

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**6600**

**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 MI  
CARL W  
NICKNAME LAST SUFFIX  
JOINER

OFFICE USE ONLY

Date Received  
Date Hand-delivered or Date Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

NOV 15 4:00 PM  
CLERK  
TRAVIS COUNTY TEXAS  
RECORD

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 259-2119

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
CARL W.  
NICKNAME LAST SUFFIX  
JOINER

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
24369 BINGHAM CREEK LEANDER TX. 78641

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 259-2119

9 REPORT TYPE

January 15  30th day before election  Final report (Attach C/OH - FR)  Exceeded \$500 limit  
 July 15  8th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
07/15/05 01/14/06

11 ELECTION

ELECTION DATE: Month Day Year  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

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 copies

GO TO PAGE 2

# 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  <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)

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION BALANCE

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

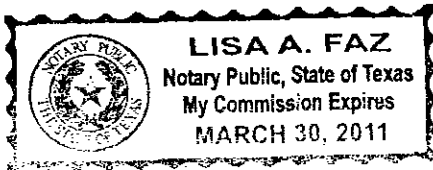
\$ 0

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.

*Carl Wade Joiner*  
Signature of Candidate or Officeholder

APPLY NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl Wade Joiner this the 15 day of November 07, to certify which, witness my hand and seal of office.

*Lisa A. Faz*  
Signature of officer administering oath

LISA A. FAZ  
Printed name of officer administering oath

Secretary  
Title of officer administering oath