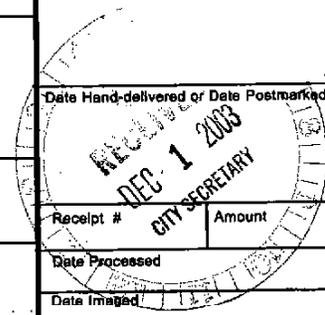


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 57
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs. NICKNAME	Pamela LAST	N. SUFFIX
Pam Holm			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	5773 Woodway Drive, PMB 293 Houston, TX 77057		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 621-4328			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr. NICKNAME	Charles LAST	B. SUFFIX
Chuck Holm			
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
10 / 26 / 03		THROUGH	11 / 26 / 03
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
12 / 06 / 03		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Council District G	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Pamela (Pam) Holm **16 ACCOUNT # (Ethics Commission files)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

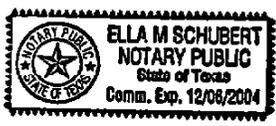
additional pages

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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 119,215.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 71,978.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 86,495.08
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 1st day of December, 20 03, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 1-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC H.W. Horne	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-25-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mary Jo Halbirt	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 6108 [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC J.C. Brewster, Sr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Arthur Faris	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Michael Fowler	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 115 [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC David Harvin	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Guy W. Jackson, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert Ladd	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Katharine Lord	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Michael Morgan	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Rajinder Phokela	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Stanford Stratton	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 10-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC James Gibbs	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Lee Kay	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ruth Porterfield	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Holden Shannon	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Louis Skidmore	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Diane Trabulsi	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 10-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Gary Woods	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-29-2003	Full name of contributor <input type="checkbox"/> out of state PAC Houston Associated General Contractors PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-29-2003	Full name of contributor <input type="checkbox"/> out of state PAC Walter R. Taber, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-29-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jason Yoo	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC Betty Bellamy	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 10-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robin Blut	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Flo McGee	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Reagan Helm	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC Samuel Casscells III	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC Daniel C. Arnold	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC John H. Crooker, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC June Stobaugh	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

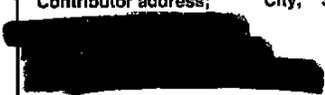
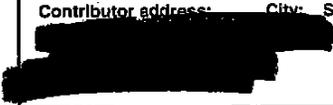
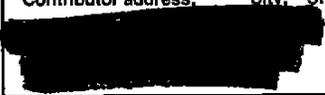
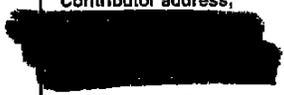
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Baker Botts Amicus Fund	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Andrews & Kurth Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert M. Collie	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jonathan Day	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Linebarger Goggan Blair & Sampson LLP	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 1001 [REDACTED] [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dan M. Moody, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Glenda Barrett	Amount of contribution (\$) \$35.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Patrick McIlvain	Amount of contribution (\$) \$30.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-8-2003	Full name of contributor <input type="checkbox"/> out of state PAC Becky Beeson	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-8-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jerry Bell, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-8-2003	Full name of contributor <input type="checkbox"/> out of state PAC Stanley Creech	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-8-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ray Hankamer, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-8-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ron Nielsen	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC William Allison	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC Madeleine Appel	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC Travis Broesche	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC Charlene Geiss	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC Barbara Sklar	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

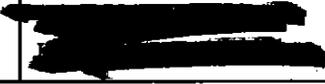
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Paul Bacon Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC James Blain Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Samuel Bowen Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC John Brock, III Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Barbara Eason Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Continental Airlines Inc. Employee Fund for a Better America PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

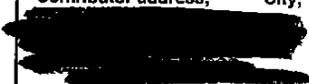
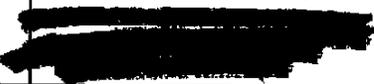
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC E.H. Frank III	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Nancy Gordon	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Alta Mae Graves	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Stuart Hellmann	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Karen Klotz	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Staman Ogilvie	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Bracewell & Patterson Committee	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC A.L. Ballard	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Rosanna Blalock	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Giorgio Borlenghi	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Charles Chambers	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Susan Cruse	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission files)
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Brien Dillon	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Michael E. Frazier	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Kelly Frels	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Bessie Liedtke	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mark Sikes	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jim Thompson	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form:			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-12-2003	Full name of contributor Chris Allen <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor Brady Carruth <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor O.H. Crosswell <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor Terry Dalton <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor Wade Kilpatrick <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor Sally Meadows <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

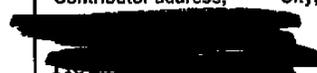
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Stephanie Morgan.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Whipple Newell	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Marc Shapiro	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Byron Snyder	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC John Strawn, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC J. Evans Attwell	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

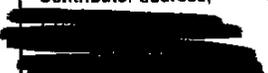
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Gerald Brady	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Walter Crain	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC C.W. Duncan, Jr.	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC J.A. Elkins, Jr.	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dr. Robert A. Johnston, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Barbara Lipshultz	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-13-2003	Full name of contributor D.W. Neuenschwander <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor W. Craig Plumhoff <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor Sally Bell Rutherford <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor Eugene Shepherd <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor John Stroehlein <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor Douglas Swanson <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Charlie Talbert Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mary Watt Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Tetine Werlein Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC R.H. Whilden, Jr. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC HOME PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC J. Murry Bowden Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-14-2003	Full name of contributor John L. Carter <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor John P. Courtney <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor Stewart Cureton, Jr. <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor David G. Dunlap <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor Daniel A. Hyde <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor Robert W. Ligon <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

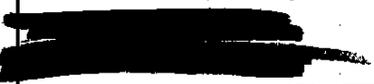
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission files)
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jennifer Litton	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Walter Negley	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC HOU CON PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Grier Patton	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC John E. Russell	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Walter R. Taber, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

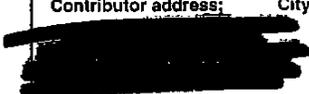
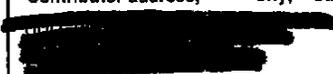
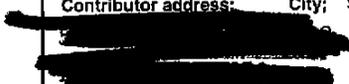
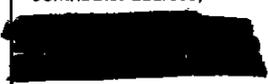
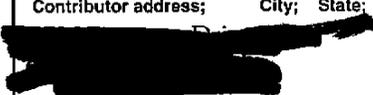
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Bass C. Wallace Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Alicia Weatherall Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Beth Weikerth Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Janice Barrow Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Barton Bentley Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

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The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Sanford W. Criner, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Beverly Hornsby	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Beverly B. Hornsby	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Larry D. Johnson	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC John Marshall	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC W. Buckner Ogilvie, Jr.	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

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FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert Phillips	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Laurence D. Sikes, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Len D. Slusser	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert L. Stillwell	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ronald Woliver	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC A.W. Epley III	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

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FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-16-2003	Full name of contributor Edmund Fountain, Jr. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor Daniel Hagan <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor Titus H. Harris, III <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor David T. Hedges, Jr. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor John Irwin <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor Heidi Kelsey <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mary Jo Loyd Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Steven Miller Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Marsha Parker Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Janie Putnam Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Howard Tellepsen Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Morrie Abramson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ruma Acharya	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Merrell Athon	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Lan Bentsen	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Kathy Bissell	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Louis Brandt	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Lewis E. Brazelton III	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission files)
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Uptown Houston PAC	Amount of contribution (\$) \$1,250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC John Bumstead	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Maxine Bumstead	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Claire Caudill	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Nancy Crowther	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ann C. Gregory	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission files)
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Tom L. Hail	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Lee W. Hogan	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Evelyn Howell	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Louis A. Macey	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC John Malone	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jack H. Mayfield, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Michael Mizell <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Brian Parsley, M.D. <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Anne Symonds <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Judy Tate <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Linda Walker <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC R.J. Campo <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Anne Farish	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Texas Association of Realtors PAC	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC W.D. Kvinta	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert Paddock	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Peggy Roe	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ellen G. Sheedy	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-18-2003	Full name of contributor Richard Snell <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor C. Richard Vermillion, Jr. <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor Richard Weekley <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-18-2003	Full name of contributor Houston Fire Fighters PAC <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$7,000.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor Nathan Sommers Jacobs & Gorman PC <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor E. William Barnett <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Julia Barrett <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Sharon Bissell <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Linda Bloss <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Catherine Burdette <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Susan Jewell Cannon <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC CDM PAC <hr/> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert Floyd	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Carol Gartsman	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mike Garver	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Edward Hutcheson	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Carl Isgren	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dale Kornegay	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mrs. Ted Litton	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Barbara Martin	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Gary Montgomery	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Preston Moore, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ronald Mullinax	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Gail Payne	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Kathy Pipkin	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Loren Singletary	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Terri Thomas	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joe Ting	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mrs. John Watson	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Allyson Weathers	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

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OTHER THAN PLEDGES OR LOANS**

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The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission files)
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Timothy Weaver	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ed Withers	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joseph Hafner, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC R.D. Hanley, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Linda Hunsaker	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC James R. Jard	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
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The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC James Key	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC R. Kilday	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Kendall Miller	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Wm. James Miller	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert Nelson, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jeanette Rash	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

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FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Beth Robertson	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jeff Springmeyer	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Beverly Stone	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Waters Davis IV	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC J. David Heaney	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Max Watson	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC G.E. Powell	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Celia Veselka	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mary Henderson	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mrs. Thomas Kelsey	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Carol Barbour	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC John Fenoglio	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 39
FILER NAME: Pam Holm			ACCOUNT # (Ethics Commission filers)
Date 11-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Knox Nunnally	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Howard Tellepsen, Jr.	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mrs. W.M. Wheless, III	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Patsy Burrow	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	
Date 11-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Patricia Hopson	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule F:
1 of 16

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

4 Date 10/26/03	5 Payee name Office Max	7 Amount (\$) \$ 93.02
6 Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019		

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

Date 10/26/03	Payee name GOTOMYPC Services	Amount (\$) \$ 9.95
Payee address; City; State; Zip Code (online)		

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 10/27/03	Payee name Kathy Bissell	Amount (\$) \$ 254.25
Payee address; City; State; Zip Code 7620 Dandford Place Atlanta, GA 30350		

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

Date 10/27/03	Payee name Abbott's Computerized Mailing	Amount (\$) \$ 540.00
Payee address; City; State; Zip Code 7070 W. 43rd Houston, TX 77092		

Purpose of payment (See instructions regarding type of information required.) Postage and Mailing Charges	-- 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: 2 of 16
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission files)
4 Date 10/29/03	5 Payee name National Mail Advertising 6 Payee address; City; State; Zip Code 2299 White Street Houston, TX 77007	7 Amount (\$) \$ 1,990.25
8 Purpose of payment (See instructions regarding type of information required.) Printing, Sorting Costs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/29/03	Payee name U.S. Postmaster Payee address; City; State; Zip Code c/o 2299 White Street Houston, TX 77007	Amount (\$) \$ 1,800.00
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 10/29/03	Payee name U.S. Postmaster Payee address; City; State; Zip Code 2802 Timmons Houston, TX 77027	Amount (\$) \$ 148.00
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 10/29/03	Payee name National Mail Advertising Payee address; City; State; Zip Code 2299 White Street Houston, TX 77007	Amount (\$) \$ 2,125.98
Purpose of payment (See instructions regarding type of information required.) Printing, Sorting Costs		-- 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:
3 of 16

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

4 Date 10/30/03	5 Payee name Kinko's 6 Payee address; City; State; Zip Code 5110 Buffalo Speedway Houston, TX 77005	7 Amount (\$) \$ 161.27
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8 Purpose of payment (See instructions regarding type of information required.) Office Supplies	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 10/30/03	Payee name U.S. Postmaster Payee address; City; State; Zip Code 2802 Timmons Houston, TX 77027	Amount (\$) \$ 370.00
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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 10/30/03	Payee name HOT SHOT Messenger Service Payee address; City; State; Zip Code P.O. Box 701189 Houston, TX 77270	Amount (\$) \$ 36.02
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Purpose of payment (See instructions regarding type of information required.) Delivery Service	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10/30/03	Payee name HOT SHOT Messenger Service Payee address; City; State; Zip Code P.O. Box 701189 Houston, TX 77270	Amount (\$) \$ 18.95
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Purpose of payment (See instructions regarding type of information required.) Delivery Service	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
4 of 16

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/31/03

5 Payee name
Career Placement Temporaries

7 Amount (\$)
\$ 580.48

6 Payee address; City; State; Zip Code
4444 Richmond Avenue
Houston, TX 77027

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

Administrative Staff

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

Date
10/31/03

Payee name
Post Net
Payee address; City; State; Zip Code

Amount (\$)
\$ 50.00

5773 Woodway Drive
Houston, TX 77057

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

Mailbox Rental

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

Date
10/31/03

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

Amount (\$)
\$ 500.00

1121 Uptown Park Blvd.
Houston, TX 77056

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

Deposit- Campaign Party

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

Date
10/31/03

Payee name
Whitney Bowles
Payee address; City; State; Zip Code

Amount (\$)
\$ 2,000.00

616 Memorial Heights Dr. #11105
Houston, TX 77007

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: 5 of 16
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission files)
4 Date 11/02/03	5 Payee name Booker Industries 6 Payee address; City; State; Zip Code 5415 Maple Avenue, Suite 230 Dallas, TX 75235	7 Amount \$ 851.33
8 Purpose of payment (See instructions regarding type of information required.) Voting Record Research		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/02/03	Payee name Office Max Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019	Amount \$ 64.92
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 11/03/03	Payee name Phylis Spittler Payee address; City; State; Zip Code 5051 Westheimer, Suite 600 Houston, TX 77056	Amount \$ 25.00
Purpose of payment (See instructions regarding type of information required.) Event Ticket		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/04/03	Payee name Champps Payee address; City; State; Zip Code 1121 Uptown Park Blvd. Houston, TX 77056	Amount \$ 2,344.81
Purpose of payment (See instructions regarding type of information required.) Campaign Party		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6 of 16
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/04/03	5 Payee name Omni Information Services 6 Payee address; City; State; Zip Code 2707 Janet Court Lane Pearland, TX 77581	7 Amount (\$) \$ 1,870.40
8 Purpose of payment (See instructions regarding type of information required.) Phone Calls		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/05/03	Payee name National Mail Advertising Payee address; City; State; Zip Code 2299 White Street Houston, TX 77007	Amount (\$) \$ 440.86
Purpose of payment (See instructions regarding type of information required.) Printing, Sorting Costs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/06/03	Payee name Calle Mio Payee address; City; State; Zip Code 2810 Leeland Houston, TX 77003	Amount (\$) \$ 448.00
Purpose of payment (See instructions regarding type of information required.) Campaign Sign Labor		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/11/03	Payee name Carrabba's Payee address; City; State; Zip Code 1399 South Voss Houston, TX 77057	Amount (\$) \$ 38.48
Purpose of payment (See instructions regarding type of information required.) Lunch Meeting		-- 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:
7 of 16

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

4 Date 11/12/03	5 Payee name U.S. Postmaster	7 Amount (\$) \$ 444.00
6 Payee address; City; State; Zip Code 5750 Woodway Drive Houston, TX 77057		

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
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Date 11/12/03	Payee name Kenny & Ziggy's	Amount (\$) \$ 18.35
Payee address; City; State; Zip Code 2327 Post Oak Blvd. Houston, TX 77056		

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

Date 11/12/03	Payee name Career Placement Temporaries	Amount (\$) \$ 694.40
Payee address; City; State; Zip Code 4444 Richmond Avenue Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Administrative Staff	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/12/03	Payee name Abbott's Computerized Mailing	Amount (\$) \$ 296.00
Payee address; City; State; Zip Code 7070 W. 43rd Houston, TX 77092		

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
--	---

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8 of 16
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission files)
4 Date 11/12/03	5 Payee name Career Placement Temporaries 6 Payee address; City; State; Zip Code 4444 Richmond Avenue Houston, TX 77027	7 Amount (\$) \$ 726.95
8 Purpose of payment (See instructions regarding type of information required.) Administrative Staff	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11/12/03	Payee name Anne Bechtol Payee address; City; State; Zip Code 5917 Burgoyne Houston, TX 77057	Amount (\$) \$ 69.84
Purpose of payment (See instructions regarding type of information required.) Reimbursement - office supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/12/03	Payee name Katmor Realty Payee address; City; State; Zip Code 2425 West Loop South Houston, TX 77027	Amount (\$) \$ 621.00
Purpose of payment (See instructions regarding type of information required.) Office Space Rental		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/12/03	Payee name SBC Payee address; City; State; Zip Code P.O. Box 441 Corpus Christi, TX 78401	Amount (\$) \$ 215.86
Purpose of payment (See instructions regarding type of information required.) Telephone, Internet Service		-- 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:

9 of 16

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission files)

4 Date
11/12/03

5 Payee name
International Mailing Systems, Inc.

7 Amount (\$)
\$ 686.03

6 Payee address; City; State; Zip Code
P.O. Box 230229
Houston, TX 77223

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

Sorting, Postage Costs

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

Date
11/12/03

Payee name
Peter Boyle Graphic Design
Payee address; City; State; Zip Code

Amount (\$)
\$ 459.37

P.O. Box 667247
Houston, TX 77266

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

Graphic Design Work

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

Date
11/12/03

Payee name
Verizon Wireless
Payee address; City; State; Zip Code

Amount (\$)
\$ 110.50

P.O. Box 105378
Atlanta, GA 30348

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
11/12/03

Payee name
National Mail Advertising
Payee address; City; State; Zip Code

Amount (\$)
\$ 704.98

2299 White Street
Houston, TX 77007

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

Printing, Sorting Costs

-- 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:

10 of 16

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/13/03

5 Payee name
U.S. Postmaster

7 Amount
(\$)
\$ 370.00

6 Payee address; City; State; Zip Code
5750 Woodway Drive
Houston, TX 77057

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
11/13/03

Payee name
Sprint Digital Print, Inc.
Payee address; City; State; Zip Code
10100 Clay Road, Suite C
Houston, TX 77080

Amount
(\$)
\$ 1,645.40

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

Campaign Signs

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

Candidate / Officeholder name Office sought Office held

Date
11/13/03

Payee name
Abbott's Computerized Mailing
Payee address; City; State; Zip Code
7070 W. 43rd
Houston, TX 77092

Amount
(\$)
\$ 798.28

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
11/14/03

Payee name
Whitney Bowles
Payee address; City; State; Zip Code
616 Memorial Heights Dr. #11105
Houston, TX 77007

Amount
(\$)
\$ 2,000.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11 of 16
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/15/03	5 Payee name Amy Duty 6 Payee address; City; State; Zip Code 5402 Theall Road Houston, TX 77066	7 Amount (\$) \$ 298.34
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement- refreshments for neighborhood event		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/15/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007	Amount (\$) \$ 192.48
Purpose of payment (See instructions regarding type of information required.) Reimbursement - mileage, phone, supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/17/03	Payee name Lloyd Lake Payee address; City; State; Zip Code 2508 Bay Area Blvd. #600 Houston, TX 77058	Amount (\$) \$ 500.00
Purpose of payment (See instructions regarding type of information required.) Voting Record Research		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/17/03	Payee name National Mail Advertising Payee address; City; State; Zip Code 2299 White Street Houston, TX 77007	Amount (\$) \$ 8,135.00
Purpose of payment (See instructions regarding type of information required.) Printing, Sorting Costs		** 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: 12 of 16	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/17/03	5 Payee name U.S. Postmaster	7 Amount (\$) \$ 9,300.00	
6 Payee address; City; State; Zip Code c/o/ 2299 White Street Houston, TX 77007			
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 11/18/03	Payee name Pathfinder Marketing	Amount (\$) \$ 8,971.00	
Payee address; City; State; Zip Code 4030 Harwood Sugar Land, TX 77479			
Purpose of payment (See instructions regarding type of information required.) Radio Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11/20/03	Payee name Office Depot	Amount (\$) \$ 39.94	
Payee address; City; State; Zip Code 7519 Westheimer Houston, TX 77063			
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 11/20/03	Payee name National Mail Advertising	Amount (\$) \$ 3,848.00	
Payee address; City; State; Zip Code 2299 White Street Houston, TX 77007			
Purpose of payment (See instructions regarding type of information required.) Printing, Sorting Costs		-- 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: 13 of 16
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/20/03	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code c/o 2299 White Street Houston, TX 77007	7 Amount (\$) \$ 4,250.00
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 11/20/03	Payee name Calle Mio Payee address; City; State; Zip Code 2810 Leeland Houston, TX 77003	Amount (\$) \$ 553.75
Purpose of payment (See instructions regarding type of information required.) Campaign Sign Labor		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/24/03	Payee name HOT SHOT Messenger Service Payee address; City; State; Zip Code P.O. Box 701189 Houston, TX 77270	Amount (\$) \$ 18.95
Purpose of payment (See instructions regarding type of information required.) Delivery Service		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/24/03	Payee name Office Depot Payee address; City; State; Zip Code 7519 Westheimer Houston, TX 77063	Amount (\$) \$ 314.08
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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
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2 FILER NAME Pamela (Pam) Holm 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/24/03	5 Payee name Office Depot	7 Amount (\$) \$ 27.05
6 Payee address; City; State; Zip Code 7519 Westheimer Houston, TX 77063		

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

Date 11/25/03	Payee name Office Depot	Amount (\$) \$ 31.01
Payee address; City; State; Zip Code 7519 Westheimer Houston, TX 77063		

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 11/25/03	Payee name Sprint Digital Print, Inc.	Amount (\$) \$ 1,645.40
Payee address; City; State; Zip Code 10100 Clay Road, Suite C Houston, TX 77080		

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

Date 11/25/03	Payee name Omni Information Services	Amount (\$) \$ 1,116.80
Payee address; City; State; Zip Code 2707 Janet Court Lane Pearland, TX 77581		

Purpose of payment (See instructions regarding type of information required.) Phone Calls	-- 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 of 16
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission file#)
4 Date 11/25/03	5 Payee name Omni Information Services 6 Payee address; City; State; Zip Code 2707 Janet Court Lane Pearland, TX 77581	7 Amount (\$) \$ 2,215.20
8 Purpose of payment (See instructions regarding type of information required.) Phone Calls		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/25/03	Payee name U.S. Postmaster Payee address; City; State; Zip Code 5750 Woodway Drive Houston, TX 77057	Amount (\$) \$ 370.00
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 11/26/03	Payee name ATIWA Computing, Inc. Payee address; City; State; Zip Code 1003 Wirt Road, Suite 100 Houston, TX 77055	Amount (\$) \$ 189.99
Purpose of payment (See instructions regarding type of information required.) Equipment Rental		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/26/03	Payee name Universal Enterprises of Texas Payee address; City; State; Zip Code 9323 Bristlebrook Drive Houston, TX 77083	Amount (\$) \$ 52.50
Purpose of payment (See instructions regarding type of information required.) Computer Services		-- 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: 16 of 16
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/26/03	5 Payee name Kight Printing	7 Amount (\$) \$ 470.24
6 Payee address: City: State: Zip Code 6760 Bintliff, Suite 202 Houston, TX 77036		
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
Date 11/26/03	Payee name S&S Printing Services	Amount (\$) \$ 973.17
Payee address: City: State: Zip Code P.O. Box 1108 Richmond, TX 77406		
Purpose of payment (See instructions regarding type of information required.) Printing Costs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/26/03	Payee name Sound Works	Amount (\$) \$ 437.63
Payee address: City: State: Zip Code 48801 Woodawy, Suite 355 W Houston, TX 77056		
Purpose of payment (See instructions regarding type of information required.) Radio Production		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/26/03	Payee name Career Placement Temporaries	Amount (\$) \$ 1,405.08
Payee address: City: State: Zip Code 4444 Richmond Avenue Houston, TX 77027		
Purpose of payment (See instructions regarding type of information required.) Administrative Staff		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		