

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

CARL W. JOINER

16 ACCOUNT # (Ethics Commission files)

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	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>100⁰⁰</i>
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

Carl Joiner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

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 Schedule A:	
2 FILER NAME CARL W. JOINER						3 ACCOUNT # (Ethics Commission filers)	
4 Date 12-20-07		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REESE DAVIS			7 Amount of contribution (\$) 50⁰⁰		8 In-kind contribution description (if applicable) CHECK # 1791
		6 Contributor address: City: State: Zip Code 201 WEST DR LEANDER TX 78641					
9 Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)			
Date 12-15-07		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL DAVIS			Amount of contribution (\$) 50⁰⁰		In-kind contribution description (if applicable) CHECK # 3643
		Contributor address: City: State: Zip Code 106 W. SOUTH ST. LEANDER TX 78641					
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)			
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.