

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: **Mr.** FIRST: **Jim** MI: \_\_\_\_\_  
 NICKNAME: \_\_\_\_\_ LAST: **Foster** SUFFIX: \_\_\_\_\_

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: \_\_\_\_\_ APT / SUITE #: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 Change of Address **Dallas TX 75208**

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: **Mr.** FIRST: **Brant** MI: \_\_\_\_\_  
 NICKNAME: \_\_\_\_\_ LAST: **Pierce** SUFFIX: \_\_\_\_\_

**7 CAMPAIGN TREASURER ADDRESS** (Residence or business)  
 STREET ADDRESS (NO PO BOX PLEASE): \_\_\_\_\_ APT / SUITE #: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
**Dallas TX 75224**

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

**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: **7 1 07** THROUGH Month Day Year: **12 31 07**

**11 ELECTION**  
 ELECTION DATE: Month Day Year: \_\_\_\_\_ ELECTION TYPE:  
 Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any): **Dallas County Judge** **13 OFFICE SOUGHT** (if known): \_\_\_\_\_

**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

**OFFICE USE ONLY**

Date Received: **08 JAN 15 04:14**

Date Hand Delivered: \_\_\_\_\_ Date Postmarked: \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date Imaged: \_\_\_\_\_

**FILED**  
 JOHN F. WARREN  
 COUNTY CLERK  
 DALLAS COUNTY

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

15 C/OH NAME Jim Foster 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. \*\*

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2500 —
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 336.59
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,746.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,425.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

19 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Jim Foster  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jim Foster, this the 11 day of January, 2008, to certify which, witness my hand and seal of office.

Misty R. Simmons Printed name of officer administering oath  
Misty R. Simmons Signature of officer administering oath  
Notary Public Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1**

2 FILER NAME  
**Jim Foster**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/3/07**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Metro Tex Assn. of Realtors**  
6 Contributor address; City; State; Zip Code  
**[REDACTED]**

7 Amount of contribution (\$) **2500.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$) In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$) In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$) In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$) In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

N/A

2 FILER NAME

Jim Foster

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>N/A</b>	
2 FILER NAME <b>Jim Foster</b>		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS:    ←    →    ↵    ⇨    ⇩    ⇧    \$			
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)		9 Loan Amount (\$)
6 Is lender a financial institution?  Y      N	8 Lender address;    City;    State;    Zip Code		10 Interest rate
12 Principal occupation / Job title (See Instructions)			11 Maturity date
13 Employer (See Instructions)			
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
17 Guarantor address;    City;    State;    Zip Code			
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)		Loan Amount (\$)
Is lender a financial institution?  Y      N	Lender address;    City;    State;    Zip Code		Interest rate
Principal occupation / Job title (See Instructions)			Maturity date
Employer (See Instructions)			
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address;    City;    State;    Zip Code			
Principal Occupation		Employer	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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