

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00028200	2 Total pages filed: 10	OFFICE USE ONLY	
3 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC	Date Received ELECTRONICALLY FILED 12/05/2024		Date Hand-delivered or Date Postmarked
4 TREASURER NAME Lewis, Lance Scott (Mr.)	Receipt #		Amount
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input checked="" type="checkbox"/> Other (specify) <u>October 5</u>	Date Processed		Date Imaged
6 ORIGINAL PERIOD COVERED Month Day Year 08/26/2024	THROUGH	Month Day Year 09/25/2024	

7 EXPLANATION OF CORRECTION
 New authorized reporting agent began in May. The May and September reports were correct and accurate however the new authorized reporting agent erred reporting non-political expenditures (bank fees \$3) and accurately reporting the amount of carried over cash on hand (\$6). This was unintentional and additional training was given once the error was found during our audit. 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. (We have two more corrections to make, Sept 2023 and Oct 2023 however, both require more time to pull accurate data. Will complete prior to end of year.)

8 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

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00028200	2 Total pages filed: <p align="center">10</p>
3 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 7433 Leopard St. Corpus Christi, TX 78409		Date Received ELECTRONICALLY FILED 12/05/2024	
		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Lance Scott NICKNAME LAST SUFFIX Lewis		Receipt # Amount	
		Date Processed Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2033 FM 2725 Ingleside, TX 78362			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2033 FM 2725 Ingleside, TX 78362			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 523-9992			
9 REPORT TYPE <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED Month Day Year THROUGH Month Day Year 08/26/2024 THROUGH 09/25/2024			

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC	13 Filer ID (Ethics Commission Filers) 00028200
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. 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 TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,505.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,614.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Lance Scott Lewis

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		18 Filer ID 00028200	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,505.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	212.27
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 5/10
2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		3 Filer ID (Ethics Commission Filers) 00028200
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Bryan <hr/> 6 Contributor address; City; State; Zip Code Orange Grove , TX 78372	7 Amount of Contribution (\$) \$600.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) AO Sawing and Drilling
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Bryan (Mr.) <hr/> Contributor address; City; State; Zip Code Orange Grove, TX 78372	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) AO Services Inc.
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo, Jessica <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Strategic Account Manager		Employer (See Instructions) Code Red Safety
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Lea <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78411	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabasos, Jorge <hr/> Contributor address; City; State; Zip Code Pearsall , TX 78061	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) Holes South Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/10
2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		3 Filer ID (Ethics Commission Filers) 00028200
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conway, Chris <hr/> 6 Contributor address; City; State; Zip Code San Antonio , TX 78222	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conway , Nina <hr/> Contributor address; City; State; Zip Code Odem , TX 78370	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Contractors Safety Council
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Matt <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director of Community Relations		Employer (See Instructions) TXOGA
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza , Lee <hr/> Contributor address; City; State; Zip Code Sinton , TX 78387	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera , Amber <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78418	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/10
2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		3 Filer ID (Ethics Commission Filers) 00028200
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jiminez , Rene <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi , TX 78404	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Wayne <hr/> Contributor address; City; State; Zip Code Agua Dulce, TX 78330	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Craft Training Center
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, Codey <hr/> Contributor address; City; State; Zip Code McAllen , TX 78501	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMT Supervisor		Employer (See Instructions) Raba Kistner
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker , Adriana <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Agent		Employer (See Instructions) New York Life Insurance Co
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickens , Bradley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78409	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Purchasing General Manager		Employer (See Instructions) American Steel & Supply

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/10
2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		3 Filer ID (Ethics Commission Filers) 00028200
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roach , Mark <hr/> 6 Contributor address; City; State; Zip Code Portland , TX 78374	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Dealers Electric Supply
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivors , Travis <hr/> Contributor address; City; State; Zip Code New Braunfels , TX 78130	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Estimator		Employer (See Instructions) Keeley Construction
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wranosky , Rachel <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Watermark Graphics
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kent <hr/> Contributor address; City; State; Zip Code Mathis , TX 78368	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) Dawson's Recycling & Disposal

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 9/10	2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal	3 Filer ID (Ethics Commission Filers) 00028200
4 Date 09/11/2024	5 Payee name Clover	
6 Amount (\$) 54.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 415 N Mathilda Ave Sunnyvale , CA 94085	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Clover App Mntly Fee
Date 09/03/2024	Payee name Frost Bank	
Amount (\$) 38.76 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2402 Leopard St Corpus Christi , TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) FDMS Settlement Fee
Date 09/03/2024	Payee name Frost Bank	
Amount (\$) 90.94 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2402 Leopard St Corpus Christi, TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bankcard Deposit Mntly Fees
Date 08/31/2024	Payee name Frost Bank	
Amount (\$) 3.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2402 Leopard St 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.) Service Charge Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal	3 Filer ID (Ethics Commission Filers) 00028200
4 Date 09/18/2024	5 Payee name Treasury Mgmt Srvc	
6 Amount (\$) 25.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2402 Leopard St Corpus Christi , TX 78408	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Treasury Mgmt Services