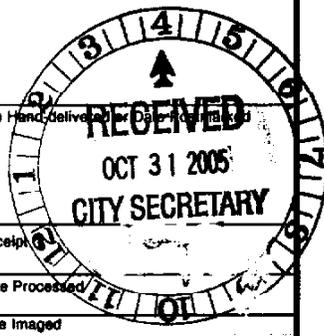


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. Pamela NICKNAME: Pam LAST: Holm	FIRST Pamela LAST Holm	MI N. SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5773 Woodway Dr., PMB 293 Houston, TX 77057			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 621-4328		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Penny NICKNAME: LAST: Butler	FIRST Penny LAST Butler		MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5773 Woodway Dr., PMB 293, Houston, TX 77057			
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 621-4328	EXTENSION	
9 REPORT TYPE	<input 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 checked="" 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 9 / 30 / 05 10 / 29 / 05			
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 05		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Houston City Council, Dist G	13 OFFICE SOUGHT (if known) Houston City Council, Dist 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

Pam Holm

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$ 600.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 998.20

CONTRIBUTION BALANCE

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

\$ 243,611.38

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 31st day of October, 2005, 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: pg 1 of 1
FILER NAME: Pam Holm	ACCOUNT # (Ethics Commission files)

Date 10-3-2005	Full name of contributor out of state PAC ID# _____ Guy Hagstette	Amount of contribution (\$) \$400.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77002		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-24-2005	Full name of contributor out of state PAC ID# _____ Nathelyne Kennedy	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77081		
Principal occupation Job title (See Instructions) Engineer		Employer (See Instructions)	

Date 10-28-2005	Full name of contributor out of state PAC ID# _____ Tom Arnold	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77057		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 1 of 2
FILER NAME: Pam Holm	ACCOUNT #: (Ethics Commission filers)

Date 10/10/2005	Payee name Payee address GoToMyPC 5385 Hollister Santa Barbara, CA 93111	Amount (\$) \$74.85
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Purpose of expenditure (See instructions regarding type of information required.) Computer services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 10/10/2005	Payee name Payee address Hurricane Katrina New Orleans Recovery Fund PO Box 715028 Columbus, OH 45271	Amount (\$) \$500.00
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Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 10/15/2005	Payee name Payee address SWB 2525 North Fwy Houston, TX 77008	Amount (\$) \$77.35
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Purpose of expenditure (See instructions regarding type of information required.) Web hosting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 10/15/2005	Payee name Payee address Whitney Bowles 616 Memorial Heights Houston, Tx 77007	Amount (\$) \$45.00
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Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for campaign supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 10/18/2005	Payee name Payee address Nancy Brewer 5306 Milo Houston, TX 77092	Amount (\$) \$76.25
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Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for breakfast for Council Meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 2 of 2
FILER NAME: Pam Holm	ACCOUNT #: (Ethics Commission filers)

Date 10/20/2005	Payee name Payee address Angela Young 1115 Avenue H Galveston, TX 77350	Amount (\$) \$124.75
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Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for campaign services and travel	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 10/25/2005	Payee name Payee address Samantha Munding 13734 Kingside Houston, TX 77077	Amount (\$) \$100.00
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Purpose of expenditure (See instructions regarding type of information required.) Campaign services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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