


# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.						1 Filer ID (Ethics Commission Filers)		
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST			MI			
	Mr.	Joseph			E.			
NICKNAME	LAST				SUFFIX			
Joe	Martin				III			
3 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received		
	P.O. Box 152953 Lufkin TX 75955-2959						Date Hand Delivered or Date Postmarked	
4 REPORT TYPE	<input type="checkbox"/> Annual		<input checked="" type="checkbox"/> Final Disposition				Receipt #	Amount \$
5 PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Processed	
01 / 01 / 2019 THROUGH 03 / 12 / 2024						Date Imaged		
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.						\$ 90.29	
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.						\$ 0	

7 SIGNATURE 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.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

(2) Unsworn Declaration

My name is Joseph E. Martin III, and my date of birth is 09/17/1953.  
 My address is P.O. Box 152953, Lufkin, TX, 75955, USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Angelina County, State of Texas, on the 12th day of March, 2024.  
(month) (year)  
Joe Martin  
 Signature of Candidate/Officeholder (Declarant)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

<b>8 C/OH NAME</b> Joseph E. Martin III		<b>9 Filer ID (Ethics Commission Filers)</b> _____
<b>10 Date</b> 03/12/24	<b>11 Payee name</b> Goodwill Greater East Texas	<b>13 Amount (\$)</b> \$ 90.29
<b>12 Payee address; City; State; Zip Code</b> 301 Hill St. Lufkin, TX 75904		

<b>14 Purpose of expenditure (See instructions regarding type of information required.)</b> Donation of balance of officeholder funds <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**