

# 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:  106
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs. Pamela N.		Holm	
Pam		Holm	
4 CANDIDATE / OFFICEHOLDER 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 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Charles B.		Holm	
Chuck		Holm	
6 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			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 621-4328		
8 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 checked="" 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)		
9 PERIOD COVERED	Month	Day	Year
	2	11	03
THROUGH		Month	Day
		6	30
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11		4	03
<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			City Council District G
13 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

14 C/OH NAME

Pamela (Pam) Holm

15 ACCOUNT #(Ethics Commission file#)

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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

\$ -0-

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

\$ 167,989.57

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

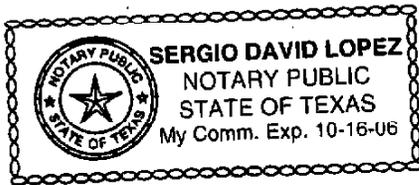
\$ 51,236.35

OUTSTANDING LOAN TOTALS

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

\$ -0-

19 AFFIDAVIT



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

*Pamela Holm*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pamela Holm, this the 14th day of July, 2003, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

David Lopez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

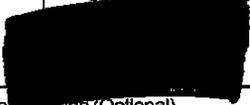
# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 84	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/13/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Holm 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall Miller City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Wise City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Howard City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stan Creech City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/26/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Austin 6 Contributor address: City: State: Zip Code 	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Seale, Jr. Contributor address: City: State: Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Tate Contributor address: City: State: Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Bechtol Contributor address: City: State: Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Bowen Contributor address: City: State: Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Chambers, III 6 _____ State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Conner _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Crooker, Jr. _____ City; State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Debrovner _____ City; State; Zip Code	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Flourmoy Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/27/03	5 Full name of contributor Robert Floyd City: State: Zip Code	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/27/03	Full name of contributor Ken Ford City: State: Zip Code	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor Kelly Frels City: State: Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor Cynthia Harper City: State: Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor Ann Lents Heaney Contributor address: City: State: Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Hightower Contributor address: [REDACTED] City: State; Zip Code	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin Holm Contributor address: [REDACTED] City: State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary King Contributor address: [REDACTED] City: State; Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine LaFollette Contributor address: [REDACTED] City: State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Ligon Contributor address: [REDACTED] City: State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis McCarter	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William McGee, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean McGregor	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra McHenry	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Miellette	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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1 Total pages this Schedule A1: **84**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date 02/27/03	5 Full name of contributor Joanne Mueller <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address [REDACTED] City; State; Zip Code			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 02/27/03	Full name of contributor Knox Nunnally <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address [REDACTED] City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date 02/27/03	Full name of contributor Kenneth O'Donnell <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address [REDACTED] City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date 02/27/03	Full name of contributor Robert Palmquist <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address [REDACTED] City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date 02/27/03	Full name of contributor David Underwood <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address [REDACTED] City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Vaughan	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Walker	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: _____ City: State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass Wallace	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address: _____ City: State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R.H. Whilden	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: _____ City: State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Bambace	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: _____ City: State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

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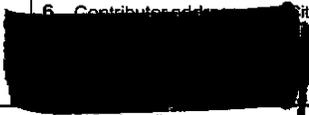
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/28/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butrum & Associates	7 Amount of contribution (\$) \$2,730.44	8 In-kind contribution description (if applicable) Design & printing campaign materials
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Duncan, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Eason	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Hornsby	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Arnold	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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4 Date 03/03/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Arnold 6 Contributor address, City, State, Zip Code 	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton Bentley Contributor address, City, State, Zip Code 	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Carrigan Contributor address, City, State, Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Dunn Contributor address, City, State, Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Hogan Contributor address, City, State, Zip Code 	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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4 Date 03/03/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Hunsaker 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James McBride Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Moore, Jr. Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Morgan Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daisy Quayle Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/03/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Swanson Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Wolfe Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Zarr Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Ball Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis Ball, II Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

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

<b>4</b> Date 03/04/03	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Brandt	<b>7</b> Amount of contribution (\$) \$1,000.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address: _____ City: _____ State: _____ Zip Code: _____			

**9** Principal occupation (Optional) **10** Employer (Optional)

Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Broesche	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____			

Principal occupation (Optional) Employer (Optional)

Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Cruse	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____			

Principal occupation (Optional) Employer (Optional)

Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Dalton	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____			

Principal occupation (Optional) Employer (Optional)

Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Gordon	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____			

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/04/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Gray City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Grote City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Harvin City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm Lovett City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. Ferguson McNeil Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/04/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Paddock City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Roe City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll Shaddock City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Sklar Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Len Slusser Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/05/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy & David Beck, Jr. [Redacted] City; State; Zip Code	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gus Blackshear, Jr. [Redacted] City; State; Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polly Bowden Contributor address: [Redacted] City; State; Zip Code	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Cannon Contributor address: [Redacted] City; State; Zip Code	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Carroll, III Contributor address: [Redacted] City; State; Zip Code	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/05/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Levering 6 Contributor address: [REDACTED] City; State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Byron Snyder, III Contributor address: [REDACTED] State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Wilde Contributor address: [REDACTED] City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Bailey, II Contributor address: [REDACTED] City; State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lan Bentsen Contributor address: [REDACTED] State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/06/03	5 Full name of contributor Louise Berry City: State: Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/06/03	Full name of contributor Barbara Chiles City: State: Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/06/03	Full name of contributor Daniel Hagan City: State: Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/06/03	Full name of contributor Cathy Malone Contributor address: City: State: Zip Code	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/06/03	Full name of contributor Anne Pratt Contributor address: City: State: Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/06/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Randolph _____ City; State; Zip Code	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo Frances Roark _____ City; State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Jo Loyd _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olga Moya Contributor address; City; State; Zip Code _____ City; State; Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janie Putman Contributor address; City; State; Zip Code _____ City; State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Stillwell 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gervias Bell, Jr. Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bumstead Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Carter Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlene Floyd Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
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SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/10/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hedges _____ City; State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Livesay _____ City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Rotan _____ City; State; Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Weikerth _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire Caudill _____ City; State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A1**  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/11/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Collie, Jr. City: State: Zip Code	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Jennings Contributor address: City: State: Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Jones Contributor address: City: State: Zip Code	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Mize Contributor address: City: State: Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Ordway Contributor address: City: State: Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/11/03	5 Full name of contributor John Payne [REDACTED] City; State; Zip Code	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/12/03	Full name of contributor George Ball [REDACTED] State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/12/03	Full name of contributor John Donohoe [REDACTED] State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/12/03	Full name of contributor Ward Jones [REDACTED] State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/12/03	Full name of contributor John Russell [REDACTED] State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/12/03	5 Full name of contributor Suzanne Swanson Contributor address: [REDACTED] State; Zip Code	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/12/03	Full name of contributor Charles Szalkowski Contributor address: [REDACTED] State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/13/03	Full name of contributor Tomas Martin Contributor address: [REDACTED] State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/13/03	Full name of contributor Jeanne Moses Contributor address: [REDACTED] City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/14/03	Full name of contributor Kent Altsuler Contributor address: [REDACTED] State; Zip Code	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/14/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Bacon	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code _____			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Bambace	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____			
Principal occupation (Optional)		Employer (Optional)	
Date 03/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Eastland	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____			
Principal occupation (Optional)		Employer (Optional)	
Date 03/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Lightfoot	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____			
Principal occupation (Optional)		Employer (Optional)	
Date 03/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted Litton	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____			
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/14/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Nelson 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staman Ogilvie Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc Shapiro Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolivar Andrews Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Elkins, III Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/15/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Watt	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Webster	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Symonds	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beverly Frazier	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christy Murchinson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/19/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart Cureton, Jr. Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) <b>\$1,000.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/19/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Kelsey Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/19/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Young Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas PAC Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbie Bird Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/20/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Gerry State: _____ Zip Code: _____	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Penland, Jr. State: _____ Zip Code: _____	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Pipkin State: _____ Zip Code: _____	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Snell State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Lawhon State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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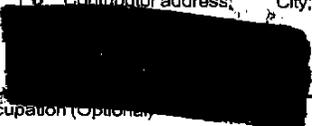
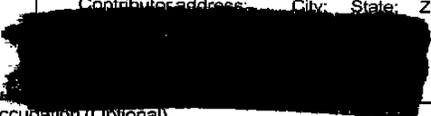
**SCHEDULE A1**  
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SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 84	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/21/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Morgan _____ City; State; Zip Code	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holm, Bambace, McCabe, L.L.P. _____ City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Oldham _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Miller _____ City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Field Emerson _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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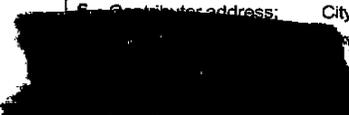
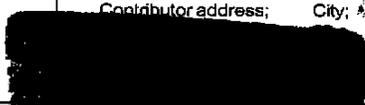
**SCHEDULE A1**  
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SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/24/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Gregory	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Hopson	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrie Abramson	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Allen	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Bell	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey Dillon Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Gipson Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Graham Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Berdon Lawrence Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Padon Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene Werlin _____ City; State; Zip Code	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Winfrey _____ City; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry Caver _____ City; State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Dilg _____ City; State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Erwin _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 84	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/26/03	5 Full name of contributor Jesse Filgo <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/26/03	Full name of contributor Simone Irwin <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/26/03	Full name of contributor Frank Liddell <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/26/03	Full name of contributor Barbara Lipshultz <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/26/03	Full name of contributor Shirley Platt <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

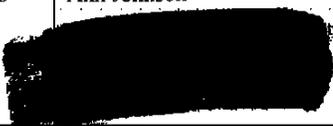
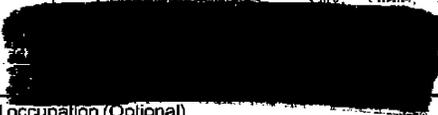
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 84	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Allen 6 Contributor address (City, State; Zip Code) [REDACTED]	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madeleine Appel Contributor address (City, State; Zip Code) [REDACTED]	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Bering Contributor address (City, State; Zip Code) [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Good Contributor address (City, State; Zip Code) [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Hellmann Contributor address (City, State; Zip Code) [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**SCHEDULE A1**  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol Herder	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann Johnson	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Heidi Kelsey	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Byron Lee	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 03/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Marinis, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

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**SCHEDULE A1**  
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1 Total pages this Schedule A1: 84

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

3 ACCOUNT # (Ethics Commission filers)

4 Date  
03/27/03

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Anita Schall

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

7 Amount of contribution (\$) \$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
03/27/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jack Schubert

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$) \$150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
03/27/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bryan Wimberly

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$) \$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
03/28/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Linda Allison

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
03/28/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Reece Anderson

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$) \$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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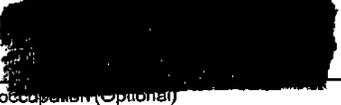
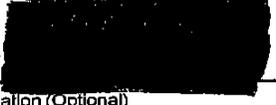
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/28/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanford Criner, Jr. 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Woliver Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myron Blalock, III Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mavis Kelsey, Jr. Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Page Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 84	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/29/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickson Rogers Contributor address: _____ City; State; Zip Code 	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/31/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Pipkin Contributor address: _____ City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky Beeson Contributor address: _____ City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Bissell Contributor address: _____ City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramona Davis Contributor address: _____ City; State; Zip Code 	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/01/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Franz [REDACTED] State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olive Hughes [REDACTED] City; State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet McCarter [REDACTED] State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Pappas [REDACTED] City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Rafferty [REDACTED] City; State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/01/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Sengelmann City: State; Zip Code	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Wegmann City: State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans Attwell City: State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Baird City: State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyde Buck City: State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/02/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Frazier 6 Contributor address: City; State; Zip Code 	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James McBride Contributor address: City; State; Zip Code 	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Melody Contributor address: City; State; Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pamela Adger, II Contributor address: City; State; Zip Code 	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doris Bernard Contributor address: City; State; Zip Code 	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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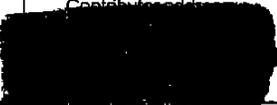
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/03/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Crain 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Erwin Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lana Hadlock Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet O'Donnell Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassi Townsend Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/03/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Whitworth 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Deaton Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Decker Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Hansen Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Sonsino Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/05/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine Beck	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nan Brown	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____			
Principal occupation (Optional)		Employer (Optional)	
Date 04/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Dalton	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____			
Principal occupation (Optional)		Employer (Optional)	
Date 04/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliza Duncan	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____			
Principal occupation (Optional)		Employer (Optional)	
Date 04/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Hail	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____			
Principal occupation (Optional)		Employer (Optional)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 84	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/05/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine MacIntyre City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Meyer City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Powell City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prissy Watson City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Doutel Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**SCHEDULE A1**  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Drake 6 _____ Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamara Dyer Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Epley Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Faris, Jr. Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Farris Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Fauntleroy 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Gully Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Chapter AGC Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Kirklin Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Kraft Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

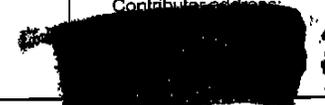
**SCHEDULE A1**  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna McFall 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent McGaughy Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall Miller Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Miller Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Mitchell Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Moody, Jr. Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick Nichols Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Phillips Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle Pitts Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Redford Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candyce Rylander _____ City; State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen Schoenfeld _____ City; State; Zip Code	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loren Singletary _____ City; State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Len Slusser _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Staton _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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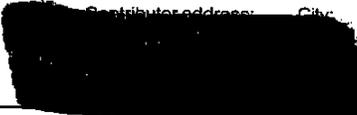
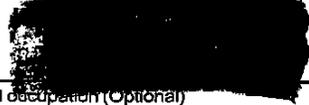
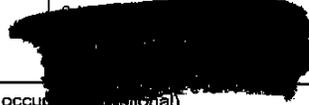
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Williams City: State; Zip Code	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward Withers City: State; Zip Code	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beth Wolff Contributor address; City: State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/08/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beirne, Maynard & Parsons, L.L.P. Beirne City: State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/08/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Callaway, Jr. City: State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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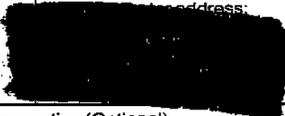
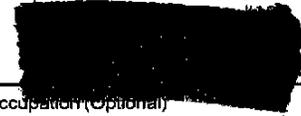
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/08/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alta Mae Graves Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/08/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Negley Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/08/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Rosen Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/08/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetine Werlein Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/09/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Boyle Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/09/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penny Gregg City: _____ State: _____ Zip Code: _____ 	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/09/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Helms City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$110.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/09/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcom Pettigrew City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/09/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Tellepsen City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Allen Contributor address; City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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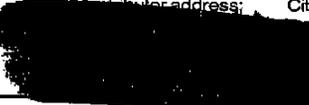
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/11/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Bissell	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code _____			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Caudill	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code _____			
Principal occupation (Optional)		Employer (Optional)	
Date 04/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Chambers, III	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code _____			
Principal occupation (Optional)		Employer (Optional)	
Date 04/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E. Ted Davis	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code _____			
Principal occupation (Optional)		Employer (Optional)	
Date 04/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison George	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code _____			
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/11/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Lee 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick McCord Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Cappel Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. Hastings Johnson Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianne Kilday Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/12/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry Phillips 6 Contributor address: _____ City: State; Zip Code	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louise Ratz Contributor address: _____ City: State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Watkins, Nichols, Sorrels, Matthews & Friend Contributor address: _____ City: State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Hines Contributor address: _____ City: State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Kang Contributor address: _____ City: State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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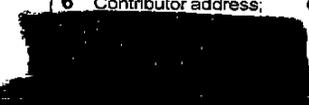
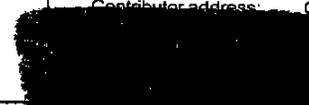
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/15/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Douglas Simpkins, Jr.	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzie Wilson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 04/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Bloss	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: _____ City: State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 04/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Bump	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: _____ City: State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 04/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Litton	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/17/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene Shepherd	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
4 Date 04/17/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurence Sikes	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
4 Date 04/17/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert G. Taylor, II, P.C.	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
4 Date 04/17/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allyson Weathers	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
4 Date 04/19/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Dunlop	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/19/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Gregory 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/19/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Strawn Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Ethun Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daisy White Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail Crawford Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Henderson 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Jewell Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Cornelius Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Harris Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Shaeffer Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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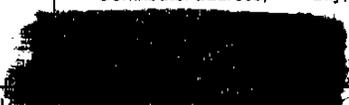
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charleen Baugh City: State; Zip Code	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol Gartsman Contributor address; City: State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W. Buckner Ogilvie, Jr. Contributor address; City: State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann Lepts Contributor address; City: State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Molly Lottridge Contributor address; City: State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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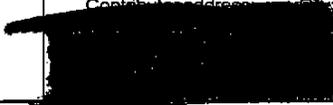
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/01/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Light 6 Contributor address; City: State; Zip Code 	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Harrell Contributor address; City: State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Michael Bell Contributor address; City: State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Frazier Contributor address; City: State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph C. Coley Contributor address; City: State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/12/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger E. King	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John R. Stroehlein	Amount of contribution (\$) \$655.00	In-kind contribution description (if applicable) Refreshments for reception
Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 05/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David C. Hull, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 05/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue and Ned Price	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) Refreshments for reception
Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 05/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles D. Maynard, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ 			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Hawkins Pengra 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessie J. Liedtke _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William R. and Gwen Francis _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$254.00	In-kind contribution description (if applicable) Luncheon at Carrabba's
Principal occupation (Optional)		Employer (Optional)	
Date 05/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neva C. Dawson _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Winter _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) Computers
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

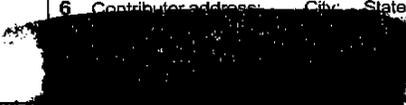
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/31/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane Wimberly 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Bowles Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$1,300.00	In-kind contribution description (if applicable) Computer & printer/fax
Principal occupation (Optional)		Employer (Optional)	
Date 06/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathi A. Jones Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marnie Hogan Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) Refreshments for reception
Principal occupation (Optional)		Employer (Optional)	
Date 06/03/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian S. Parsley, M.D. Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/04/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John B. Brock, III	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily A. Crosswell	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
_____ City: _____ State: _____ Zip Code: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 06/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn H. Cruse	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
_____ City: _____ State: _____ Zip Code: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 06/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Dehan	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
_____ City: _____ State: _____ Zip Code: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 06/04/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Ligon	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
_____ City: _____ State: _____ Zip Code: _____ 			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/04/03	5 Full name of contributor Wanda Schneck 6 City; State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/04/03	Full name of contributor Richard Smalling, M.D. City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/05/03	Full name of contributor John Barineau, III City; State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/05/03	Full name of contributor Ethel Dodge City; State; Zip Code	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/05/03	Full name of contributor J.A. Elkins, Jr. City; State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/05/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. II. Whilden, Jr. 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne E. Johnson Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel W. McCarty Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol P. Harper Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/09/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth H. MacIntyre Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

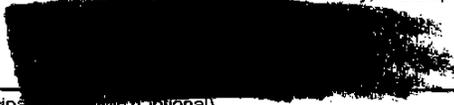
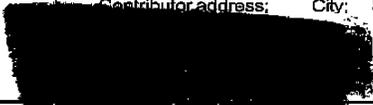
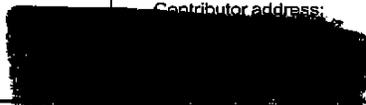
**SCHEDULE A1**  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/10/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas D. McNeese, II. 6 _____ State; Zip Code	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Titus H. Harris, Jr. _____ State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holm, Bambace, McCabe, L.L.P. _____ State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Thomas Contributor address: _____ City; State; Zip Code	Amount of contribution (\$) \$175.00	In-kind contribution description (if applicable) Reception
Principal occupation (Optional)		Employer (Optional)	
Date 06/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Woodson Contributor address: _____ City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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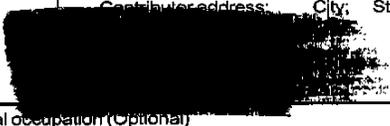
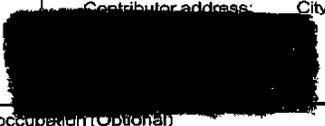
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/12/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson Partnership, Ltd. Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	7 Amount of contribution (\$) \$10,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin R. Knight Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles L. Lamme Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.C. Walter, III Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Guire Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$559.50	In-kind contribution description (if applicable) Web Design
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/16/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben F. Love	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan R. Buckwalter	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 06/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Hankamer, Jr.	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James E. Bashaw	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine M. Burdette	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A1**  
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/18/03	5 Full name of contributor John P. Fauntleroy City: State; Zip Code	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/18/03	Full name of contributor Staman Ogilvie City: State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/18/03	Full name of contributor Robert Orkin City: State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/18/03	Full name of contributor John R. Wallace City: State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/19/03	Full name of contributor Robert S. Bambace Contributor address; City: State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelaghmichael C. Brown	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E. H. Frank, III	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John P. Gaylord	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald L. Howell	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwynne E. Old	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
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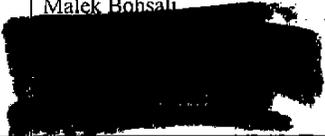
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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/24/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R. Onstcad Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew P. Rotan Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Almond Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia A. Bender Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Blades Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Blalock 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malek Bohsali Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc Boucher Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Brown Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John U. Clarke Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William M. Coats Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Eads Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Edward Gochman Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holm, Bambace, McCabe, L.L.P. Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Webb Jennings, III Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages this Schedule A1: <b>84</b>	
<b>2</b> FILER NAME <b>Pamela (Pam) Holm</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 06/25/03	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard W. Jochetz Contributor address: _____ City: _____ State: _____ Zip Code: _____	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin A. Kaplan Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Meadows Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Mace Meeks Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall Miller Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$1,290.63	In-kind contribution description (if applicable) Luncheon at Maggianos
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Mizell 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Pickard Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton Cooksey & Hanson, L.L.P. Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Swain Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Seale Watt Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas A. Wimberly 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm Wooten Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Partnership, LTD Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. Edwin Brooks Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom M. Davis, Jr. Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

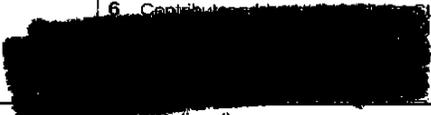
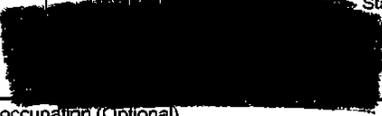
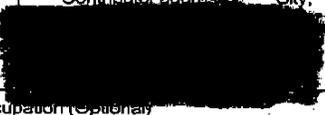
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	84
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/26/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T. H. Dinerstein 6 _____ State; Zip Code	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FKM Partnership, LTD _____ City; State; Zip Code	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph T. Hull _____ City; State; Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luel Partnership, LTD _____ City; State; Zip Code	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara A. Marshall Contributor address; _____ City; State; Zip Code	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 84	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/26/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Marshall 6 Contributor address: _____ State; Zip Code 	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald J. Welsh Contributor address: _____ State; Zip Code 	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William S. Banks, III, M.D. Contributor address: _____ State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis E. Brazelton, III Contributor address: _____ City; State; Zip Code 	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scot Ison Contributor address: _____ City; State; Zip Code 	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 84	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald E. Martin	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David P. Oelman	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri L. Thomas	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Bowles	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/28/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard J. Trabulsi, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>84</b>	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/30/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Barahal 6 _____ State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale C. Cheesman, Jr. _____ State; Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan H. Keefe _____ City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay and Max Watson _____ City; State; Zip Code	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; _____ City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**PLEGGED CONTRIBUTIONS**

**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1: 1	
2 FILER NAME <b>Pamela (Pam) Holm</b>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 0	
5 Date 2/28/03	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Home, Sr. 7 Pledgor address; City; State; Zip Code 2929 Allen Parkway, Suite 2100 Houston, TX 77056	8 Amount of pledge (\$) 250.00	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date 6/30/03	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Munding Pledgor address; City; State; Zip Code 3015 Caroline Houston, TX 77004	Amount of pledge (\$) 50.00	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: 18
<b>2</b> FILER NAME Pamela ( Pam) Holm		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 2/18/03	<b>5</b> Payee name Butrum & Associates .....	<b>7</b> Amount (\$)  4,000.00
<b>6</b> Payee address; City, State; Zip Code 952 Echo Lane, Suite 350 Houston, TX. 77024		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Consultant Fee		<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 2/19/03	Payee name Postmaster General .....	Amount (\$)  370.00
Payee address; City, State; Zip Code Weslayan Station Houston, TX. 77277-9998		
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 2/25/03	Payee name Butrum & Associates .....	Amount (\$)  2,500.00
Payee address; City, State; Zip Code 952 Echo Lane, Suite 350 Houston, TX. 77024		
Purpose of payment (See instructions regarding type of information required.) Consultant Fee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 3/11/03	Payee name Magic Circle Republican Women's Club .....	Amount (\$)  100.00
Payee address; City, State; Zip Code 5201 Austin Houston, TX. 77004		
Purpose of payment (See instructions regarding type of information required.) Directory Advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
18

2 FILER NAME  
Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/12/03	5 Payee name Peter Boyle Graphic Design 6 Payee address; City; State; Zip Code 3921 Austin Street Houston, TX. 77004	7 Amount (\$) 2,325.00
-------------------	--	---------------------------

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

Date 3/12/03	Payee name Butrum & Associates Payee address; City; State; Zip Code 952 Echo Lane, Suite 350 Houston, TX. 77024	Amount (\$) 4,500.00
-----------------	---	-------------------------

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

Date 3/12/03	Payee name Janet Carr Payee address; City; State; Zip Code 3936 Riley Houston, TX. 77005	Amount (\$) 500.00
-----------------	--	-----------------------

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

Date 3/17/03	Payee name Butrum & Associates Payee address; City; State; Zip Code 952 Echo Lane, Suite 350 Houston, TX. 77024	Amount (\$) 138.70
-----------------	---	-----------------------

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

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 18
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/17/03	5 Payee name House of Coleman 6 Payee address; City; State; Zip Code 901 West Alabama Houston, TX. 77006	7 Amount (\$) 1,422.41
8 Purpose of payment (See instructions regarding type of information required.) Printing		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3/19/03	Payee name U.S. Postmaster Payee address; City; State; Zip Code Weslayan Station Houston, TX. 77277-9998	Amount (\$) 740.00
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 3/20/03	Payee name Bank of America Payee address; City; State; Zip Code P.O. Box 25118 Tampa, FL. 33622-5118	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Check order		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3/26/03	Payee name Encore Communications Payee address; City; State; Zip Code 1501 Oxford Houston, TX. 77008	Amount (\$) 1,250.00
Purpose of payment (See instructions regarding type of information required.) Consulting Fee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 18
<b>2</b> FILER NAME Pamela (Pam) Holm		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 3/31/03	<b>5</b> Payee name Laura Lightfoot <b>6</b> Payee address; City; State; Zip Code 1211 Wood Hollow #14206 Houston, TX. 77057	<b>7</b> Amount (\$)  1,000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign labor		<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 4/1/03	Payee name Laura Lightfoot Payee address; City; State; Zip Code 1211 Wood Hollow #14206 Houston, TX. 77057	Amount (\$)  88.06
Purpose of payment (See instructions regarding type of information required.) Reimbursement, postage, supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 4/14/03	Payee name Laura Lightfoot Payee address; City; State; Zip Code 1211 Wood Hollow #14206 Houston, TX. 77057	Amount (\$)  1,000.00
Purpose of payment (See instructions regarding type of information required.) Campaign labor		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 4/17/03	Payee name Butrum & Associates Payee address; City; State; Zip Code 952 Echo Lane, Suite 350 Houston, TX. 77057	Amount (\$)  5,209.75
Purpose of payment (See instructions regarding type of information required.) Consulting fee, printing, copying		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
18

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/17/03

5 Payee name

Laura Lightfoot

6 Payee address; City; State; Zip Code

1211 Wood Hollow # 14206  
Houston, TX. 77057

7

Amount (\$)

10.36

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

Reimbursement - supplies

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

Candidate / Officeholder name Office sought Office held

Date

4/21/03

Payee name

Janet Carr

Payee address; City; State; Zip Code

3936 Riley  
Houston, TX. 77005

Amount (\$)

500.00

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

Campaign Financial services

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

Candidate / Officeholder name Office sought Office held

Date

4/25/03

Payee name

Laura Lightfoot

Payee address; City; State; Zip Code

1211 Wood Hollow #14206  
Houston, TX. 77057

Amount (\$)

510.00

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

Campaign labor

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

Candidate / Officeholder name Office sought Office held

Date

4/25/03

Payee name

U.S. Postal Service

Payee address; City; State; Zip Code

2802 Timmons  
Houston, TX. 77027

Amount (\$)

74.00

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

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

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule F:  
18

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

<b>4</b> Date 4/26/03	<b>5</b> Payee name Lindsey Jones <b>6</b> Payee address; City; State; Zip Code 5926 Stones Throw Houston, TX. 77057	<b>7</b> Amount (\$)  60.88
--------------------------	--	-----------------------------------

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

Date 4/28/03	Payee name Office Depot Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX. 77098	Amount (\$)  127.94
-----------------	--	---------------------------

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 4/29/03	Payee name Office Depot Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX. 77098	Amount (\$)  36.20
-----------------	--	--------------------------

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 4/30/03	Payee name Office Depot Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX. 77098	Amount (\$)  41.61
-----------------	--	--------------------------

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:  
18

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

4 Date	5 Payee name	7 Amount (\$)
5/2/03	Whitney Bowles 6 Payee address; City; State; Zip Code 2606 Mid Lane Houston, TX. 77027	544.00

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

Date	Payee name	Amount (\$)
5/2/03	Whitney Bowles Payee address; City; State; Zip Code 2606 Mid Lane Houston, TX. 77027	38.18

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

Date	Payee name	Amount (\$)
5/2/03	Janet Carr Payee address; City; State; Zip Code 3936 Riley Houston, TX. 77005	18.32

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

Date	Payee name	Amount (\$)
5/2/03	Post. Net Payee address; City; State; Zip Code 5773 Woodway Drive Houston, TX. 77057	105.00

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

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 18
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/8/03	5 Payee name Kinko's 6 Payee address; City; State; Zip Code 2901 West Loop South Houston, TX. 77027	7 Amount (\$)  23.81
8 Purpose of payment (See instructions regarding type of information required.) Copies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 5/15/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 2606 Mid Lane Houston, TX. 77027	Amount (\$)  139.02
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 5/15/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 2606 Mid Lane Houston, TX. 77027	Amount (\$)  1,500.00
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 5/15/03	Payee name Butrum & Associates Payee address; City; State; Zip Code 952 Echo Lane, Suite 350 Houston, TX. 77024	Amount (\$)  4,045.63
Purpose of payment (See instructions regarding type of information required.) Consulting fee, Printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages Schedule F:

18

**2** FILER NAME

Pamela (Pam) Holm

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

**4** Date

5/16/03

**5** Payee name

Peter Boyle

**6** Payee address; City; State; Zip Code

3921 Austin Street  
Houston, TX. 77004

**7** Amount (\$)

554.12

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

Graphic Design

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

Date

5/16/03

Payee name

Chuck Holm

Payee address; City; State; Zip Code

211 Wynden Crescent  
Houston, TX. 77056

Amount (\$)

3,180.47

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

Reimbursement - kick off event

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

Date

5/19/03

Payee name

Post Net

Payee address; City; State; Zip Code

5773 Woodway Drive  
Houston, TX. 77057

Amount (\$)

80.00

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

5/20/03

Payee name

Chuck Holm

Payee address; City; State; Zip Code

211 Wynden Crescent  
Houston, TX. 77056

Amount (\$)

90.93

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

Reimbursement - Mailhouse fee

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

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

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule F:  
18

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

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
5/20/03	U.S. Postmaster <b>6</b> Payee address; City; State; Zip Code Weslayan Station Houston, TX. 77277-9998	700.00

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

Date	Payee name	Amount (\$)
5/20/03	Office Depot Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX. 77098	119.25

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	Payee name	Amount (\$)
5/20/03	Office Depot Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX. 77098	80.97

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	Payee name	Amount (\$)
5/22/03	Kinko's Payee address; City; State; Zip Code 2901 West Loop South Houston, TX. 77027	45.44

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 18
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/22/03	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 8202 Kirby Drive Houston, TX. 77054	7 Amount (\$)  115.77
8 Purpose of payment (See instructions regarding type of information required.) Telephones		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 5/22/03	Payee name Kinko's Payee address; City; State; Zip Code 2901 West Loop South Houston, TX. 77027	Amount (\$)  144.51
Purpose of payment (See instructions regarding type of information required.) Printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 5/22/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 2606 Mid Lane Houston, TX. 77027	Amount (\$)  129.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement - supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 5/22/03	Payee name Briargrove PTO Payee address; City; State; Zip Code 5932 Bayou Glen Houston, TX. 77057	Amount (\$)  100.00
Purpose of payment (See instructions regarding type of information required.) Event Advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

18

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/26/03

5 Payee name

Lowe's

6 Payee address; City; State; Zip Code

9640 Old Katy Road  
Houston, TX. 770057 Amount  
(\$)

191.89

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

Office Equipment

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

Candidate / Officeholder name Office sought Office held

Date

5/26/03

Payee name

Office Depot

Payee address; City; State; Zip Code

6225 W. Northwest Boulevard  
Houston, TX. 77040Amount  
(\$)

103.60

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

5/30/03

Payee name

Office Depot

Payee address; City; State; Zip Code

3443 Kirby Drive  
Houston, TX. 77098Amount  
(\$)

50.71

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

5/30/03

Payee name

Peter Boyle Graphic Design

Payee address; City; State; Zip Code

P.O. Box 667247  
Houston, TX. 77266Amount  
(\$)

2,928.18

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

Graphics &amp; design fees

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

Candidate / Officeholder name Office sought Office held

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 18
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/31/03	5 Payee name Whitney Bowles 6 Payee address; City; State; Zip Code 2606 Mid Lane Houston, TX. 77027	7 Amount (\$) 48.30
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement - mileage		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/31/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 2606 Mid Lane Houston, TX. 77027	Amount (\$) 1,500.00
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 6/2/03	Payee name Office Depot Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX. 77098	Amount (\$) 21.89
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 6/3/03	Payee name Office Depot Payee address; City; State; Zip Code 6225 W. Northwest Blvd. Houston, TX. 77040	Amount (\$) 35.66
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: 18
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/4/03	5 Payee name Katnor Realty 6 Payee address; City; State; Zip Code c/ Fuller Realty Partners 2425 W. Loop South, Suite 300 Houston, TX. 77027	7 Amount (\$) 200.00
8 Purpose of payment (See instructions regarding type of information required.) Office Rent		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6/4/03	Payee name Texas Art Supply Payee address; City; State; Zip Code 2237 S. Voss Houston, TX. 77057	Amount (\$) 36.69
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 6/5/03	Payee name U.S. Postal Service Payee address; City; State; Zip Code 2802 Timmons Lane Houston, TX. 77027	Amount (\$) 185.00
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 6/6/03	Payee name SBC Payee address; City; State; Zip Code P.O. Box 441, Rm. 101 Corpus Christi, TX. 78401	Amount (\$) 779.94
Purpose of payment (See instructions regarding type of information required.) Phone Service Set-up		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 18
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/11/03	5 Payee name HRH 6 Payee address; City; State; Zip Code 1155 Dairy Ashford, Ste. 350 Houston, TX. 77079	7 Amount (\$) 929.26
8 Purpose of payment (See instructions regarding type of information required.) Office Liability Insurance		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6/14/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Dr. #11105 Houston, TX. 77007	Amount (\$) 1,500.00
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 6/14/03	Payee name Circuit City Payee address; City; State; Zip Code 4500 San Felipe Houston, TX. 77027	Amount (\$) 1,542.43
Purpose of payment (See instructions regarding type of information required.) Computer and printer for Campaign office		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6/14/03	Payee name Office Depot Payee address; City; State; Zip Code 7519 Westheimer Road Houston, TX. 77063	Amount (\$) 105.05
Purpose of payment (See instructions regarding type of information required.) Filing cabinet - 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: 18
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/18/03	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code 5750 Woodway Drive Houston, TX. 77057	7 Amount (\$)  555.00
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 6/19/03	Payee name Rita Aron Payee address; City; State; Zip Code 208 Wynden Crescent Houston, TX. 77056	Amount (\$)  27.60
Purpose of payment (See instructions regarding type of information required.)  Reimbursement - Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 6/19/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights Drive, #11105 Houston, TX 77007	Amount (\$)  111.36
Purpose of payment (See instructions regarding type of information required.)  Reimbursement-Phone, Mileage, Misc. Parking		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 6/19/03	Payee name Office Depot Payee address; City; State; Zip Code 7519 Westheimer Houston, TX. 77063	Amount (\$)  53.42
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:  
18

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

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
6/25/03	Abbot's Mailing Service <b>6</b> Payee address; City; State; Zip Code 7070 W. 43rd #101 Houston, TX. 77092	55.00

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

Date	Payee name	Amount (\$)
6/26/03	Office Depot Payee address; City; State; Zip Code on line website	106.35

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

Date	Payee name	Amount (\$)
6/26/03	Office Depot Payee address; City; State; Zip Code 7519 Westheimer Road Houston, TX. 77063	44.32

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	Payee name	Amount (\$)
6/27/03	House of Coleman, Inc. Payee address; City; State; Zip Code 901 W. Alabama Houston, TX. 77006	215.42

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule F: 18
<b>2</b> FILER NAME Pamela (Pam) Holm		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 6/30/03	<b>5</b> Payee name Whitney Bowles <b>6</b> Payee address; City; State; Zip Code 615 Memorial Heights Drive #11105 Houston, TX. 77007	<b>7</b> Amount (\$) 1,500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign management		<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	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
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
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

**2** FILER NAME

Pamela (Pam) Holm

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

**4** Date  
2/14/03

**5** Payee name

SBC E-Services

**6** Payee address; City; State; Zip Code

(online website)

**8** Amount  
(\$)

124.95

**7** Purpose of expenditure (See instructions regarding type of information required.)

Website Fee

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.)

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.)

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.)

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.)

Reimbursement  
from political  
contributions  
intended

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