

# FORM 7 1991 GIFTS PROMISED BEFORE JANUARY 1, 1991

LAST NAME - FIRST NAME - MIDDLE NAME: Joyner, Thomas Charles, Jr.	THIS STATEMENT REFLECTS GIFTS AND OTHER NON-CAMPAIGN CONTRIBUTIONS THAT WERE PROMISED BEFORE JANUARY 1, 1991 BUT RECEIVED DURING 1991 BY <b>ELECTED OFFICIALS AND CERTAIN APPOINTED OFFICIALS</b>
MAILING ADDRESS: P. O. Box 404	NAME OF AGENCY: Reddick, Fl.
CITY: Reddick, Fl.      ZIP: 32686      COUNTY: Marion	OFFICE HELD: Town Council

SUPERVISOR OF MARION COUNTY  
 792 MAY 13 10:

**INSTRUCTIONS** on who must file this form and how to fill it out and **FILING INSTRUCTIONS** for when and where to file this form are on the reverse side.

**PART A — STATEMENT OF GIFTS, DONATIONS, OR PAYMENTS**

DATE RECEIVED	CONTRIBUTOR	ADDRESS OF CONTRIBUTOR	CONTRIBUTION
None	None	None	None

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

DATE OF EXPENDITURE	NAME OF RECIPIENT	ADDRESS OF RECIPIENT	EXPENDITURE OR DISPOSITION
None	None	None	None

IF ANY OF PARTS A OR B ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**PART C - OATH**

I, the person whose name appears at the beginning of this form, do depose on oath and say that the information disclosed herein and on any attachments made by me constitutes a true, accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes (1989), as amended by Ch. 90-502, Laws of Florida.

STATE OF FLORIDA  
 COUNTY OF Marion      11th  
 The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of May, 19 92, by THOMAS C. JOYNER JR, who is personally known to me or who has produced PERSONALLY KNOWN (type of identification) and who did take an oath.

*Lou Anne Adams* (Signature of Notary Public)  
LOU ANNE ADAMS (Name of Notary Public—  
 Typed, Printed, or Stamped)  
8-31-93 COMM. EXP.

*Thomas C. Joyner Jr.*  
 SIGNATURE OF REPORTING OFFICIAL

\_\_\_\_\_  
 (Title or Rank)  
 \_\_\_\_\_  
 (Serial Number)

(Instructions on reverse side)

