CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

		Che	correct. ck the box next to any Semiannual reports was made in good fe misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	: I swear or a lith and without ormation contair wear, or affirm, the 14th busine ginally filed is in any error or or	ble statements: affirm, that the origir an intent to mislead hed in the report. that I am filing this of ss day after the date accurate or incompl hission in the report	nal report or to corrected e I learned lete. I
		Che	ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that	: I swear or a lith and without ormation contair wear, or affirm, the 14th busine ginally filed is in any error or or	ble statements: affirm, that the origir an intent to mislead ned in the report. that I am filing this o ss day after the date accurate or incompl	nal report or to corrected e I learned lete. I
		Che	ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori	: I swear or a hith and without prmation contair wear, or affirm, the 14th busine ginally filed is in	ble statements: affirm, that the origir an intent to mislead ned in the report. that I am filing this o ss day after the date accurate or incompl	nal report or to corrected e I learned lete. I
		Che	ck the box next to any Semiannual reports was made in good fa misrepresent the info	: I swear or a ith and without prmation contain	ble statements: affirm, that the origir an intent to mislead ned in the report.	nal report or to
				and all applicat		
		anu	correct.		,	
8 AFFIDAVIT			ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
additional training was g	es (bank fees) and accurately given once the error was found We do humbly request a waive	d during our audit. No	o monies were taken ir	and no politica	l contributions were	made in this
	g agent began in May. The M					
COVERED	Month Day Year 06/26/2024	THROUGH	Month Day 07/25/2024	Year	Date Imaged	
6 ORIGINAL PERIOD	8th day before election	X Othe	r (specify) August 5		Date Processed	
	July 15 30th day before election		day after campaign treas olution report	urer resignation		, another
5 ORIGINAL REPORT TYPE	January 15	Runo			Date Hand-delivered or Receipt #	Amount
4 TREASURER NAME	Lewis, Lance Scott (Mr.)				Date Lland delivered or	Data Destmarked
3 COMMITTEE NAME	Associated Builders & Co	ontractors, Inc., Te	xas Coastal Bend F	AC	ELECTRONICA 12/05/2024	LLY FILED
		8			Date Received	
		2 Total pages filed: 8			OFFICE U	SE ONLY

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00028200	2 Total pages filed: 8
3	COMMITTEE NAME		-	OFFICE USE ONLY
I	Associated Builder	s & Contractors, Inc., Texas Coastal Ben	d PAC	
				Date Received ELECTRONICALLY FILED 12/05/2024
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 NAME	Mr. Lance S	Scott	Receipt # Amount
		NICKNAME LAST	SUFFI	Date Processed
			30117	
		Lewis		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	; APT / SUITE #; CITY; ST	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	2033 FM 2725		
	MAILING ADDRESS	2000 1 11 21 20		
		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 REPORT FILING	January 5 Apr	il 5 🛛 🗌 July 5	October 5
	DEADLINE	February 5 Ma		November 5
		March 5 Jur	le 5 September 5	December 5
11		Month Day Year	THROUGH	Day Year
	COVERED	06/26/2024	07/25/	2024
1				
1				
L			TO PAGE 2	
Fo	rms provided by Tex	as Ethics Commission www.	ethics.state.tx.us	Version V4.1.0.5dd2ace2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Associated Builders & (Contractors, Inc., Texas	Coastal Bend PAC	00028200	
14 COMMITTEE ACTIVITY	1. 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 (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,533.19
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the ac nation required	ccompanying report is to be reported by me
		Mr. Lance	Scott Lewis	
		Signature of Car	npaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

4 of 8

17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Associate	d Builders & Contractors, Inc., Texas Coastal Bend PAC	00028200	
	E SUBTOTALS		SUBTOTAL AMOUNT
NAME OF	SCHEDULE		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. X	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 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 O	ORGANIZATION	\$
9. X	SCHEDULE E: LOANS		\$ 0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 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	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$ 211.57
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

_									
	The	Instruction Guide expla	ins how to complet	te this form.	1	Total pages S Sch: 1/1 Rp		В:	
2	FILER NAME	E			3	Filer ID	(Ethics C	Commission Filers)	
	Associated	Builders & Contractors, Inc.,	Texas Coastal Bend F	PAC		00028200			
4	TOTAL OF	UNITEMIZED PLEDGE	S			\$			0.00
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:_)	8	Amount of pledge (\$)	9 	In-kind description (If applicable)	
		7 Pledgor Address;	City; State; Zip Code			Check if trave	I I I el outside d	of Texas. Complete Sch	edule T.
10	Principal occ	upation / Job title (See Instructio	ons)	11 Employer (See Instru	ctio	ns)			

LOANS						SCHED	ULE E
The Instructio	on Guide explains h	ow to complet	te this f	orm.		ges Schedule E: 1 Rpt: 6/8	
2 FILER NAME Associated Build	lers & Contractors, Inc	., Texas Coastal	Bend PA	٨C	3 Filer ID 000282	(Ethics Commissio	on Filers)
⁴ TOTAL OF UN	IITEMIZED LOANS					\$	0.00
5 Date of loan	7 Name of lender	out-	of-state PA	C (ID#:)	9 Loan Amount (S	5)
6 Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code		10 Interest Rate11 Maturity Date	
12 Principal occupation	on / Job title (See Instruct	ions)		13 Employer (See Instructions	5)		
14 Description of Coll	ateral			15 Check if personal funds we	ere deposited	l into political accour (See Instructior	
16 GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guarar	nteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code			
20 Principal occupation	DN			21 Employer (See Instructions	5)	I	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Total pages Schedule Sch: 1/2 Rpt: 7/8	I: 2 FILER NAME Associated Builders & Contractors, Inc.	, Texas Coastal	3 Filer ID (Ethics Commission Filers) 00028200		
Date 07/10/2024	5 Payee name Clover				
Amount (\$) 53.07 Expenditure from	7 Payee Address; City; State; Zip 415 N Mathilda Ave				
corporate funds	Sunnyvale , CA 94085				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable of Accounting/Banking	ategories) (b) Description (Clover App Fe	See instructions regarding type of information required.		
Date	Payee name				
06/30/2024	Frost Bank				
Amount (\$) 3.00	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 of Accounting/Banking	ategories) (b) Description (Service Charg	See instructions regarding type of information required. Je Fee		
Date 07/02/2024	Payee name Frost Bank	l			
Amount (\$) 38.76	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 of Accounting/Banking	ategories) (b) Description (FDMS Settlen	See instructions regarding type of information required.		
Date 07/02/2024	Payee name Frost Bank				
Amount (\$) 90.94	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 of Accounting/Banking		See instructions regarding type of information required.		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 2/2 Rpt: 8/8	2 FILER NAME Associated Builders & Contractors, Inc., Texas	3 Filer ID (Ethics Commission Filer) Coastal 00028200
Date 07/17/2024	5 Payee name Frost Bank	·
Amount (\$) 25.80	7 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