

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Jim MI NICKNAME LAST Foster SUFFIX	OFFICE USE ONLY Date Received 2008 JAN -8 PM 3:25 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE PO Box 4736 Dallas TX 75208		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 214) 653-7949		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST Brant SUFFIX Pierce		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 3750 Cripple Creek Dallas TX 75224		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 214) 333-9968		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 6 / 1 / 08 12 / 31 / 08		
11 ELECTION	ELECTION DATE Month / Day / Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) County Judge	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box, Apt. / Suite #, City, State, Zip Code		

RECEIVED FOR FILING
ELECTIONS DEPARTMENT
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 Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

18 CONTRIBUTION TOTALS

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

\$ -0-

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

\$ 1,000

EXPENDITURE TOTALS

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

\$ 216

4. TOTAL POLITICAL EXPENDITURES

\$ 2,373

CONTRIBUTION BALANCE

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

\$ 4,045

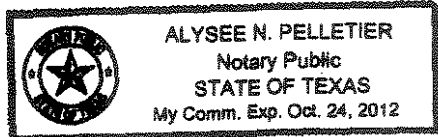
OUTSTANDING LOAN TOTALS

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.



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 8 day of January, 2009, to certify which, witness my hand and seal of office.

Alysee Pelletier
Signature of officer administering oath

Alysee Pelletier
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 01	
2 FILER NAME Jim Foster		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-6-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas County Medical Society	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 140 E. 12th Street Dallas TX 75203		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PAC		10 Employer (See Instructions)	
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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
		(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.

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME
Jim Foster

3 ACCOUNT # (Ethics Commission filers)

4 Date 07-08-08	5 Payee name Metro PCS 6 Payee address; City; State; Zip Code PO Box 601119. Dallas TX 75360	7 Amount (\$) 54.80
---------------------------	---	-------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Phone <i>(If travel outside of Texas, complete Schedule T)</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 08-08-08	Payee name Metro PCS Payee address; City; State; Zip Code PO Box 601119 Dallas TX 75360	Amount (\$) 55.44
-------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Phone <i>(If travel outside of Texas, complete Schedule T)</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 10-01-08	Payee name Dallas Black Tie Foundation Payee address; City; State; Zip Code Dallas TX	Amount (\$) 600
-------------------------	--	---------------------------

Purpose of payment (See instructions regarding type of information required.) Donation <i>(If travel outside of Texas, complete Schedule T)</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 10-06-08	Payee name Stonewall Democrats Payee address; City; State; Zip Code 4209 Perry Ave Dallas TX 75223	Amount (\$) 125
-------------------------	---	---------------------------

Purpose of payment (See instructions regarding type of information required.) Donation <i>(If travel outside of Texas, complete Schedule T)</i>	-- 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 FILER NAME **Jim Foster** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10-22-08	5 Payee name Dallas County Democratic Party 6 Payee address; City; State; Zip Code 4209 Perry Ave. Dallas TX 75223	7 Amount (\$) 1,000
--------------------	--	------------------------

8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 12-02-08	Payee name Walmart Payee address; City; State; Zip Code USA	Amount (\$) 146.14
------------------	---	-----------------------

Purpose of payment (See instructions regarding type of information required.) Christmas Cards (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 12-09-08	Payee name Dorothy Dean Payee address; City; State; Zip Code 1504 Russell Glen. Dallas TX 75232	Amount (\$) 500
------------------	---	--------------------

Purpose of payment (See instructions regarding type of information required.) Campaign Work (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 12-11-08	Payee name US Postal Svc. Payee address; City; State; Zip Code	Amount (\$) 210
------------------	---	--------------------

Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)	** 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 FILER NAME

Jim Foster

3 ACCOUNT # (Ethics Commission filers)

4 Date
12-16-08

5 Payee name
Stonewall Democrats of Dallas

7 Amount (\$)
250

6 Payee address; City; State; Zip Code
4209 Parry Ave Dallas TX 75223

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

Donation

(If travel outside of Texas, complete Schedule T)

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

Date
12-01-08

Payee name
Two Parners
Payee address; City; State; Zip Code
Dallas TX

Amount (\$)
67

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

Special Event Food

(If travel outside of Texas, complete Schedule T)

** 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.)

(If travel outside of Texas, complete Schedule T)

** 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.)

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED