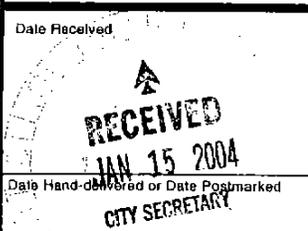


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 33
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Pamela N. <hr/> NICKNAME LAST SUFFIX Pam Holm	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5773 Woodway Drive, PMB 293 Houston, TX 77057 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713)621-4328		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Charles B. <hr/> NICKNAME LAST 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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 27 / 2003 THROUGH 12 / 31 / 2003		
11 ELECTION	ELECTION DATE Month Day Year 12 / 6 / 2003	ELECTION TYPE <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) Houston City Council, Dist.G	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

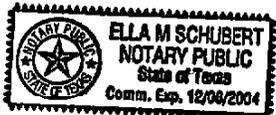
15 C/OH NAME **Pamela (Pam) Holm** 16 ACCOUNT # (Ethics Commission filers)

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

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 61,911.30
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$55,787.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 98,808.63
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.

Pam Holm
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pam Holm this the 15th day of January, 20 04, 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 A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 11-27-2003	Full name of contributor Will Penland	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Jim Thompson	Amount of contribution (\$) \$1,411.30	In-kind contribution description (if available) Food and beverage for campaign reception
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor John Chiang	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Mike Jenkins	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor E.J. Coleman, Jr.	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

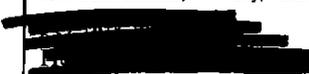
Date 12-1-2003	Full name of contributor J. Dickson Rogers	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-1-2003	Full name of contributor Allen Boone Humphries LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor H.R. Houck, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Fred H. Dunlop	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor James Winfrey	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Allison George	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Associated Builders & Contractors of Greater Houston / PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-1-2003	HOME PAC [REDACTED]	\$200.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-1-2003	Jeff Kuhn [REDACTED]	\$100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-1-2003	Woody Mann, Jr. [REDACTED]	\$500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-1-2003	David Hull [REDACTED]	\$250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-1-2003	James Skelly [REDACTED]	\$100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-1-2003	George DeMontroind III [REDACTED]	\$500.00	
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-1-2003	Full name of contributor Will Mathis	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Priscilla Speed	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Joe Cibor	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Michael Dalton	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Gibson Walton	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor John H. Young	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS COH & SPAC)**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-1-2003	Full name of contributor Locke Liddell & Sapp LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Mrs. Meredith J. Long	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Gail Faris	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Barbara Patton	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Edwin Friedrichs	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor G. Clyde Buck	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
12-1-2003	Jeffrey Hines	\$1,000.00	
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
12-1-2003	Jan Dunn	\$50.00	
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
12-1-2003	Jim Hackett	\$100.00	
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
12-1-2003	Michael Perrin	\$250.00	
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
12-1-2003	Robert Hunter	\$500.00	
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
12-1-2003	J.B. Carter, Jr.	\$100.00	
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-1-2003	Full name of contributor Corbin J. Robertson, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor E. Blake Hawk	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Union Pacific Corporation Fund for Effective Government	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor John Kuhl	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-1-2003	Full name of contributor Sherry Applewhite	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Bob Perry	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Ho		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filer)

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-2-2003	Tom Kvinta	\$250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-2-2003	Rudolph Bruhns	\$500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-2-2003	Fund for the Future	\$1,000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-2-2003	E.L. "Peck" Boswell	\$250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-2-2003	Gael Plauche	\$100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code		
12-2-2003	J. Patrick Luby	\$100.00	
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-2-2003	Full name of contributor Sandy Griffith	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Samuel Eaton	Amount of contribution (\$) \$300.00	In-kind contribution description (if available) Campaign reception expenses
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Doylene Perry	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Stephen Sparks	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Rick Castaneda	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Turner Collie & Braden PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-2-2003	Full name of contributor Jeff Ross	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Stephen Costello	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] 0		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor William Othon	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] 98		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Bob Jones	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Jim Ainsworth	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor David Sadeghpour	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-2-2003	Full name of contributor Raymond Rahaman	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor David Graham	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Ranney McDonough	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Almeria Cottingham	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Frederick Doutel, Jr.	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor John Nau	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-2-2003	Full name of contributor Bobbie Nau	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Landry's Restaurants PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Lynn S. Zarr, Sr.	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-2-2003	Full name of contributor Bob Black	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Truett Latimer	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Gerald Brady	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-3-2003	Full name of contributor Epi Salazar	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Westchase PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Raymond Betz	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Alfred Deaton III	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Harry Mach	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Coats, Rose PAC	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-3-2003	Full name of contributor Rita Aron	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Carol Lewis	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Ned Price, Jr.	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-3-2003	Full name of contributor Scott Allen	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-4-2003	Full name of contributor Kenneth James	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-4-2003	Full name of contributor Lisa Marshall	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-5-2003	Full name of contributor Joan Alexander	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-5-2003	Full name of contributor 3 D/I PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-5-2003	Full name of contributor Hudson Partnership	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-5-2003	Full name of contributor Hermes Architects PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-7-2003	Full name of contributor Doris Bernard	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-8-2003	Full name of contributor W.F. Burge	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-12-2003	Full name of contributor Al Dugan	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-14-2003	Full name of contributor Debbie Johnson Anders	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-15-2003	Full name of contributor Jack Blanton, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-15-2003	Full name of contributor Dan Organ	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-15-2003	Full name of contributor HOME PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-15-2003	Full name of contributor Allen Boone Humphries LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-16-2003	Full name of contributor Ruma Acharya	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-16-2003	Full name of contributor Jerry Brady	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-16-2003	Full name of contributor Jamie Brewster	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-16-2003	Full name of contributor Saib Saour	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-16-2003	Full name of contributor Bobby Singh	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-16-2003	Full name of contributor Giti Zarinkelk	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 18
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission filers)

Date 12-16-2003	Full name of contributor Jeanette Rash	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-17-2003	Full name of contributor Matt Khourie	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-17-2003	Full name of contributor Mrs. Sellers J. Thomas, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-19-2003	Full name of contributor Sanford W. Criner, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 12-29-2003	Full name of contributor Ned Holmes	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/27/03	5 Payee name Beverly Woolley 6 Payee address; City; State; Zip Code P.O. Box 130410 Houston, TX 77219	7 Amount (\$) \$ 100.00
8 Purpose of payment (See instructions regarding type of information required.) Event Ticket		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/28/03	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
Date 12/29/03	Payee name Marshall's Payee address; City; State; Zip Code 1450 West Gray Houston, TX 77019	Amount (\$) \$ 56.25
Purpose of payment (See instructions regarding type of information required.) Campaign event supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/01/03	Payee name HOT SHOT Messenger Service Payee address; City; State; Zip Code P.O. Box 701108 Houston, TX 77270	Amount (\$) \$ 14.95
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
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 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/01/03	5 Payee name Calle Mio <small>6 Payee address; City, State, Zip Code</small> 2810 Leeland Houston, TX 77003	7 Amount (\$) \$ 553.75
8 Purpose of payment (See instructions regarding type of information required.) Campaign Sign Labor		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 12/01/03	Payee name National Mail Advertising <small>Payee address; City, State, Zip Code</small> 2299 White Street Houston, TX 77007	Amount (\$) \$ 1,538.88
Purpose of payment (See instructions regarding type of information required.) Printing, Sorting Costs		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 12/01/03	Payee name US Postmaster <small>Payee address; City, State, Zip Code</small> C/O 2299 White Street Houston, TX 77007	Amount (\$) \$ 9,500.00
Purpose of payment (See instructions regarding type of information required.) Postage		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 12/01/03	Payee name Calle Mio <small>Payee address; City, State, Zip Code</small> 2810 Leeland Houston, TX 77003	Amount (\$) \$ 348.00
Purpose of payment (See instructions regarding type of information required.) Balance for Campaign Sign Labor		<small>** Complete if direct expenditure to benefit C/OH **</small> 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 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/02/03	5 Payee name Marshall's 6 Payee address; City; State; Zip Code 1450 West Gray Houston, TX 77019	7 Amount (\$) \$ 168.74
8 Purpose of payment (See instructions regarding type of information required.) Campaign Event Supplies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/02/03	Payee name HOT SHOT Messenger Service Payee address; City; State; Zip Code P.O. Box 701108 Houston, TX 77270	Amount (\$) \$ 14.95
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 12/02/03	Payee name Key Maps Payee address; City; State; Zip Code 1411 W. Alabama Houston, TX 77006	Amount (\$) \$ 27.24
Purpose of payment (See instructions regarding type of information required.) Map		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/03/03	Payee name Birraporetti's Payee address; City; State; Zip Code 1997 West Gray Houston, TX 77019	Amount (\$) \$ 147.00
Purpose of payment (See instructions regarding type of information required.) Campaign Event Refreshments		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4 of 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/03/03	5 Payee name HOT SHOT Messenger Service 6 Payee address; City; State; Zip Code P.O. Box 701108 Houston, TX 77270	7 Amount (\$) \$ 18.95
8 Purpose of payment (See instructions regarding type of information required.) Delivery Service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/03/02	Payee name Office Depot Payee address; City; State; Zip Code 7519 Westheimer Houston, TX 77063	Amount (\$) \$ 40.00
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 12/03/03	Payee name Abbott's Computerized Mailing Payee address; City; State; Zip Code 7070 W. 43rd Houston, TX 77092	Amount (\$) \$ 654.90
Purpose of payment (See instructions regarding type of information required.) Sorting, Postage and Mailing Costs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/03/03	Payee name Galvanize, Inc. Payee address; City; State; Zip Code P.O. Box 924444 Houston, TX 77292	Amount (\$) \$ 1,595.00
Purpose of payment (See instructions regarding type of information required.) Door Hanger Printing		** 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:
5 of 12

2 FILER NAME
Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/05/04	5 Payee name Container Store 6 Payee address; City; State; Zip Code 2511 Post Oak Houston, TX 77056	7 Amount (\$) \$ 33.77
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8 Purpose of payment (See instructions regarding type of information required.) Campaign Event Decorations	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/05/03	Payee name Katmor Realty Payee address; City; State; Zip Code 2426 West Loop South Houston, TX 77027	Amount (\$) \$ 200.00
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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
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Date 12/05/03	Payee name Abbott's Computerized Mailing Payee address; City; State; Zip Code 7070 W. 43rd Houston, TX 77092	Amount (\$) \$ 107.15
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Purpose of payment (See instructions regarding type of information required.) Sorting, Postage and Mailing Costs	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/05/03	Payee name Career Placement Temporaries Payee address; City; State; Zip Code 4444 Richmond Houston, TX 77027	Amount (\$) \$ 710.68
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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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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6 of 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/05/04	5 Payee name Omni Information Services 6 Payee address; City; State; Zip Code 2707 Janet Court Lane Pearland, TX 77581	7 Amount (\$) \$ 5,462.40
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 12/06/03	Payee name Cyclone Anaya's Payee address; City; State; Zip Code 5761 Woodway Drive Houston, TX 77057	Amount (\$) \$ 2,444.00
Purpose of payment (See instructions regarding type of information required.) Election Night Event		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/10/03	Payee name US 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 12/11/03	Payee name Public Storage Payee address; City; State; Zip Code 7715 Katy Freeway Houston, TX 77024	Amount (\$) \$ 73.02
Purpose of payment (See instructions regarding type of information required.) Storage Unit Rental		-- 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: 7 of 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/12/03	5 Payee name Anchor Box 6 Payee address, City, State, Zip Code 3030 Chimney Rock Houston, TX 77056	7 Amount (\$) \$ 35.60
8 Purpose of payment (See instructions regarding type of information required.) Moving Boxes		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/12/03	Payee name SK Strategies Payee address; City, State, Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007	Amount (\$) \$ 7,500.00
Purpose of payment (See instructions regarding type of information required.) Financial Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/12/03	Payee name Career Placement Temporaries Payee address; City, State, Zip Code 4444 Richmond Houston, TX 77027	Amount (\$) \$ 303.80
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
Date 12/12/03	Payee name Verizon Wireless Payee address; City, State, Zip Code P.O. Box 105370 Atlanta, GA 30348	Amount (\$) \$ 117.74
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
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:
8 of 12**2** FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)**4** Date

12/12/03

5 Payee name

Peter Boyle Graphic Design

7Amount
(\$)

\$ 652.59

6 Payee address; City; State; Zip CodeP.O. Box 667247
Houston, TX 77266**8** Purpose of payment (See instructions regarding type of information required.)

Graphics Design

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

Candidate / Officeholder name

Office sought

Office held

Date

12/12/03

Payee name

Houston Chronicle

Amount
(\$)

\$ 15.50

Payee address; City; State; Zip Code

801 Texas Avenue
Houston, TX 77002

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

Subscription Extension

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

Candidate / Officeholder name

Office sought

Office held

Date

12/12/03

Payee name

SBC

Amount
(\$)

\$ 223.03

Payee address; City; State; Zip Code

P.O. Box 441
Corpus Christi, TX 78401

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

12/12/03

Payee name

National Mail Advertising

Amount
(\$)

\$ 22.53

Payee address; City; State; Zip Code

2299 White Street
Houston, TX 77007

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

Postage Balance Due

** 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 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/12/03	5 Payee name S&S Printing 6 Payee address; City; State; Zip Code P.O. Box 1108 Richmond, TX 77406	7 Amount (\$) \$ 2,913.44
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 12/12/03	Payee name Muscles for Hire Payee address; City; State; Zip Code 4126 Club Valley Drive Houston, TX 77082	Amount (\$) \$ 273.00
Purpose of payment (See instructions regarding type of information required.) Sign Delivery to Volunteers for Distribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/15/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007	Amount (\$) \$ 211.67
Purpose of payment (See instructions regarding type of information required.) Reimbursement- phone, mileage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/15/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX 77007	Amount (\$) \$ 12,000.00
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
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:
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2 FILER NAME
Pamela (Pam) Holm **3** ACCOUNT # (Ethics Commission filers)

4 Date 12/17/03	5 Payee name Adams Mark Hotel 6 Payee address; City; State; Zip Code 2900 Briar Park Drive Houston, TX 77042	7 Amount (\$) \$ 53.80
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8 Purpose of payment (See instructions regarding type of information required.) Balance on event cost	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/22/03	Payee name Louise Ratz Payee address; City; State; Zip Code 803 Old Lake Houston, TX 77057	Amount (\$) \$ 272.50
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Purpose of payment (See instructions regarding type of information required.) Invitation Addressing and Sorting	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/22/03	Payee name Verizon Wireless Payee address; City; State; Zip Code P.O. Box 105370 Atlanta, GA 30348	Amount (\$) \$ 114.85
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Purpose of payment (See instructions regarding type of information required.) Telephone Service	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/22/03	Payee name Melody Nelson Payee address; City; State; Zip Code 4430 Graystone Houston, TX 77069	Amount (\$) \$ 1,000.00
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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
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11 of 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/30/03	5 Payee name Career Placement 6 Payee address; City; State; Zip Code 4444 Richmond Houston, TX 77027	7 Amount (\$) \$ 1,719.73
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 12/30/03	Payee name Houston Chronicle Payee address; City; State; Zip Code 801 Texas Avenue Houston, TX 77002	Amount (\$) \$ 14.26
Purpose of payment (See instructions regarding type of information required.) Subscription Balance		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/30/03	Payee name Abbott's Computerized Mailing Payee address; City; State; Zip Code 7070 W. 43rd Houston, TX 77092	Amount (\$) \$ 616.34
Purpose of payment (See instructions regarding type of information required.) Sorting, Postage and Mailing Costs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/30/03	Payee name National Mail Payee address; City; State; Zip Code 2299 White Street Houston, TX 77007	Amount (\$) \$ 24.13
Purpose of payment (See instructions regarding type of information required.) Printing and 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 12
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/30/03	5 Payee name Houston Installation Services 6 Payee address; City; State; Zip Code 8700 Clay Road, Suite 230 Houston, TX 77080	7 Amount (\$) \$ 487.50
8 Purpose of payment (See instructions regarding type of information required.) Office Move Labor		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/30/03	Payee name PS Texas Holdings Payee address; City; State; Zip Code 6336 Fairdale Houston, TX 77057	Amount (\$) \$ 47.19
Purpose of payment (See instructions regarding type of information required.) Storage Unit Rental		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/30/03	Payee name Kight Printing Payee address; City; State; Zip Code 6760 Bintliff, Suite 202 Houston, TX 77036	Amount (\$) \$ 988.65
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	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
1 of 1

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
12/22/03	US Postal Service 6 Payee address; City; State; Zip Code 5750 Woodway Drive Houston, TX 77057	\$ 180.00
	7 Purpose of expenditure (See instructions regarding type of information required.) .60 Postage for Inaugural Invitations	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED