

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

| | | | |
|---|--|---|--------------------------------------|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: _____ FIRST: ROBERT MI: Willis NICKNAME: _____ LAST: ZINN SUFFIX: _____ | OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Delivered by Mail: 3:50 o'clock P. M. RECEIVED JUL 10 2024 VALERIE CASTRO FRANKLIN COUNTY ELECTIONS ADMINISTRATOR DEPUTY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: PO BOX 695 APT / SUITE #: _____ CITY: MT. VERNON, TX. STATE: _____ ZIP CODE: 75457 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (903) PHONE NUMBER: 563-2477 EXTENSION: _____ | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: _____ FIRST: ROBERT MI: Willis NICKNAME: _____ LAST: ZINN SUFFIX: _____ | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE): PO BOX 695 APT / SUITE #: _____ CITY: MT. VERNON, TX STATE: _____ ZIP CODE: 75457 (Residence or Business) | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (903) PHONE NUMBER: 563-2477 EXTENSION: _____ | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01 / 01 / 2024 THROUGH 07 / 15 / 2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) JUSTICE OF THE PEACE | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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. | | |
| <input type="checkbox"/> Additional Pages | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | | COMMITTEE ADDRESS |
| | | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

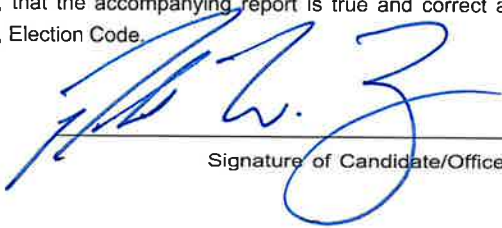
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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

| | | |
|---|---|--|
| 15 JC/OH NAME <u>ROBERT WILLIS ZINN</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>— 0 —</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>— 0 —</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 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 Sworn to and subscribed before me by Robert Zinn this the 10 day of July, 2024, to certify which, witness my hand and seal of office.

Janet Lynn Middleton Signature of officer administering oath
Janet Lynn Middleton Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)