME Pamela (Pam) Holm		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 8/12/03	<b>5</b> Payee name House of Coleman, Inc. <b>6</b> Payee address; City; State; Zip Code 901 W. Alabama Houston, TX 77006	<b>7</b> Amount (\$)  \$142.89
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printing & Graphics		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>Date</b> 8/13/03	<b>Payee name</b> Kinko's <b>Payee address; City; State; Zip Code</b> 5616 Westheimer Houston, TX 77056	<b>Amount (\$)</b>  \$96.32
<b>Purpose of payment (See instructions regarding type of information required.)</b> Printing		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>Date</b> 8/14/03	<b>Payee name</b> Jewish Herald Voice <b>Payee address; City; State; Zip Code</b> 3403 Audley St. Houston, TX 77098	<b>Amount (\$)</b>  \$370.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Ad		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>Date</b> 8/15/03	<b>Payee name</b> Whitney Bowles <b>Payee address; City; State; Zip Code</b> 616 Memorial Heights Dr. #11105 Houston, TX 77007	<b>Amount (\$)</b>  \$1500.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Campaign Management		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

12 / 19

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/15/03

5 Payee name

Whitney Bowles

7 Amount (\$)

\$131.89

6 Payee address; City; State; Zip Code

616 Memorial Heights Dr. #11105  
Houston, TX 77007

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

Reimbursement: mileage & supplies

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

Candidate / Officeholder name Office sought Office held

Date

8/15/03

Payee name

Calle Mio/Ralph Garcia

Amount (\$)

\$400.00

Payee address; City; State; Zip Code

2810 Leeland ST.  
Houston, TX 77003

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

Campaign signs-deposit

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

Candidate / Officeholder name Office sought Office held

Date

8/18/03

Payee name

National Mail Advertising, Inc.

Amount (\$)

\$1180.00

Payee address; City; State; Zip Code

2299 White St.  
Houston, TX 77007

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

Printing, Mailing costs

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

Candidate / Officeholder name Office sought Office held

Date

8/19/03

Payee name

Peter Boyle Graphic Design

Amount (\$)

\$337.50

Payee address; City; State; Zip Code

P.O. Box 667247  
Houston, TX 77266-7247

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

Graphics design

-- 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:  
13 / 19

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/20/03

5 Payee name

U.S. Postmaster

7 Amount (\$)

\$148.00

6 Payee address; City; State; Zip Code

2802 Timmons  
Houston, TX 77027

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

Postage

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

Date

8/22/03

Payee name

GOTOMYPC

Amount (\$)

\$9.00

Payee address; City; State; Zip Code

online website

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

Internet service

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

Date

8/25/03

Payee name

Kathryn McNeil

Amount (\$)

\$2500.00

Payee address; City; State; Zip Code

P.O. Box 131835  
Houston, TX 77219

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

Consulting fee

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

Date

8/25/03

Payee name

Kathryn McNeil

Amount (\$)

\$136.76

Payee address; City; State; Zip Code

P.O. Box 131835  
Houston, TX 77219

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

Expense reimbursement

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 14 / 19
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2 FILER NAME Pamela (Pam) Holm	3 ACCOUNT # (Ethics Commission filers)
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4 Date 8/25/03	5 Payee name Calle Mio/Ralph Garcia 6 Payee address; City; State; Zip Code 2810 Leeland St. Houston, TX //003	7 Amount (\$)  \$296.00
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8 Purpose of payment (See instructions regarding type of information required.) Campaign signs	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 8/29/03	Payee name International Mailing Systems, Inc. Payee address; City; State; Zip Code P.O. Box 230229 Houston, TX 77223	Amount (\$)  \$34.23
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Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/1/03	Payee name Office Depot Payee address; City; State; Zip Code 7519 Westheimer Rd. Houston, TX 77063	Amount (\$)  \$233.64
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Purpose of payment (See instructions regarding type of information required.) Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/2/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007	Amount (\$)  \$1500.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Management	** 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:

15 / 19

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/5/03

5 Payee name

Verizon Wireless

6 Payee address; City; State; Zip Code

P.O. Box 773600  
Houston, TX 77215-3600

7 Amount (\$)

\$107.75

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

Telephone service

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

Date

9/8/03

Payee name

International Mailing Systems

Payee address; City; State; Zip Code

815 Live Oak  
Houston, TX 77003

Amount (\$)

\$475.00

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

Sorting & postage costs

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

Date

9/8/03

Payee name

International Mailing Systems

Payee address; City; State; Zip Code

815 Live Oak  
Houston, TX 77003

Amount (\$)

\$831.15

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

Sorting & postage costs

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

Date

9/12/03

Payee name

City of Houston

Payee address; City; State; Zip Code

900 Bagby  
Houston, TX 77002

Amount (\$)

\$500.00

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

Filing fee

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

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<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 Total pages Schedule F:</b> 16 / 19
<b>2 FILER NAME</b> Pamela (Pan) Holm		<b>3 ACCOUNT # (Ethics Commission files)</b>
<b>4 Date</b> 9/12/03	<b>5 Payee name</b> Office Max <b>6 Payee address; City; State; Zip Code</b> 1576 West Gray Houston, TX 77019	<b>7 Amount (\$)</b>  \$108.21
<b>8 Purpose of payment (See instructions regarding type of information required.)</b> Office Supplies		<b>9 ** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought      Office held
<b>Date</b> 9/15/03	<b>Payee name</b> U.S. Postmaster <b>Payee address; City; State; Zip Code</b> 2802 Timmons Houston, TX 77027	<b>Amount (\$)</b>  \$74.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Postage		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought      Office held
<b>Date</b> 9/15/03	<b>Payee name</b> Whitney Bowles <b>Payee address; City; State; Zip Code</b> 616 Memorial Heights Dr. #11105 Houston, TX 77007	<b>Amount (\$)</b>  \$1500.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Campaign Management		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought      Office held
<b>Date</b> 9/15/03	<b>Payee name</b> Whitney Bowles <b>Payee address; City; State; Zip Code</b> 616 Memorial Heights Dr. #11105 Houston, TX 77007	<b>Amount (\$)</b>  \$167.01
<b>Purpose of payment (See instructions regarding type of information required.)</b> Reimbursement: mileage & expenses		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

17 / 19

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/18/03	5 Payee name National Mail Advertising Inc. 6 Payee address; City; State; Zip Code 2299 White St. Houston, TX 77007	7 Amount (\$) \$183.52
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8 Purpose of payment (See instructions regarding type of information required.) Printing costs	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/18/03	Payee name SBC Payee address; City; State; Zip Code P.O. Box 441, Rm. 101 Corpus Christi, TX 78401	Amount (\$) \$219.00
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Purpose of payment (See instructions regarding type of information required.) Telephone service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/18/03	Payee name Booker Industries Payee address; City; State; Zip Code 5415 Maple Ave., Ste. 230 Dallas, TX 75235	Amount (\$) \$1423.66
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Purpose of payment (See instructions regarding type of information required.) Voter information	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/18/03	Payee name Kathryn McNeil Payee address; City; State; Zip Code P.O. Box 131835 Houston, TX 77219	Amount (\$) \$956.25
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Purpose of payment (See instructions regarding type of information required.) Computer Work	** 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:  
18 / 19

2 FILER NAME  
Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission files)

4 Date 9/19/03	5 Payee name Printing Communications Assn. 6 Payee address; City; State; Zip Code 5601 Central Crest Houston, TX 77092	7 Amount (\$) \$1277.36
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8 Purpose of payment (See instructions regarding type of information required.) Postcards	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/22/03	Payee name Bayou City Productions Payee address; City; State; Zip Code 11370 Brittmoore Park Dr. Houston, TX 77041	Amount (\$) \$300.00
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Purpose of payment (See instructions regarding type of information required.) Campaign video	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/22/03	Payee name Kathryn McNeil Payee address; City; State; Zip Code P.O. Box 131835 Houston, TX 77219	Amount (\$) \$61.80
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Purpose of payment (See instructions regarding type of information required.) Expense reimbursement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/23/03	Payee name CMH Payee address; City; State; Zip Code P.O. Box 891312 Houston, TX 77289-1312	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.) Ad	** 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:

19 / 19

**2** FILER NAME

Pamela (Pam) Holm

**3** ACCOUNT # (Ethics Commission filers)

**4** Date  
9/25/03

**5** Payee name  
Kathryn McNeil

**7** Amount (\$)

**6** Payee address; City; State; Zip Code  
P.O. Box 131835  
Houston, TX 77219

\$2500.00

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

Consulting fee

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

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