

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:

23

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.
NICKNAME

Pamela
LAST

N.
SUFFIX

Pam

Holm

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5773 Woodway Drive, PMB 293
Houston, TX 77057

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 621-4328

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.
NICKNAME

Charles
LAST

B.
SUFFIX

Chuck

Holm

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5773 Woodway Drive, PMB 293 Houston, TX 77057

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 621-4328

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

9 / 26 / 03

10 / 25 / 03

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 04 / 03

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District G

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

Pamela (Pam) Holm

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ -0-

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

\$ 21,392.30

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 89,836.38

CONTRIBUTION BALANCE

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

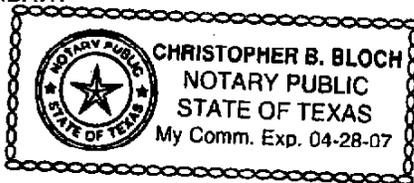
\$ 50,272.53

OUTSTANDING LOAN TOTALS

6. 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.

Pam Holm

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pam Holm, this the 27th day of Oct, 20 03, to certify which, witness my hand and seal of office.

Christopher B Bloch Christopher B Bloch Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION Guide explains how to complete this form.		1 Total pages this Schedule A: 1 of 11	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/29/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. & Mrs. Paul Meyer	7 Amount of contribution (\$) \$ 300.00	8 In-kind contribution description (if applicable)
6 Contributor address City: State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Connie Smith	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable) party refreshments, invitations
Contributor address City: State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ms. Alice Cook	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address City: State; Zip Code Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rita Tucker Wright	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Contributor address City: State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Len Slusser	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable) photo session
Contributor address City: State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 2 of 11	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/02/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ric Campo 6 Contributor address: City; State; Zip Code Houston, TX 77024	7 Amount of contribution (\$) \$ 1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joan Alexander Contributor address: City; State; Zip Code Houston, TX 77024	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James M. Hinton, Sr. Contributor address: City; State; Zip Code Houston, TX 77007	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Senglemann Contributor address: City; State; Zip Code Houston, TX 77007	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Al Jensen Contributor address: City; State; Zip Code Houston, TX 77007	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3 of 11	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/02/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Kaufman	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David J. Graham	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul W. Hobby	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brant B. Williams	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Townsend	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:
4 of 11

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/03/03

5 Full name of contributor out-of-state PAC (ID#:
JW and Willie Jordan

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City; State; Zip Code

\$ 500.00

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date
10/03/03

Full name of contributor out-of-state PAC (ID#:
Maureen Clemons

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

\$ 100.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/05/03

Full name of contributor out-of-state PAC (ID#:
Max P. Watson, Jr.

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

\$ 980.00

catering, beverages
staff

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/05/03

Full name of contributor out-of-state PAC (ID#:
Larry Veselka

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

\$ 250.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/07/03

Full name of contributor out-of-state PAC (ID#:
Richard W. Weekley

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

\$ 1,000.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 5 of 11	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack S. Blanton, Sr.	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penny Butler	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Bechtol	Amount of contribution (\$) \$ 99.00	In-kind contribution description (if applicable) party refreshments, invitations
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Wilcox	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.L. Ballard	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:
6 of 11

2 FILER NAME
Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/14/03

5 Full name of contributor out-of-state PAC (ID#: _____)
Roland Garcia

7 Amount of contribution (\$)
\$ 250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
Houston, TX 77010

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date
10/14/03

Full name of contributor out-of-state PAC (ID#: _____)
Chuck Sweetman

Amount of contribution (\$)
\$ 200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/16/03

Full name of contributor out-of-state PAC (ID#: _____)
James E. Cowther

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/16/03

Full name of contributor out-of-state PAC (ID#: _____)
J.R. Houck, Jr.

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/16/03

Full name of contributor out-of-state PAC (ID#: _____)
Harry Glauser

Amount of contribution (\$)
\$ 300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 7 of 11	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/16/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael S. Hays	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/16/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James G. Blain	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franci N. Crane	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. Byron Snyder, III	Amount of contribution (\$) \$ 375.00	In-kind contribution description (if applicable) invitations, postage, refreshments
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats, Rose PAC	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 Total pages this Schedule A:
8 of 11

2 FILER NAME
Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/20/03

5 Full name of contributor out-of-state PAC (ID#: _____)
Frank Harmon

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 1,000.00

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date
10/20/03

Full name of contributor out-of-state PAC (ID#: _____)
W. Dickson Yale, Jr.

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 1,000.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/20/03

Full name of contributor out-of-state PAC (ID#: _____)
R. Richard Kilday

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 500.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/20/03

Full name of contributor out-of-state PAC (ID#: _____)
Dan M. Moody, III

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 500.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/20/03

Full name of contributor out-of-state PAC (ID#: _____)
Gerald M. Brady

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 200.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 9 of 11	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claude F. Wynn	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg N. Martin	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/TX Association of Realtors	Amount of contribution (\$) \$ 818.30	In-kind contribution description (if applicable) invitations, refreshments, staff
Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Harper	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Harper, III	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A:
10 of 11

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

4 Date 10/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John S. Arnoldy	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions)

Date 10/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Klein	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			

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

Date 10/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox Nunnally	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			

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

Date 10/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Talbert	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			

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

Date 10/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafiq W. Kombargi	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11 of 11	
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aubrey M. Farb	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Wise	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eugene Werlin, Jr.	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/10
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/5/03	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 7512 Westheimer Houston, TX 77063	7 Amount (\$) \$90.36
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/30/03	Payee name Whitney Bowles Payee address; City; State; Zip Code 616 Memorial Heights #11105 Houston, TX 77007	Amount (\$) \$2000.00
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 10/3/03	Payee name US Postmaster Payee address; City; State; Zip Code 2802 Timmons Houston, TX 77027	Amount (\$) \$370.00
Purpose of payment (See instructions regarding type of information required.) Postage	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/3/03	Payee name National Mail Advertising Payee address; City; State; Zip Code 2299 White Street Houston, TX 77007	Amount (\$) \$17,196.00
Purpose of payment (See instructions regarding type of information required.) Mail piece printing	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
2/10

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/3/03

5 Payee name

Office Depot

7 Amount (\$)

46.33

6 Payee address; City; State; Zip Code

7519 Westheimer
Houston, TX 77063

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

Office Supplies

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

Candidate / Officeholder name Office sought Office held

Date

10/3/03

Payee name

US Postmaster

Amount (\$)

15,000.00

Payee address; City; State; Zip Code

c/o/2299 White Street
Houston, TX 77007

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

Mail piece postage

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

Candidate / Officeholder name Office sought Office held

Date

10/6/03

Payee name

Office Depot

Amount (\$)

32.95

Payee address; City; State; Zip Code

7519 Westheimer
Houston, TX 77063

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

Office Supplies

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

Candidate / Officeholder name Office sought Office held

Date

10/7/03

Payee name

International Mail Systems

Amount (\$)

1110.52

Payee address; City; State; Zip Code

815 Live Oak
Houston, TX 77003

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

Sorting & postage

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3/10
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/7/03	5 Payee name Adam's Mark Hotel 6 Payee address; City; State; Zip Code 2900 Briarpark Houston, TX 77042	7 Amount (\$) 299.88
8 Purpose of payment (See instructions regarding type of information required.) Breakfast meeting		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/8/03	Payee name Adam's Mark Hotel Payee address; City; State; Zip Code 2900 Briarpark Houston, TX 77042	Amount (\$) 258.50
Purpose of payment (See instructions regarding type of information required.) Breakfast meeting		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/8/03	Payee name Pathfinder Marketing Payee address; City; State; Zip Code 4030 Harwood Sugar Land, TX 77479	Amount (\$) 12,640.00
Purpose of payment (See instructions regarding type of information required.) Radio Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/9/03	Payee name Atiwa Computing Payee address; City; State; Zip Code 1003 Wirt Road Ste. 100 Houston, TX 77055	Amount (\$) 422.18
Purpose of payment (See instructions regarding type of information required.) Equipment rental		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
4/10

2 FILER NAME

Pamela(Pam) Holm

3 ACCOUNT # (Ethics Commission files)

4 Date

10/10/03

5 Payee name

US Postmaster

7 Amount (\$)

555.00

6 Payee address; City; State; Zip Code

2802 Timmons
Houston, TX 77027

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

Postage

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

Date

10/13/03

Payee name

Phyllis Spittler

Amount (\$)

25.00

Payee address; City; State; Zip Code

5051 Westheimer, Ste. 600
Houston, TX 77056

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

Event ticket

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

Date

10/15/03

Payee name

National Mail Advertising

Amount (\$)

8363.00

Payee address; City; State; Zip Code

2299 White Street
Houston, TX 77007

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

Mail piece printing& sorting

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

Date

10/15/03

Payee name

US Postmaster

Amount (\$)

6180.00

Payee address; City; State; Zip Code

c/o 2299 White Street
Houston, TX 77007

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

Mail piece postage

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5/10
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission Uses)
4 Date 10/15/03	5 Payee name Whitney Bowles 6 Payee address: City; State; Zip Code 616 Memorial Heights #11105 Houston, TX 77007	7 Amount (\$) 2000.00
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 10/16/03	Payee name Calle Mio/Ralph Garcia Payee address: City; State; Zip Code 2810 Leeland Street Houston, TX 77003	Amount (\$) 452.00
Purpose of payment (See instructions regarding type of information required.) Campaign signs	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/16/03	Payee name Copy.com Payee address: City; State; Zip Code 1201-F Westheimer Houston, TX 77006	Amount (\$) 37.63
Purpose of payment (See instructions regarding type of information required.) Copies	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/17/03	Payee name Office Max Payee address: City; State; Zip Code 1576 W. Gray Houston, TX 77019	Amount (\$) 55.68
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	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
6/10**2** FILER NAME

Pamela (Pam) Holm

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

10/17/03

5 Payee name

Peter Boyle Graphic Design

7 Amount
(\$)

324.00

6 Payee address; City; State; Zip CodePO Box 667247
Houston, TX 77266-7247**8** Purpose of payment (See instructions regarding type of information required.)

Graphics design

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

Candidate / Officeholder name Office sought Office held

Date

10/17/03

Payee name

Career Placement Temporaries

Amount
(\$)

526.23

Payee address; City; State; Zip Code

4444 Richmond
Houston, TX 77027

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

Administrative staff

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

Candidate / Officeholder name Office sought Office held

Date

10/17/03

Payee name

Sound Works

Amount
(\$)

735.78

Payee address; City; State; Zip Code

4801 Woodway, Ste. 355W
Houston, TX 77056

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

Radio production

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

Candidate / Officeholder name Office sought Office held

Date

10/17/03

Payee name

Printing Communications Assoc.

Amount
(\$)

979.67

Payee address; City; State; Zip Code

5601 Central Crest
Houston, TX 77092

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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

1 Total pages Schedule F:
7/10

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/03

5 Payee name

International Mailing Systems
6 Payee address; City; State; Zip Code
 PO Box 230229
 Houston, TX 77223-0229

7 Amount (\$)

251.28

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

Sorting & postage costs

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

Candidate / Officeholder name Office sought Office held

Date

10/17/03

Payee name

Verizon Wireless
 Payee address; City; State; Zip Code
 PO Box 773600
 Houston, TX 77215-3600

Amount (\$)

113.53

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

Telephone service

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

Candidate / Officeholder name Office sought Office held

Date

10/17/03

Payee name

SBC
 Payee address; City; State; Zip Code
 PO Box 441
 Corpus Christi, TX 78401

Amount (\$)

213.76

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

Telephone service

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

Candidate / Officeholder name Office sought Office held

Date

10/17/03

Payee name

National Mail Advertising
 Payee address; City; State; Zip Code
 2299 White Street
 Houston, TX 77007

Amount (\$)

4076.35

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

Printing & sorting costs

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction guide explains how to complete this form.		1 Total pages Schedule F: 8/10
2 FILER NAME Pamela (Pam) Holm		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/22/03	5 Payee name Omni Information Services 6 Payee address; City; State; Zip Code 2707 Janet Court Lane Pearland, TX 77581	7 Amount (\$) 1305.60
8 Purpose of payment (See instructions regarding type of information required.) Telemarketing costs	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/22/03	Payee name Atiwa Computing Inc. Payee address; City; State; Zip Code 1003 Wirt Road, Ste. 100 Houston, TX 77055	Amount (\$) 211.09
Purpose of payment (See instructions regarding type of information required.) Equipment rental	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/23/03	Payee name National Mail Advertising Payee address; City; State; Zip Code 2299 White Street Houston, TX 77007	Amount (\$) 4274.00
Purpose of payment (See instructions regarding type of information required.) Mail piece printing	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/23/03	Payee name US Postmaster Payee address; City; State; Zip Code c/o 2299 White Street Houston, TX 77007	Amount (\$) 1880.00
Purpose of payment (See instructions regarding type of information required.) Mail piece postage	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

9/10

2 FILER NAME

Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission files)

4 Date

10/24/03

5 Payee name

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

7 Amount (\$)

136.94

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

Reimbursement- mileage, phone

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

Candidate / Officeholder name Office sought Office held

Date

10/24/03

Payee name

Kathryn McNiell
 Payee address; City; State; Zip Code
 PO Box 131835
 Houston, TX 77219

Amount (\$)

901.38

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

Reimbursement- printing, copies, meeting supplies

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

Candidate / Officeholder name Office sought Office held

Date

10/24/03

Payee name

Kathryn McNiell
 Payee address; City; State; Zip Code
 PO Box 131835
 Houston, TX 77219

Amount (\$)

2500.00

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

10/24/03

Payee name

Career Placement Temporaries
 Payee address; City; State; Zip Code
 4444 Richmond
 Houston, TX 77027

Amount (\$)

471.98

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

Administrative staff

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
10/10

2 FILER NAME
Pamela (Pam) Holm

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/24/03

5 Payee name
International Mailing Systems

7 Amount (\$)
979.62

6 Payee address; City; State; Zip Code
PO Box 230229
Houston TX 77223-0229

8 Purpose of payment (See instructions regarding type of information required.)
Sorting & postage costs

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

Date
10/24/03

Payee name
International Mailing Systems

Amount (\$)
284.02

Payee address; City; State; Zip Code
PO Box 230229
Houston, TX 77223-0229

Purpose of payment (See instructions regarding type of information required.)
Sorting & postage costs

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

Date
10/24/03

Payee name
Booker Industries

Payee address; City; State; Zip Code
5415 Maple Ave, Ste 230
Dallas, TX 75235

Amount (\$)
2,529.62

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

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

Date
10/24/03

Payee name
Angela Young

Payee address; City; State; Zip Code
1115 Avenue H
Galveston, TX 77550

Amount (\$)
6.50

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED