CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00028200 Date Received COMMITTEE Associated Builders & Contractors, Inc., Texas Coastal Bend PAC **ELECTRONICALLY FILED** NAME 12/05/2024 TREASURER Lewis, Lance Scott (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) January 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 11/26/2023 12/25/2023 **EXPLANATION OF CORRECTION** Our organization had a change in our President and the new authorized reporting agent errored in reporting non-political expenditures (bank fees) and the carried over cash on hand. This was unintentional as the training given by the outgoing authorized reporting agent was improper. No monies were taken in and no political contributions were made in this reporting/clerical error. We do humbly request a waiver as we found this during an internal audit and did email and call the Texas Ethics Commission to self report. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Lance Scott Lewis Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

_____, 20_____, to certify which, witness my hand and seal of office.

Sworn to and subscribed before me, by the said

____, this the _____

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Th	e MPAC Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
		8		
3	COMMITTEE NAME	OFFICE USE ONLY		
	Associated Builders	s & Contractors, Inc., Texas Coastal Bend I	PAC	Date Received
				ELECTRONICALLY FILED
L				12/05/2024
4	COMMITTEE ADDRESS	,	CITY; STATE; ZIP	
	ADDITESS	7433 Leopard St.		
	Change of Address	Corpus Christi, TX 78409		
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked
ľ	TREASURER	Mr. Lance Sco		Receipt # Amount
	NAME	ivii.		
			0	Date Processed
		NICKNAME LAST	SUFFIX	
		Lewis		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE
	TREASURER	2033 FM 2725	, , ,	,
	STREET ADDRESS			
	(Residence or Business)	Ingleside, TX 78362		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST.	ATE; ZIP CODE
	TREASURER MAILING	2033 FM 2725		
	ADDRESS			
	Change of Address	Ingleside, TX 78362		
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
	PHONE	(361) 523-9992		
9	REPORT TYPE		4.04b day after a constant	
		X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY			
	REPORT FILING DEADLINE	X January 5 April 5	July 5	October 5
		February 5 May 5	August 5	November 5
		March 5 June 9	5 September 5	December 5
11	PERIOD	Month Day Year	Month	Day Year
	COVERED	11/26/2023	HROUGH 12/25/2	
		GO TO	O PAGE 2	
l		30 1		

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer	ID	(Ethics Commission Filers)
	Contractors, Inc., Texas	s Coastal Bend F	PAC	0002	8200	•
L4 COMMITTEE 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				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
.5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEE: MADE ELECTRONI	ICALLY)		\$	0.0
	2. TOTAL POLITICA (OTHER THAN PLE		ONS R GUARANTEES OF LOANS		\$	0.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.0
	4. TOTAL POLITICA	AL EXPENDITUR	RES	:	\$	0.0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				\$	3,899.6
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				\$	0.0
.6 AFFIDAVIT	1					
		true	rear, or affirm, under penalty of and correct and includes all i er Title 15, Election Code.			
			Mr. La	nce Scott Le	ewis	
Signature of Campaign Tro					reasure	r
AFFIX NOTAR	RY STAMP / SEAL ABOVE					
Sworn to and subscribe	ed before me, by the said			, this the		day
	, 20, to certify					
Cime-ton- 1 W	administrativa	Dulmanders	fficer educioletenia d	- :	of cu:	
Signature of officer a	auministering oath	Printed name of o	fficer administering oath	ı itie (oi oiticei	r administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

4 of 8

				4 of 8			
17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)							
Associated Builders & Contractors, Inc., Texas Coastal Bend PAC 00028200							
19 SCHED NAME (SUBTOTAL A	MOUNT					
1. X	\$	0.00					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00				
4.	DR	\$					
5.	\$						
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$				
7.	\$						
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION							
9. X	SCHEDULE E: LOANS		\$	0.00			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00			
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00			
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
14. X	14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 4						
15.	\$						
			•				

					SCHED		
The Instruction Guide explains how to complete this form.					1 Total pages Schedule B: Sch: 1/1 Rpt: 5/8		
2 FILER NAME				3	Filer ID (Ethics Commission Filers	s)	
Associa	ted Builders & Contractors, Ir	nc., Texas Coastal Be	nd PAC		00028200		
TOTAL OF UNITEMIZED PLEDGES					\$	0.00	
5 Date	6 Full name of pledgor	out-of-state PAC (I	D#:	8	Amount of 9 In-kind descri	otion	
		_			pledge (\$) (If applicable	e)	
	7 Pledgor Address;	City; State; Zip Co	ode		 		
					į		
					Check if travel outside of Texas. Comple	te Schedule 1	
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See Ir	nstructio	ons)		

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains how to complete	this f	orm.		ages Schedule E: /1 Rpt: 6/8	
2	FILER NAME Associated Build	lers & Contractors, Inc., Texas Coastal B	Bend PA	C	3 Filer ID 00028	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			I	\$ 0.00	
5	Date of loan	7 Name of lender out-of	f-state PA	C (ID#:		9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)			
14	Description of Coll	ateral		15 Check if personal funds were deposited into political account (See Instructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instru	ctions)		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt: 7/8	Associated Builders & Contractors, Inc., Texas Coastal 00028200			
4 Date	5 Payee name			
12/11/2023	Clover			
6 Amount (\$)	7 Payee Address; City; State; Zip			
42.44	415 N Mathilda Ave			
Expenditure from corporate funds	Sunnyvale , CA 94085			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF	Accounting/Banking Clover App Fee			
EXPENDITURE				
Date	Payee name			
11/30/2023	Frost Bank			
Amount (\$)	Payee Address; City; State; Zip			
3.00	2402 Leopard St			
Expenditure from	Course Christi TV 70400			
corporate funds	Corpus Christi, TX 78408			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Service Charge Fee			
EXPENDITURE	Service Charge Fee			
Date	Payee name			
12/04/2023	Frost Bank			
Amount (\$)	Payee Address; City; State; Zip			
70.76	2402 Leopard St			
Expenditure from				
corporate funds	Corpus Christi, TX 78408			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
EXPENDITURE	Accounting/Banking FDMS Settlement			
Date	Payee name			
12/04/2023	Frost Bank			
Amount (\$)	Payee Address; City; State; Zip			
240.94	2402 Leopard St			
Expenditure from				
corporate funds	Corpus Christi, TX 78408			
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Accounting/Banking Bankcard Mntly Deposit Fees			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	MADE FROM POLITICAL CONTRIBUTIONS					
		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule I: Sch: 2/2 Rpt: 8/8	2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal 3 Filer ID (Ethics Commission Filers) 00028200				
4	Date 12/05/2023	5 Payee name Frost Bank				
6	Amount (\$) 27.95 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2402 Leopard St Corpus Christi, TX 78408				
В	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) FDMS Settlement				
	Date	Payee name				
	12/18/2023	Frost Bank				
	Amount (\$) 20.50	Payee Address; City; State; Zip 2402 Leopard St				
	Expenditure from corporate funds	Corpus Christi, TX 78408				
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Treasury Mgmt Services				