#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016014 3 COMMITTEE NAME **OFFICE USE ONLY** Junior & Community College PAC Date Received **ELECTRONICALLY FILED** 04/02/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1304 San Antonio 201 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Jacob NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Cottingham CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1304 San Antonio St. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1304 San Antonio St. MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 476-2572 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024

Forms provided by Texas Ethics Commission

GO TO PAGE 2
www.ethics.state.tx.us

Version V3.5.1.5b35d027

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME   |  |  | 13 Filer ID                     | (Ethics Commission Filers)                        |  |
|---|--|--|---------------------------------|---|--|
| Junior & Community Co   | 0001601  | 14   |                                 |   |  |
| 14 COMMITTEE<br>ACTIVITY  | Candidates (Identify by name or, if applicable, classify by party.)                        | A. Supported   |                                 |   |  |
| (Attach lists on plain paper to complete this report if necessary.) |  | B. Opposed   |                                 |   |  |
|   | Measures (Describe by date and location of election and nature of issue.)                  | A. Supported  B. Opposed   |                                 |   |  |
|   |  |  |                                 |   |  |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)         |  |                                 |   |  |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M check here if this report                                  | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$                              | 0.00  |  |
|   | 2. TOTAL POLITICA  (OTHER THAN PLEI  | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)   | \$                              | 6,200.00  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   |                                 |   |  |
|   | 4. TOTAL POLITICA  | \$   | 0.00                            |   |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD     |  |                                 | 33,789.53   |  |
| OUTSTANDING<br>LOAN TOTALS  | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD |  |                                 | 0.00  |  |
| 16 AFFIDAVIT  | •  |  | <u> </u>                        |   |  |
|   |  | I swear, or affirm, under penalty of per<br>true and correct and includes all inforr<br>under Title 15, Election Code.               | rjury, that the<br>nation requi | e accompanying report is red to be reported by me |  |
|   |  | Mr. Jacob  | Cottinghar                      | n   |  |
|   |  | Signature of Car   | mpaign Trea                     | surer   |  |
| AFFIX NOTARY  | STAMP / SEAL ABOVE   |  |                                 |   |  |
| Sworn to and subscribed   | before me, by the said   | , th   | nis the                         | day   |  |
| of  | _, 20, to certify v  | which, witness my hand and seal of office.   |                                 |   |  |
| Signature of officer ac   | lministering oath  | Printed name of officer administering oath   | Title of o                      | fficer administering oath                         |  |

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

|   | JVER SHEET   | 3 of 7       |          |        |  |  |  |  |
|---|--|--------------|----------|--------|--|--|--|--|
| 17 COMMITTEE NAME Junior & Community College PAC  18 Filer ID (Ethics Commission Filers) 00016014 |  |              |          |        |  |  |  |  |
| 19 SCHEDUL<br>NAME OF   | SUBTOTAL AM  | OUNT         |          |        |  |  |  |  |
| 1. X  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    | \$           | 5,850.00 |        |  |  |  |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                      |              | \$       |        |  |  |  |  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$       |        |  |  |  |  |
| 4.  | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION     | )R           | \$       |        |  |  |  |  |
| 5.  | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR     | \$       |        |  |  |  |  |
| 6.  | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                      | SANIZATION   | \$       |        |  |  |  |  |
| 7. X  | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION         | !            | \$       | 350.00 |  |  |  |  |
| 8.  | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR                      | ORGANIZATION | \$       |        |  |  |  |  |
| 9.  | SCHEDULE E: LOANS  |              | \$       |        |  |  |  |  |
| 10.   | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                  | S            | \$       |        |  |  |  |  |
| 11.   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |              | \$       |        |  |  |  |  |
| 12.   | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                 | ONS          | \$       |        |  |  |  |  |
| 13.   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                    |              | \$       |        |  |  |  |  |
| 14.   | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION               | ONS          | \$       |        |  |  |  |  |
| 15.   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER        | RETURNED     | \$       |        |  |  |  |  |
|   |  |              |          |        |  |  |  |  |
|   |  |              |          |        |  |  |  |  |
|   |  |              |          |        |  |  |  |  |
|   |  |              |          |        |  |  |  |  |
|   |  |              |          |        |  |  |  |  |
|   |  |              |          |        |  |  |  |  |

|   | MONET                     | ARY POLITICAL CONT  | FRIBUTION   | S  |                | SCHEDUL                                       | E <b>A1</b> |
|---|---------------------------|---|---|--|----------------|---|-------------|
|   | The Instruc               | struction Guide explains how to complete this form.                                     |   |  | 1              | Total pages Schedule A1:<br>Sch: 1/3 Rpt: 4/7 |             |
| 2   | FILER NAME Junior & Con   | nmunity College PAC   |   |  | 3              | Filer ID (Ethics Commission 00016014          | n Filers)   |
| 4   | Date 03/19/2024           | <ul> <li>5 Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul> |   | )  | 7              | Amount of Contribution (\$)                   | \$600.00    |
|   | Dringing Loon             | Texarkana, TX 75503   | lo.   | Employer (Coa Instructions                           | <u></u>        |   |             |
| 8   | financial adv             | pation / Job title (See Instructions)<br>isor   | 9   | Employer (See Instructions<br>Flanagan Andrus Finand |                | Services                                      |             |
|   | Date<br>03/06/2024        | Full name of contributor out-out-out-out-out-out-out-out-out-out-                       |   |  |                | Amount of Contribution (\$)                   | \$100.00    |
|   |                           | Vernon, TX 76386 pation / Job title (See Instructions)                                  |   | Employer (See Instructions                           | <u> </u><br>5) |   |             |
|   | owner                     |   |   | self   | _              |   |             |
|   | Date<br>03/06/2024        | Full name of contributor out-out-out-out-out-out-out-out-out-out-                       | of-state PAC (ID#:                                |  |                | Amount of Contribution (\$)                   | \$500.00    |
|   |                           | Wichita Falls, TX 76309   |   |  |                |   |             |
| Principal occupation / Job title (See Instructions)  Nursing Instructor |                           |   | Employer (See Instructions Midwestern State Unive |  | у              |   |             |
|   | Date<br>03/06/2024        | Goolsby, William  | of-state PAC (ID#:                                |  |                | Amount of Contribution (\$)                   | \$150.00    |
| Principal occupation / Job title (See Instructions) retired             |                           |   | Employer (See Instructions NA                     | 5)   |                |   |             |
|   | Date<br>03/06/2024        | Holt, Irl   | of-state PAC (ID#:                                | )  |                | Amount of Contribution (\$)                   | \$100.00    |
|   | Principal occu<br>retired | pation / Job title (See Instructions)   |   | Employer (See Instructions                           | 5)             |   |             |
|   |                           |   | 1   |  |                |   |             |

|   | MONETARY POLITICAL CONTRIBUTIONS |  |  |   |   | SCHEDULE A1                                   |            |
|---|----------------------------------|--|--|---|---|---|------------|
|   | The Instru                       | Instruction Guide explains how to complete this form.  |  |   | 1 | Total pages Schedule A1:<br>Sch: 2/3 Rpt: 5/7 |            |
| 2 | FILER NAME Junior & Cor          | NAME<br>& Community College PAC  |  |   | 3 | Filer ID (Ethics Commission 00016014          | on Filers) |
| 4 | Date 03/06/2024                  | Full name of contributor     LeBlanc, Elva     Contributor address; City; Sta                  | out-of-state PAC (ID#:<br>te; Zip Code | )   | 7 | Amount of Contribution (\$)                   | \$2,500.00 |
| _ |                                  | Fort Worth, TX 76107   | 1-                                     |   |   |   |            |
| 8 | Principal occu<br>Chancellor     | pation / Job title (See Instructions)  | 9                                      | Employer (See Instructions Tarrant County College | ) |   |            |
|   | Date<br>03/06/2024               | Full name of contributor [Lipsey, Brooke Contributor address; City; Sta                        |  | )   |   | Amount of Contribution (\$)                   | \$100.00   |
|   | Principal occu                   | Carthage, TX 75633 pation / Job title (See Instructions)                                       |  | Employer (See Instructions                        | ) |   |            |
|   | teacher                          | ,  |  | Carthage ISD                                      | • |   |            |
|   | Date<br>03/06/2024               | Full name of contributor [ Payne, Jim Contributor address; City; Sta                           | out-of-state PAC (ID#:<br>te; Zip Code |   |   | Amount of Contribution (\$)                   | \$500.00   |
|   |                                  | Carthage, TX 75633   |  |   |   |   |            |
|   | Principal occu<br>retired        | pation / Job title (See Instructions)  |  | Employer (See Instructions NA                     | ) |   |            |
|   | Date<br>03/06/2024               | Full name of contributor [ Phillips, Bobby  Contributor address; City; Sta  Carthage, TX 75633 | out-of-state PAC (ID#:                 |   |   | Amount of Contribution (\$)                   | \$150.00   |
|   | Principal occu<br>retired        | pation / Job title (See Instructions)  |  | Employer (See Instructions                        | ) |   |            |
|   | Date<br>03/19/2024               | Full name of contributor  Smith, Jason  Contributor address; City; Sta  Texarkana, TX 75503    | out-of-state PAC (ID#:                 |   |   | Amount of Contribution (\$)                   | \$625.00   |
|   | Principal occu<br>President      | pation / Job title (See Instructions)  |  | Employer (See Instructions Texarkana College      | ) |   |            |
|   |                                  |  | 1                                      |   |   |   |            |

|   | MONET                       | ARY POLITICAL CONTRIBUT   | IOI      | NS  |           | SCHEDUL                                       | E <b>A1</b> |
|---|-----------------------------|---|----------|---|-----------|---|-------------|
|   | The Instru                  | Instruction Guide explains how to complete this form.   |          |   | 1         | Total pages Schedule A1:<br>Sch: 3/3 Rpt: 6/7 |             |
| 2   | FILER NAME Junior & Cor     | TE<br>Community College PAC   |          |   | 3         | Filer ID (Ethics Commission 00016014          | າ Filers)   |
| 4   | Date 03/19/2024             | <ul> <li>Full name of contributor  out-of-state PAC (If Smith, Jason</li> <li>Contributor address; City; State; Zip Code</li> </ul> |          |   | 7         | Amount of Contribution (\$)                   | \$25.00     |
|   |                             | Texarkana, TX 75503   |          |   |           |   |             |
| 8   | Principal occu<br>President | pation / Job title (See Instructions)   | 9        | Employer (See Instructions Texarkana College      | 5)        |   |             |
|   | Date<br>03/06/2024          | Full name of contributor out-of-state PAC (II Smith, Kevin  Contributor address; City; State; Zip Code                              |          | )   |           | Amount of Contribution (\$)                   | \$150.00    |
|   | Dringing! goog              | Carthage, TX 75633  |          | Employer (See Instructions                        | <u>,,</u> |   |             |
|   | President                   | pation / Job title (See Instructions)   |          | First State Bank and Tr                           |           |   |             |
|   | Date<br>03/19/2024          | Full name of contributor out-of-state PAC (II Smith, Patricia  Contributor address; City; State; Zip Code                           | D#:      | )   | •         | Amount of Contribution (\$)                   | \$100.00    |
|   |                             | Carthage, TX 75633  |          |   |           |   |             |
|   | Principal occu<br>owner     | pation / Job title (See Instructions)   |          | Employer (See Instructions Beauty Sense by Patric | -         |   |             |
|   | Date<br>03/06/2024          | Full name of contributor out-of-state PAC (II Streit, Joni Contributor address; City; State; Zip Code Vernon, TX 76384              |          |   | •         | Amount of Contribution (\$)                   | \$100.00    |
| Principal occupation / Job title (See Instructions) Farming |                             |   |          | Employer (See Instructions self                   | 5)        |   |             |
|   | Date<br>03/06/2024          | Full name of contributor out-of-state PAC (II Wilson, Ann Contributor address; City; State; Zip Code Vernon, TX 76384               |          |   | •         | Amount of Contribution (\$)                   | \$150.00    |
|   | Principal occu<br>retired   | pation / Job title (See Instructions)   |          | Employer (See Instructions                        | S)        |   |             |
|   |                             |   | <u> </u> |   |           |   |             |

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Junior & Community College PAC 00016014 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 03/01/2024 TACC 350.00