FORM 7 GIFTS AND OTHER NON-CAMPAIGN CONTRIBUTIONS TO ELECTED STATE, COUNTY, AND MUNICIPAL OFFICERS 1988

LAST NAME — FIRST NAME — MIDDLE NAME			STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 1988	
Joyner, Thomas C.				
MAILING ADDRESS			NAME OF AGENCY	
P. O. Box 404			Reddick, Fla. City Council	
CITY	COUNTY	ZIP	DATE TERM BEGAN	DATE TERM EXPIRES
Reddick, Fl.	Marion	32686	4/89	4/91
OFFICE HELD			ELECTED OFFICE HELD IS:	
City Council Member			☐ STATE OFFICE ☐ COUNTY OFFICE ☒ MUNICIPAL OFFICE	

PART A — STATEMENT OF GIFTS, DONATIONS, OR PAYMENTS

Please list below each contribution, including any gift, donation, or payment, the value of which exceeds $100, received by you or on your behalf from any person, group, or organization, not otherwise required to be reported by Chapter 106, Florida Statutes. Any payment in excess of $100 to a dinner, barbeque, fish fry, or other such event shall likewise be deemed a contribution. You are not required to disclose a gift representing an expression of sympathy and having no material benefit or a bona fide gift for personal use from your parents, children, grandparents, grandchildren; brothers, sisters, uncles, aunts, nephews, nieces, great-grandparents and great-grandchildren. Nor must you list honorary membership in social, service, or fraternal organizations which were presented as a courtesy by such organizations. Legislators need not disclose complimentary parking privileges provided by an airport authority. [Required by Sec. 111.011, Fla. Stat.]

DATE RECEIVED	CONTRIBUTOR	ADDRESS OF CONTRIBUTOR	CONTRIBUTION
	N/A		

SUPERVISOR OF ELECTIONS MARION COUNTY, FLA. 89 JUL 19 AM 11:11

☐ CHECK IF CONTINUED ON SEPARATE SHEET

PART B — EXPENDITURES OR OTHER DISPOSITION OF GIFTS, DONATIONS, OR PAYMENTS

If any payment or disposition is made from the gifts, donations or payments listed above, please list below the name and address of each person who received such a payment or disposition.

DATE OF EXPENDITURE	NAME OF RECIPIENT	ADDRESS OF RECIPIENT	EXPENDITURE OR DISPOSITION
	N/A		

☐ CHECK IF CONTINUED ON SEPARATE SHEET

PART C — OATH

I, the public officer whose name appears at the beginning of this form, do depose on oath and say that the information disclosed herein and on any attachments hereto constitutes a true, accurate, and total listing of all contributions, expenditures, and distributions required to be reported by Section 111.011, Florida Statutes.

STATE OF FLORIDA
COUNTY OF Marion

The signature of the public officer whose financial interests are disclosed herein was sworn to and subscribed before me this 12th day of July, 19 89.

SIGNATURE OF REPORTING OFFICIAL: Thomas C. Joyner

SIGNATURE OF NOTARY: Sue Anne Adams

MY COMMISSION EXPIRES: Notary Public, State of Florida My Commission Expires Aug. 31, 1989 Bonded Thru Troy Fain - Insurance, Inc.

PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Department of State, Division of Elections, Room 1801, The Capitol, Tallahassee, Florida 32399, by an elected state officer, or with the Supervisor of Elections by elected county officer or an elected municipal officer. This statement must be filed no later than July 1, 1989 for the 1988 calendar year.