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** 05/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1304 San Antonio 201 Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **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** 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 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2025 04/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				ler ID	(Ethics Commission Filers)
Junior & Community Co	ollege PAC		00	0016014	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
F CONTRIBUTION	1	POLITICAL CONTRIBUTIONS	(OTLIED THAN		
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS, ADE ELECTRONICALLY) qualifies for the higher itemization thr	ÓR	\$	0.00
	2. TOTAL POLITICA			\$	252.22
	(OTHER THAN PLEI	GES, LOANS, OR GUARANTE	ES OF LOANS)		350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	30,317.42
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
6 AFFIDAVIT	<u> </u>			<u> </u>	
		I swear, or affirm, true and correct ar under Title 15, Ele	under penalty of perjury, nd includes all informatio ction Code.	that the a n required	accompanying report is If to be reported by me
			Mr. Jacob Cott	ingham	
			Signature of Campaig	gn Treasu	rer
AFFIX NOTARY	'STAMP / SEAL ABOVE				
Sworn to and subscribed	I hefore me, by the said		this the	<u>م</u>	day
		hich, witness my hand and seal		~	uuy
	_·· ,	•			
Signature of officer ad	lministering oath	Printed name of officer administe	ering oath T	tle of offic	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 6
17 COMMI	TTEE NAME	18 Filer ID	(Ethics Commission Filers)
Junior 6			
19 SCHED NAME (SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.0	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.0	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.0	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR 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	2	\$ 350.0
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. X	SCHEDULE E: LOANS		\$ 0.0
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 0.0
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.0
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.0
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.0
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
			-

PLE	DGED CONTRIBU	TIONS				SCHEDULE B		
The Instruction Guide explains how to complete this form. 2 FILER NAME					1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6			
				3 Filer I	3 Filer ID (Ethics Commission Filers)			
<u></u>	Community College PAC			0001	6014			
TOTAL	. OF UNITEMIZED PLEDO	SES		\$		0.00		
5 Date	6 Full name of pledgor	6 Full name of pledgor out-of-state PAC (ID#:)			int of e (\$)	9 In-kind description (If applicable)		
	7 Pledgor Address;	City; State; Zip Co	ode		 			
			La		k if travel outsi	ide of Texas. Complete Schedule		
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In	tructions)				

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: 5/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Junior & Community College PAC 00016014 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 04/01/2025 TACC 350.00

L	OANS					SCHEDU	LE E
Т	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/1 Rpt: 6/6		
	2 FILER NAME Junior & Community College PAC				3 Filer ID (Ethics Commission Filers) 00016014		
4 T	OTAL OF UN	ITEMIZED LOANS				\$	0.00
5 D	ate of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
fir	lender a nancial stitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 Pi	rincipal occupatio	on / Job title (See Instruction	ns)	13 Employer (See Instruction	s)	•	
14 D	escription of Coll	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)	
	UARANTOR IFORMATION	17 Name of guarantor				19 Amount Guarante	eed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20 Pi	rincipal occupation	on		21 Employer (See Instruction	s)	1	