Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5674

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR FIRST: CARL MI: W

NICKNAME LAST: JOINER SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: POB 1566 APT / SUITE #: CITY: LEANDER STATE: TX. ZIP CODE: 78646

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 259-2119 EXTENSION: CELL 563-3270

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS FIRST: VICKIE MI: L.

NICKNAME LAST: JOINER SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): POB 1566 APT / SUITE #: CITY: LEANDER STATE: TX. ZIP CODE: 78646

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 259-2119 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: 02 / 09 / 04 THROUGH Month Day Year: 02 / 29 / 04

11 ELECTION

ELECTION DATE Month Day Year: 03 / 09 / 04

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): CONSTABLE PCT. #2 TRAVIS

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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) $ 280 35

EXPENDITURE TOTALS

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

4. **TOTAL POLITICAL EXPENDITURES** $ 280 35

CONTRIBUTION BALANCE

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

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

PATRICIA I. CRAMER
Notary Public, State of Texas
My Commission Expires
FEBRUARY 10, 2006

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.

Carl Joiner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl Joiner, this the 1st day of March, 2004, to certify which, witness my hand and seal of office.

Patricia Cramer

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#: _____	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code		
9 Principal occupation / Job title (See instructions)	10 Employer (See instructions)		
Date	Full name of contributor ☐ out-of-state PAC ID#: _____	Amount of contribution ($)	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 ☐ out-of-state PAC ID#: _____	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		
Principal occupation / Job title (See instructions)	Employer (See instructions)		
Date	Full name of contributor ☐ out-of-state PAC ID#: _____	Amount of contribution ($)	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 ☐ 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.

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount of pledge ($)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		
10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

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

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

7 Name of lender ☐ 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

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address: City: State: Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount ($)

Is lender a financial institution? Y N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

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.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held	
Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address: City: State: Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address: City: State: Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address: City: State: Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address: City: State: Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) / ☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address: City: State: Zip Code	7 Amount ($)

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

Date	Business name Business 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	Business name Business 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	Business name Business 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address: City: State: Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Use)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder