### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

| Tł  | ne MPAC Instruction (  | 2 Total pages filed:<br>5                           |   |  |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|--|
| 3   | COMMITTEE NAME   | OFFICE USE ONLY                                     |   |  |  |  |  |  |  |
|   | Associated Builder   | s & Contractors, Inc., Texas Coastal Bei            | nd PAC  |  |  |  |  |  |  |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>07/03/2024 |   |  |  |  |  |  |  |
| 4   |  | ADDRESS / PO BOX; APT / SUITE #;                    | CITY; STATE; ZIP                              |  |  |  |  |  |  |
|   | ADDRESS  | 7433 Leopard St.                                    |   |  |  |  |  |  |  |
|   | Change of Address  | Corpus Christi, TX 78409                            |   | Date Hand-delivered or Date Postmarked |  |  |  |  |  |
| 5   | CAMPAIGN   | MS / MRS / MR FIRST                                 | MI  |  |  |  |  |  |  |
|   | TREASURER<br>NAME  | Mr. Lance S   | Scott   | Receipt # Amount                       |  |  |  |  |  |
|   |  |   |   | Date Drassaged                         |  |  |  |  |  |
|   |  | NICKNAME LAST                                       | SUFFL   | Date Processed<br>X                    |  |  |  |  |  |
|   |  | Lewis   |   | Date Imaged                            |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
| 6   | CAMPAIGN   | STREET ADDRESS (NO PO BOX PLEASE                    | ;); APT / SUITE #; CITY; ST                   | ATE; ZIP CODE                          |  |  |  |  |  |
|   | TREASURER<br>STREET  | 2033 FM 2725  |   |  |  |  |  |  |  |
|   | ADDRESS  |   |   |  |  |  |  |  |  |
|   | (Residence or Business)  | Ingleside, TX 78362                                 |   |  |  |  |  |  |  |
| 7   | CAMPAIGN   | STREET ADDRESS OR PO BOX;                           | APT / SUITE #; CITY; S                        | TATE; ZIP CODE                         |  |  |  |  |  |
|   | TREASURER  | 2033 FM 2725  |   |  |  |  |  |  |  |
|   | MAILING<br>ADDRESS   |   |   |  |  |  |  |  |  |
|   | Change of Address  | Ingleside, TX 78362                                 |   |  |  |  |  |  |  |
| 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION |  |   |   |  |  |  |  |  |  |
| TREASURER   PHONE (361) 523-9992            |  |   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
| 9   | REPORT TYPE  | X Monthly   | 10th day after campaign treasurer termination | Dissolution (Attach PAC-DR)            |  |  |  |  |  |
| 10  | MONTHLY<br>REPORT FILING   | January 5 Ap  | ril 5 🛛 🗙 July 5                              | October 5                              |  |  |  |  |  |
|   | DEADLINE   |   |   |  |  |  |  |  |  |
|   |  | February 5  | ay 5 August 5                                 | November 5                             |  |  |  |  |  |
|   |  | March 5 Ju  | ne 5 September 5                              | December 5                             |  |  |  |  |  |
| 11  |  | Month Day Year                                      | Month<br>THROUGH                              | Day Year                               |  |  |  |  |  |
|   | COVERED  | 05/26/2024  | 06/25/  | 2024                                   |  |  |  |  |  |
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| ĺ   | GO TO PAGE 2   |   |   |  |  |  |  |  |  |
| Fo  | Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0 |   |   |  |  |  |  |  |  |

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME  |  |  | 13 Filer ID     | (Ethics Commission Filers) |  |  |  |
|--|--|--|-----------------|----------------------------|--|--|--|
| Associated Builders & C  | contractors, Inc., Texas   |  | 00028200        | ,                          |  |  |  |
| 14 COMMITTEE<br>ACTIVITY   | 1. Candidates<br>(Identify by name or, if<br>applicable, classify by party.)       | A. Supported   |                 |                            |  |  |  |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.)  |  | B. Opposed   |                 |                            |  |  |  |
|  |  |  |                 |                            |  |  |  |
|  | 2. Measures<br>(Describe by date and location<br>of election and nature of issue.) | A. Supported   |                 |                            |  |  |  |
|  |  | B. Opposed   |                 |                            |  |  |  |
|  | 3. Officeholders   |  |                 |                            |  |  |  |
|  | Assisted<br>(Identify by name or, if<br>applicable, classify by party.)            |  |                 |                            |  |  |  |
| 15 CONTRIBUTION<br>TOTALS  | PLEDGES, LOANS,<br>CONTRIBUTIONS M   | POLITICAL CONTRIBUTIONS (OTHER THAN<br>OR GUARANTEES OF LOANS, OR<br>ADE ELECTRONICALLY)<br>qualifies for the higher itemization threshold | \$              | 0.00                       |  |  |  |
|  | 2. TOTAL POLITICA  |  | \$              | 0.00                       |  |  |  |
|  |  | DGES, LOANS, OR GUARANTEES OF LOANS)   |                 |                            |  |  |  |
| EXPENDITURE<br>TOTALS  |  | POLITICAL EXPENDITURES   | \$              | 0.00                       |  |  |  |
|  | 4. TOTAL POLITICA  | L EXPENDITURES   | \$              | 0.00                       |  |  |  |
| CONTRIBUTION<br>BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY<br>OF THE REPORTING PERIOD |  |  |                 | 0.00                       |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF 1<br>REPORTING PERIOD  | THE \$          | 0.00                       |  |  |  |
| 16 AFFIDAVIT   |  |  | •               |                            |  |  |  |
|  |  | I swear, or affirm, under penalty of pe<br>true and correct and includes all infor<br>under Title 15, Election Code.                       |                 |                            |  |  |  |
|  |  |  |                 |                            |  |  |  |
|  |  |  | Scott Lewis     |                            |  |  |  |
|  | Signature of Campaign Treasurer  |  |                 |                            |  |  |  |
| AFFIX NOTARY   | STAMP / SEAL ABOVE   |  |                 |                            |  |  |  |
| Sworn to and subscribed  | nis the  | day  |                 |                            |  |  |  |
| of   | of, 20, to certify which, witness my hand and seal of office.                      |  |                 |                            |  |  |  |
|  |  |  |                 |                            |  |  |  |
| Signature of officer ad  | ninistering oath   | Printed name of officer administering oath   | Title of office | er administering oath      |  |  |  |
| Forms provided by Texas E  | thics Commission   | www.ethics.state.tx.us   |                 | Version V4.1.0.d378aba0    |  |  |  |

### SUBTOTALS - MPAC

### FORM MPAC COVER SHEET PG 3

3 of 5

| 17 COMM  | (Ethics Commission Filers)   |             |         |
|----------|--|-------------|---------|
| Associ   |  |             |         |
| 19 SCHED |  |             |         |
| NAME     | SUBTOTAL AMOUNT  |             |         |
| 1. 🔉     | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ 0.00     |         |
| 2. 🔉     | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                          | \$ 0.00     |         |
| 3. 🔿     | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00     |         |
| 4.       | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION            | R           | \$      |
| 5.       | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA<br>LABOR ORGANIZATION | TION OR     | \$      |
| 6.       | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.                         | ANIZATION   | \$      |
| 7.       | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION             |             | \$      |
| 8.       | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C                        | RGANIZATION | \$      |
| 9. 🔿     | SCHEDULE E: LOANS  |             | \$ 0.00 |
| 10. 🔉    | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                     | 5           | \$ 0.00 |
| 11. 🔉    | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |             | \$ 0.00 |
| 12. 🔉    | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                     | DNS         | \$ 0.00 |
| 13. 🔉    | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |             | \$ 0.00 |
| 14.      | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                   | ONS         | \$      |
| 15.      | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER       | RETURNED    | \$      |
|          |  |             |         |
|          |  |             |         |
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## PLEDGED CONTRIBUTIONS

|   | The Instruction Guide explains how to complete this form.       |  |                                |       | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5 |            |  |          |
|---|---|--|--------------------------------|-------|--|------------|--|----------|
| 2 | FILER NAME  | FILER NAME                                   |                                |       | Filer ID                                       | (Ethics C  | Commission Filers)                     |          |
|   | Associated Builders & Contractors, Inc., Texas Coastal Bend PAC |  |                                |       | 00028200                                       |            |  |          |
| 4 | 4 TOTAL OF UNITEMIZED PLEDGES                                   |  |                                |       | \$   |            |  | 0.00     |
| 5 | Date  | 6 Full name of pledgorout-of-state PAC (ID#: | oledgorout-of-state PAC (ID#:) |       | Amount of pledge (\$)                          | 9          | In-kind description<br>(If applicable) |          |
|   | 7 Pledgor Address; City; State; Zip Code                        |  |                                |       |  |            |  |          |
|   |   |  |                                | [     | Check if trave                                 | el outside | of Texas. Complete Sch                 | edule T. |
| 1 | <b>0</b> Principal occ  | upation / Job title (See Instructions)       | 11 Employer (See Instru        | ictic | ons)   |            |  |          |
|   |   |  | <u>.</u>                       |       |  |            |  |          |

| LOANS                                |                                   |                              |                               |               | SCHEDULI                                       | εE     |
|--------------------------------------|-----------------------------------|------------------------------|-------------------------------|---------------|--|--------|
| The Instructio                       | ges Schedule E:<br>1 Rpt: 5/5     |                              |                               |               |  |        |
| 2 FILER NAME<br>Associated Build     | 3 Filer ID<br>000282              | (Ethics Commission Fi<br>200 | lers)                         |               |  |        |
| <sup>4</sup> TOTAL OF UN             | IITEMIZED LOANS                   |                              |                               |               | \$   | 0.00   |
| 5 Date of loan                       | 7 Name of lender                  | out-of-state PA              | ،C (ID#:                      | )             | 9 Loan Amount (\$)                             |        |
| 6 Is lender a financial institution? | 8 Lender address; Ci              | ity; State;                  | Zip Code                      |               | 10 Interest Rate                               |        |
|                                      |                                   |                              |                               |               | <b>11</b> Maturity Date                        |        |
| 12 Principal occupatio               | on / Job title (See Instructions) |                              | 13 Employer (See Instructions | 5)            |  |        |
| 14 Description of Coll               | ateral                            |                              | 15 Check if personal funds we | ere deposited | l into political account<br>(See Instructions) |        |
| 16 GUARANTOR<br>INFORMATION          | <b>17</b> Name of guarantor       |                              |                               |               | 19 Amount Guaranteed                           | 1 (\$) |
| not applicable                       | <b>18</b> Guarantor address; Ci   | ity; State;                  | Zip Code                      |               |  |        |
|                                      |                                   |                              |                               |               |  |        |
| 20 Principal occupation              | ב<br>זה                           |                              | 21 Employer (See Instructions | 5)            | <u> </u>                                       |        |
|                                      |                                   |                              | 1                             |               |  |        |
|                                      |                                   |                              |                               |               |  |        |
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