# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

|            |  | ics Commission Filers)  | 2 Total pages   |          |                                  |                                   |  | OFFICE U   | SE ONLY             |
|------------|--|---|-----------------|----------|----------------------------------|-----------------------------------|--|--|---------------------|
| (          | 0028200                                  |   |                 | 10       |                                  |                                   |  | Date Received  |                     |
|            | COMMITTEE<br>NAME                        | Associated Builders &   | Contractors, In | nc., Te  | xas Coa                          | stal Bend P                       | AC   | ELECTRONICAL<br>12/05/2024   | LY FILED            |
|            | TREASURER<br>NAME                        | Lewis, Lance Scott (Mi  | .)              |          |                                  |                                   |  |  |                     |
| 5 (        | DRIGINAL                                 |   | _               |          |                                  |                                   |  | Date Hand-delivered or D   | Date Postmarked     |
|            | REPORT TYPE                              | January 15  | Ļ               | Run      |                                  |                                   |  | Receipt #  | Amount              |
|            |  | July 15   | Ļ               | =        | ,                                | 1 0                               | urer resignation   | Receipt#   | Amount              |
|            |  | 30th day before election  |                 | =        | olution repo                     |                                   |  | Date Processed   |                     |
|            |  | 8th day before election   | Ľ               | C Othe   | er (specify)                     | October 5                         |  |  |                     |
|            | ORIGINAL PERIOD                          | Month Day Ye<br>08/26/2024  | ar<br>THRC      | DUGH     | Month<br>09                      | Day<br>9/25/2024                  | Year   | Date Imaged  |                     |
| <b>7</b> E | EXPLANATION OF C                         |   |                 |          |                                  |                                   |  | <u></u>  |                     |
| mad<br>Con | le in this reporting/cle                 | nal training was given once<br>erical error. We do humbly<br>rt. (We have two more corr<br>year.) | request a waive | r as we  | e found thi                      | s during an i                     | nternal audit an   | d did email and call t   | he Texas Ethics     |
| 8 /        |  |   |                 |          |                                  |                                   |  |  |                     |
| -          |  |   |                 |          | ear, or aff<br>correct.          | irm, under pe                     | enalty of perjury  | , that this corrected I  | report is true      |
|            |  |   |                 | Che      | eck the bo                       | x next to any                     | and all applicat   | ble statements:  |                     |
|            |  |   |                 |          | was ma                           | de in good fa                     | ith and without  | affirm, that the origina<br>an intent to mislead<br>and in the report.                             |                     |
|            |  |   |                 | X        | report n<br>that the<br>swear, o | ot later than t<br>report as orig | the 14th busines<br>ginally filed is in<br>any error or or | that I am filing this c<br>ss day after the date<br>accurate or incomple<br>ission in the report a | l learned<br>ete. l |
|            |  |   |                 |          |                                  | 1                                 | ۸r. Lance Sco  | tt Lewis   |                     |
|            |  |   |                 |          |                                  |                                   | ature of Campai  |  |                     |
|            | AFFIX NOTARY ST                          | AMP / SEAL ABOVE  |                 |          |                                  | - 3                               | <b></b>  |  |                     |
|            | Sworn to and subsc                       | ribed before me, by the sa  | id              |          |                                  |                                   | , this th  | ie   | day                 |
|            |  | , 20, to cel  |                 |          |                                  |                                   |  |  |                     |
|            | Signature of offic                       | er administering oath   | Printed nam     | ne of of | fficer adm                       | inistering oat                    | h T  | Title of officer admini  | stering oath        |
|            |  |   | eded To Rep     | ort A    | nd Exp                           | lain Corre                        |  | ort Form   |                     |
| -          | and the second state of the second state | In Ething Commission  |                 |          |                                  | h                                 |  |  | V/4 1 0 Edd2aaa2    |

## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM MPAC COVER SHEET PG 1

| F       |                           |   |  |  |
|---------|---------------------------|---|--|--|
| Tł      | ne MPAC Instruction       | Guide explains how to complete this form. | 1 Filer ID<br>(Ethics Commission Filers)<br>00028200 | 2 Total pages filed:<br>10             |
| 3       | COMMITTEE NAME            |   |  | OFFICE USE ONLY                        |
|         | Associated Builder        | s & Contractors, Inc., Texas Coastal Bend | PAC  | Date Received                          |
|         |                           |   |  | ELECTRONICALLY FILED                   |
| 4       | COMMITTEE                 | 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 So                              | cott   | Receipt # Amount                       |
|         |                           |   |  |  |
|         |                           | NICKNAME LAST                             | SUFFIX   | Date Processed                         |
|         |                           | Lewis                                     | 50111  | Date Imaged                            |
|         |                           | Lewis                                     |  |  |
| 6       | CAMPAIGN                  | STREET ADDRESS (NO PO BOX PLEASE);        | APT / SUITE #; CITY; ST                              |  |
|         | TREASURER                 | 2033 FM 2725                              |  |  |
|         | STREET<br>ADDRESS         |   |  |  |
|         | (Residence or Business)   | Ingleside, TX 78362                       |  |  |
| 7       | CAMPAIGN                  | STREET ADDRESS OR PO BOX;                 | APT / SUITE #; CITY; ST                              | ATE; ZIP CODE                          |
| Ľ       | TREASURER                 | 2033 FM 2725                              |  |  |
|         | MAILING<br>ADDRESS        |   |  |  |
|         | Change of Address         | Ingleside, TX 78362                       |  |  |
| 8       | CAMPAIGN                  | AREA CODE PHONE NUMBER                    | EXTENSION  |  |
|         | TREASURER<br>PHONE        | (361) 523-9992                            |  |  |
|         | -                         | (,  |  |  |
| 9       | REPORT TYPE               | X Monthly                                 | 10th day after campaign treasurer termination        | Dissolution (Attach PAC-DR)            |
| 10      | ) MONTHLY                 |   |  |  |
|         | REPORT FILING<br>DEADLINE | January 5 April                           | 5 July 5   | X October 5                            |
|         | DERBEINE                  | February 5 May                            | 5 August 5   | November 5                             |
|         |                           | March 5 June                              | 5 September 5  | December 5                             |
|         |                           |   |  |  |
| 11      | L PERIOD<br>COVERED       | Month Day Year                            | Month<br>FHROUGH                                     | Day Year                               |
|         | COVERED                   | 08/26/2024                                | 09/25/2  | 2024                                   |
|         |                           |   |  |  |
|         |                           |   |  |  |
|         |                           |   |  |  |
|         |                           |   |  |  |
|         |                           |   |  |  |
|         |                           |   |  |  |
|         |                           |   |  |  |
|         |                           |   |  |  |
|         |                           | GO <sup>-</sup>                           | FO PAGE 2  |  |
| L<br>Fo | rms provided by Tex       |   | hics.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<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<br>B. Opposed   |                                      |   |
|   |   |  |                                      |   |
|   | 3. Officeholders<br>Assisted<br>(Identify by name or, if<br>applicable, classify by party.) |  |                                      |   |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, 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<br>(OTHER THAN PLEI   | L CONTRIBUTIONS<br>DGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                   | 2,505.00  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED   | POLITICAL EXPENDITURES   | \$                                   | 0.00  |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   | \$                                   | 0.00  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL C<br>OF THE REPORTING  | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD  | DAY \$                               | 4,614.65  |
| OUTSTANDING<br>LOAN TOTALS  | 1   | 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.                       | rjury, that the a<br>nation requirec | ccompanying report is<br>I to be reported by me |
|   |   | Mr. Lance  | Scott Lewis                          |   |
|   |   | Signature of Ca  | mpaign Treasu                        | rer   |
| 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 offic                       | 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 10

| 17 COMMITTE | EE NAME  | 18 Filer ID  | (Ethics C | ommission Filers) |
|-------------|--|--------------|-----------|-------------------|
| Associate   | d Builders & Contractors, Inc., Texas Coastal Bend PAC                               | 00028200     |           |                   |
|             | E SUBTOTALS<br>SCHEDULE  |              | SUE       | STOTAL AMOUNT     |
|             |  |              |           |                   |
| 1. X        | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |              | \$        | 2,505.00          |
| 2.          | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                          |              | \$        |                   |
| 3.          | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$        |                   |
| 4.          | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>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                        | ORGANIZATION | \$        |                   |
| 9.          | SCHEDULE E: LOANS  |              | \$        |                   |
| 10.         | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                     | 5            | \$        |                   |
| 11.         | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |              | \$        |                   |
| 12.         | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                     | ONS          | \$        |                   |
| 13.         | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |              | \$        |                   |
| 14. X       | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO                    | DNS          | \$        | 212.27            |
| 15.         | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER       | RETURNED     | \$        |                   |
|             |  |              | •         |                   |
|             |  |              |           |                   |
|             |  |              |           |                   |
|             |  |              |           |                   |
|             |  |              |           |                   |
|             |  |              |           |                   |
|             |  |              |           |                   |
|             |  |              |           |                   |

|   | The Instru     | ction Guide explains how to complete this f         | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 1/4 Rpt: 5/10 |                |
|---|----------------|---|------------------------------|----------------|--|----------------|
| 2 | FILER NAME     |   |                              | 3              | Filer ID (Ethics Commission                    | n Filers)      |
|   | Associated E   | Builders & Contractors, Inc., Texas Coastal Bend PA | .C                           |                | 00028200                                       |                |
| 4 | Date           | 5 Full name of contributor out-of-state PAC (ID#:_  | )                            | 7              | Amount of Contribution (\$)                    |                |
|   | 08/26/2024     | Anthony, Bryan                                      |                              |                |  | \$600.00       |
|   |                | 6 Contributor address; City; State; Zip Code        |                              |                |  | +000.00        |
|   |                | Contributor address, City, State, Zip Code          |                              |                |  |                |
|   |                |   |                              |                |  |                |
|   |                | Orange Grove , TX 78372                             |                              |                |  |                |
| 8 | Principal occu | pation / Job title (See Instructions)               | 9 Employer (See Instructions | <u>ا</u><br>ز) |  |                |
| Ē | Owner          |   | AO Sawing and Drilling       | ,              |  |                |
|   |                |   |                              | _              | American f Ocastalitations (#)                 |                |
|   | Date           | Full name of contributor out-of-state PAC (ID#:     | )                            |                | Amount of Contribution (\$)                    | <b>#100.00</b> |
|   | 08/28/2024     | Anthony, Bryan (Mr.)                                |                              |                |  | \$100.00       |
|   |                | Contributor address; City; State; Zip Code          |                              |                |  |                |
|   |                |   |                              |                |  |                |
|   |                | Orongo Crovo TV 70272                               |                              |                |  |                |
|   | Deinsinglasse  | Orange Grove, TX 78372                              | Frankriger (Oser hastmatism  | Ĺ              |  |                |
|   |                | pation / Job title (See Instructions)               | Employer (See Instructions   | 5)             |  |                |
|   | Owner          |   | AO Services Inc.             | _              |  |                |
|   | Date           | Full name of contributor out-of-state PAC (ID#:     | )                            |                | Amount of Contribution (\$)                    |                |
|   | 08/28/2024     | Arroyo, Jessica                                     |                              |                |  | \$100.00       |
|   |                | Contributor address; City; State; Zip Code          |                              |                |  |                |
|   |                |   |                              |                |  |                |
|   |                |   |                              |                |  |                |
|   |                | Corpus Christi, TX 78418                            |                              |                |  |                |
|   |                | pation / Job title (See Instructions)               | Employer (See Instructions   | 5)             |  |                |
|   | Strategic Ac   | count Manager                                       | Code Red Safety              |                |  |                |
|   | Date           | Full name of contributor out-of-state PAC (ID#:     | )                            |                | Amount of Contribution (\$)                    |                |
|   | 09/04/2024     | Brown, Lea  |                              |                |  | \$100.00       |
|   |                | Contributor address; City; State; Zip Code          |                              | 1              |  |                |
|   |                |   |                              |                |  |                |
|   |                |   |                              |                |  |                |
|   |                | Corpus Christi, TX 78411                            |                              |                |  |                |
|   |                | pation / Job title (See Instructions)               | Employer (See Instructions   | 5)             |  |                |
|   | N/A            |   | N/A                          |                |  |                |
|   | Date           | Full name of contributor out-of-state PAC (ID#:     | )                            |                | Amount of Contribution (\$)                    |                |
|   | 08/28/2024     | Cabasos, Jorge                                      |                              |                |  | \$45.00        |
|   |                | Contributor address; City; State; Zip Code          |                              |                |  |                |
|   |                |   |                              |                |  |                |
|   |                |   |                              |                |  |                |
| 1 |                | Pearsall , TX 78061                                 |                              |                |  |                |
| Γ | Principal occu | pation / Job title (See Instructions)               | Employer (See Instructions   | ;)             |  |                |
| 1 | Regional Dir   | ector   | Holes South Texas            |                |  |                |
| F |                |   |                              |                |  |                |
| 1 |                |   |                              |                |  |                |

|   | The Instru     | ction Guide explains how to complete this f                        | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 2/4 Rpt: 6/10 |                |
|---|----------------|--|------------------------------|----------|--|----------------|
| 2 | FILER NAME     |  |                              | 3        | Filer ID (Ethics Commission                    | n Filers)      |
|   | Associated E   | Builders & Contractors, Inc., Texas Coastal Bend PA                | C                            |          | 00028200                                       |                |
| 4 | Date           | 5 Full name of contributor out-of-state PAC (ID#:_                 | )                            | 7        | Amount of Contribution (\$)                    |                |
|   | 09/04/2024     | Conway, Chris  | /                            |          |  | \$60.00        |
|   |                | 6 Contributor address; City; State; Zip Code                       |                              | •        |  |                |
|   |                |  |                              |          |  |                |
|   |                |  |                              |          |  |                |
|   |                | San Antonio , TX 78222   |                              |          |  |                |
| 8 | Principal occu | pation / Job title (See Instructions)                              | 9 Employer (See Instructions | <u> </u> |  |                |
| Ē | N/A            |  | N/A                          | -,       |  |                |
|   |                |  |                              | <b>—</b> | American f Ocastalitations (#)                 |                |
|   | Date           | Full name of contributor out-of-state PAC (ID#:                    | )                            |          | Amount of Contribution (\$)                    | <b>#000.00</b> |
|   | 09/04/2024     | Conway , Nina  |                              |          |  | \$200.00       |
|   |                | Contributor address; City; State; Zip Code                         |                              |          |  |                |
|   |                |  |                              |          |  |                |
|   |                |  |                              |          |  |                |
|   |                | Odem , TX 78370  |                              |          |  |                |
|   |                | pation / Job title (See Instructions)                              | Employer (See Instructions   |          |  |                |
|   | N/A            |  | Contractors Safety Cou       | ncı      |  |                |
|   | Date           | Full name of contributor Dut-of-state PAC (ID#:_                   | )                            |          | Amount of Contribution (\$)                    |                |
|   | 08/28/2024     | Garcia, Matt   |                              |          |  | \$25.00        |
|   |                | Contributor address; City; State; Zip Code                         |                              | 1        |  |                |
|   |                |  |                              |          |  |                |
|   |                |  |                              |          |  |                |
|   |                | Corpus Christi, TX 78412   |                              |          |  |                |
|   | Principal occu | pation / Job title (See Instructions)                              | Employer (See Instructions   | s)       |  |                |
|   | Director of C  | ommunity Relations   | TXOGA                        |          |  |                |
| F | Date           | Full name of contributor out-of-state PAC (ID#:                    | )                            | Г        | Amount of Contribution (\$)                    |                |
|   | 08/28/2024     | Garza , Lee  |                              |          |  | \$25.00        |
|   |                | Contributor address; City; State; Zip Code                         |                              | 1        |  |                |
|   |                |  |                              |          |  |                |
|   |                |  |                              |          |  |                |
|   |                | Sinton , TX 78387  |                              |          |  |                |
|   | Principal occu | pation / Job title (See Instructions)                              | Employer (See Instructions   | <u> </u> |  |                |
|   | N/A            |  | N/A                          | ,        |  |                |
| ⊨ | Date           | Full name of contributor Out-of-state PAC (ID#:                    |                              | Г        | Amount of Contribution (\$)                    |                |
|   | 08/28/2024     | Full name of contributor out-of-state PAC (ID#:<br>Herrera , Amber | )                            |          | Amount of Contribution (\$)                    | \$20.00        |
|   | 00/20/2024     |  |                              |          |  | Ψ20.00         |
|   |                | Contributor address; City; State; Zip Code                         |                              |          |  |                |
|   |                |  |                              |          |  |                |
|   |                | Corpus Christi TX 79419  |                              |          |  |                |
| ⊢ | Drinoinal      | Corpus Christi , TX 78418  | Employer (Cashadayatian      |          |  |                |
| 1 |                | pation / Job title (See Instructions)                              | Employer (See Instructions   | 5)       |  |                |
|   | N/A            |  | N/A                          |          |  |                |
| 1 |                |  |                              |          |  |                |
| 1 |                |  |                              |          |  |                |

| The     | e Instru   | ction Guide explains how to complete this f         | orm.                         | 1   | Total pages Schedule A1:<br>Sch: 3/4 Rpt: 7/10 |           |
|---------|------------|---|------------------------------|-----|--|-----------|
| 2 FILE  | R NAME     |   |                              | 3   | Filer ID (Ethics Commission                    | n Filers) |
| Asso    | ociated E  | Builders & Contractors, Inc., Texas Coastal Bend PA | IC .                         |     | 00028200                                       |           |
| 4 Date  | <u>,</u>   | 5 Full name of contributor out-of-state PAC (ID#:   | )                            | 7   | Amount of Contribution (\$)                    |           |
| 09/0    | )4/2024    | Jiminez , Rene                                      |                              |     |  | \$20.00   |
|         |            | 6 Contributor address; City; State; Zip Code        |                              | 1   |  |           |
|         |            |   |                              |     |  |           |
|         |            |   |                              |     |  |           |
|         |            | Corpus Christi, TX 78404                            |                              |     |  |           |
| 8 Princ | cipal occu | pation / Job title (See Instructions)               | 9 Employer (See Instructions | 5)  |  |           |
| N/A     |            |   | N/A                          |     |  |           |
| Date    | ;          | Full name of contributor out-of-state PAC (ID#:_    | )                            |     | Amount of Contribution (\$)                    |           |
| 09/1    | 4/2024     | Kelly, Wayne  |                              |     |  | \$100.00  |
|         |            | Contributor address; City; State; Zip Code          |                              | 1   |  |           |
|         |            |   |                              |     |  |           |
|         |            |   |                              |     |  |           |
|         |            | Agua Dulce, TX 78330                                |                              |     |  |           |
|         |            | pation / Job title (See Instructions)               | Employer (See Instructions   | 5)  |  |           |
| Exec    | cutive Di  | rector  | Craft Training Center        |     |  |           |
| Date    | )          | Full name of contributor out-of-state PAC (ID#:_    | )                            | Ī   | Amount of Contribution (\$)                    |           |
| 09/1    | 4/2024     | McGowan, Codey                                      |                              |     |  | \$10.00   |
|         |            | Contributor address; City; State; Zip Code          |                              | 1   |  |           |
|         |            |   |                              |     |  |           |
|         |            |   |                              |     |  |           |
|         |            | McAllen , TX 78501                                  |                              |     |  |           |
|         |            | pation / Job title (See Instructions)               | Employer (See Instructions   | 5)  |  |           |
| CMI     | T Superv   |   | Raba Kistner                 |     |  |           |
| Date    | 9          | Full name of contributor out-of-state PAC (ID#:     | )                            | Γ   | Amount of Contribution (\$)                    |           |
| 09/1    | 4/2024     | Parker , Adriana                                    |                              |     |  | \$100.00  |
|         |            | Contributor address; City; State; Zip Code          |                              | 1   |  |           |
|         |            |   |                              |     |  |           |
|         |            |   |                              |     |  |           |
|         |            | Corpus Christi, TX 78404                            |                              |     |  |           |
|         |            | pation / Job title (See Instructions)               | Employer (See Instructions   |     |  |           |
| Lice    | ensed Ag   | ent   | New York Life Insurance      | e C | 0  |           |
| Date    |            | Full name of contributor out-of-state PAC (ID#:     | )                            | Γ   | Amount of Contribution (\$)                    |           |
| 09/0    | 04/2024    |   |                              |     |  | \$100.00  |
|         |            | Contributor address; City; State; Zip Code          |                              | ]   |  |           |
|         |            |   |                              |     |  |           |
|         |            |   |                              |     |  |           |
|         |            | Corpus Christi, TX 78409                            |                              |     |  |           |
|         |            | pation / Job title (See Instructions)               | Employer (See Instructions   |     |  |           |
| Purc    | chasing c  | General Manager                                     | American Steel & Suppl       | ly  |  |           |
|         |            |   |                              |     |  |           |

| 2 FILER NAME      |  |  | -   |   |           |
|-------------------|--|--|-----|---|-----------|
|                   | Guide explains how to complete this fo         | orm.   | 1   | otal pages Schedule A1:<br>Sch: 4/4 Rpt: 8/10 |           |
| Associated Builde |  |  | 3 ⊢ | iler ID (Ethics Commission                    | n Filers) |
| Associated Builde | ers & Contractors, Inc., Texas Coastal Bend PA | C  | 1   | 00028200                                      | ,         |
| 4 Date 5 F        | ull name of contributor out-of-state PAC (ID#: | )  | 7 A | mount of Contribution (\$)                    |           |
| 08/28/2024 F      | loach , Mark                                   |  |     |   | \$100.00  |
| 6 C               | ontributor address; City; State; Zip Code      |  | 1   |   |           |
|                   |  |  |     |   |           |
|                   |  |  |     |   |           |
|                   | ortland , TX 78374                             |  |     |   |           |
|                   | / Job title (See Instructions)                 | 9 Employer (See Instructions                         |     |   |           |
| Sales             |  | Dealers Electric Supply                              |     |   |           |
| Date F            | ull name of contributor out-of-state PAC (ID#: | )  | A   | mount of Contribution (\$)                    |           |
| 08/26/2024 S      | tivors , Travis                                |  |     |   | \$600.00  |
| C                 | ontributor address; City; State; Zip Code      |  | 1   |   |           |
|                   |  |  |     |   |           |
|                   |  |  |     |   |           |
| N                 | lew Braunfels , TX 78130                       |  |     |   |           |
|                   | / Job title (See Instructions)                 | Employer (See Instructions                           | s)  |   |           |
| Estimator         |  | Keeley Construction                                  |     |   |           |
| Date F            | ull name of contributor out-of-state PAC (ID#: | )  | A   | Amount of Contribution (\$)                   |           |
| 08/28/2024 V      | Vranosky , Rachel                              |  |     |   | \$100.00  |
| C                 | ontributor address; City; State; Zip Code      |  | 1   |   |           |
|                   |  |  |     |   |           |
|                   |  |  |     |   |           |
|                   | corpus Christi, TX 78418                       |  |     |   |           |
|                   | / Job title (See Instructions)                 | Employer (See Instructions                           | s)  |   |           |
| Branch Manager    |  | Watermark Graphics                                   |     |   |           |
| Date F            | ull name of contributor out-of-state PAC (ID#: | )  | A   | mount of Contribution (\$)                    |           |
| 08/28/2024 Y      | oung, Kent                                     |  |     |   | \$100.00  |
| C                 | ontributor address; City; State; Zip Code      |  | 1   |   |           |
|                   |  |  |     |   |           |
|                   |  |  |     |   |           |
|                   |  |  |     |   |           |
|                   | 1athis , TX 78368                              |  |     |   |           |
|                   | / Job title (See Instructions)                 | Employer (See Instructions<br>Dawson's Recycling & D |     |   |           |

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| OPE<br>EXPENDITURE   Fees   Clover App Mntly Fee     Date   Payee name   Op/03/2024   Frost Bank     Amount (\$)   Payee Address;   City; State; Zip     38.76   2402 Leopard St     Expenditure from   Corpus Christi , TX 78408     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description     Date   Payee name     09/03/2024   Frost Bank     Amount (\$)   Payee name     09/03/2024   Frost Bank     Amount (\$)   Payee Address;   City; State; Zip     90.94   2402 Leopard St     Expenditure from<br>corporate funds   Corpus Christi, TX 78408     PURPOSE<br>of EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description     90.94   2402 Leopard St   Set instructions free manples of acceptable categories)   (b) Description     Set instructions frees   Fees   (b) Description   (See instructions BankCard Deposit Mnthy     Date   Payee name   Payee Address;   City; State; Zip   SankCard Deposit Mnthy     Date   Payee Address;   City; State; Zip   3.00   2402 Leop  | (Ethics Commission Filers<br>00         |
|---|---|
| 54.07   415 N Mathilda Ave     Expenditure from<br>corporate funds   Sunnyvale , CA 94085     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description   (See instructions<br>Clover App Mntly Fee     Date   Payee name   Frost Bank   Corpus Christi , TX 78408   Corpus Christi , TX 78408     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description   (See instructions<br>FDMS Settlement Fee     Date<br>Or OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description   (See instructions<br>FDMS Settlement Fee     Date<br>OF<br>EXPENDITURE   Payee name   Fees   Forst Bank   FDMS Settlement Fee     Date<br>OF<br>EXPENDITURE   Payee name   Corpus Christi, TX 78408   (b) Description   (See instructions<br>FDMS Settlement Fee     Date<br>OF<br>EXPENDITURE   Payee Address;<br>Corpus Christi, TX 78408   (b) Description   (See instructions<br>Bankcard Deposit Mntly     PURPOSE<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description   (See instructions<br>Bankcard Deposit Mntly     Date<br>OF<br>EXPENDITURE   Payee name   Payee name   (So) Description   (See instructions<br>Bankcard Deposit Mntly     Date |   |
| PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description   (See instructions<br>Clover App Mntly Fee     Date   Payee name   Payee name   Cover App Mntly Fee   Clover App Mntly Fee     09/03/2024   Frost Bank   Payee Address;   City; State; Zip   Cover App Mntly Fee     38.76   2402 Leopard St   2402 Leopard St   Expenditure from   Corpus Christi, TX 78408     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description   (See instructions<br>FDMS Settlement Fee     Date   Payee name   Frost Bank   Forst Bank   FDMS Settlement Fee     09/03/2024   Frost Bank   Corpus Christi, TX 78408   FDMS Settlement Fee     09/03/2024   Payee Address;   City; State; Zip   Settlement Fee     90.94   2402 Leopard St   Corpus Christi, TX 78408   Settlement Fee     PURPOSE<br>or porter funds   (a) Category (See instructions for examples of acceptable categories)   (b) Description   (See instructions<br>Bankcard Deposit Mntly     Date<br>08/31/2024   Payee name   Forst Bank   Frost Bank   Sanout (\$)   Payee Address;   City; State; Zip     3.00   2402 Leopar   |   |
| OF<br>EXPENDITURE Fees Clover App Mntly Fee   Date Payee name   09/03/2024 Frost Bank   Amount (\$) Payee Address; City; State; Zip   38.76 2402 Leopard St   Image: Dependiture from Corpus Christi, TX 78408   PURPOSE<br>OF<br>EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions<br>FOMS Settlement Fee   Date Payee name Frost Bank   09/03/2024 Frost Bank   Amount (\$) Payee Address; City; State; Zip   90.94 2402 Leopard St   Expenditure from Corpus Christi, TX 78408   PURPOSE<br>OF<br>EXPENDITURE Payee Address; City; State; Zip   90.94 2402 Leopard St   Purpose<br>OF<br>EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions<br>BankCard Deposit Mnthy   Date<br>OB/S1/2024 Payee name See instructions free structions for examples of acceptable categories) (b) Description (See instructions<br>BankCard Deposit Mnthy   Date<br>OB/S1/2024 Payee name Set instructions free structions for examples of acceptable categories) (b) Description (See instructions<br>BankCard Deposit Mnthy   Date<br>OB/S1/2024 Payee Address; City; State; Zip Set instructions<br>BankCard Deposit Mnthy <td< td=""><td></td></td<>  |   |
| 09/03/2024   Frost Bank     Amount (\$)   Payee Address;   City; State; Zip     38.76   2402 Leopard St     Expenditure from   Corpus Christi , TX 78408     PURPOSE   (a) Category (See instructions for examples of acceptable categories)   (b) Description (See instructions FDMS Settlement Fee     Date   Payee name   Payee Address;   City; State; Zip     90.94   Payee Address;   City; State; Zip     90.94   2402 Leopard St   Expenditure from     Corpus Christi, TX 78408   Corpus Christi, TX 78408     PURPOSE   OF   (a) Category (See instructions for examples of acceptable categories)     90.94   Payee Address;   City; State; Zip     90.94   Payee Corpus Christi, TX 78408   See instructions for examples of acceptable categories)     PURPOSE   OF   Expenditure from   Corpus Christi, TX 78408     PURPOSE   OF   Expenditure from   See instructions for examples of acceptable categories)   (b) Description (See instructions Bankcard Deposit Mnthy     Date   Payee name   Payee name   Sancard Deposit Mnthy     08/31/2024   Frost Bank   Amount (\$)   Payee Address; City; State; Zip   Sancerpoint City   | regarding type of information required. |
| Amount (\$)   Payee Address;   City;   State;   Zip     38.76   2402 Leopard St   2402 Leopard St     Expenditure from corporate funds   Corpus Christi , TX 78408   (b) Description (See instructions for examples of acceptable categories) Fees     PURPOSE OF EXPENDITURE   (a) Category (See instructions for examples of acceptable categories) Fees   (b) Description (See instructions FDMS Settlement Fee     Date   Payee name   Payee Address;   City;   State;   Zip     90/03/2024   Frost Bank   Amount (\$)   Payee Address;   City;   State;   Zip     90.94   2402 Leopard St   Corpus Christi, TX 78408   Expenditure from   Corpus Christi, TX 78408     PURPOSE OF EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description (See instructions Bankcard Deposit Mnthy     Date   Payee name   Fees   Ease for   Bankcard Deposit Mnthy     Date   Payee name   Frost Bank   Bankcard Deposit Mnthy   Bankcard Deposit Mnthy     Date   Payee name   Frost Bank   Amount (\$)   Payee Address;   City;   State;   Zip     3.00   2402 Leopard St   City;   State; <td< td=""><td></td></td<>   |   |
| 38.76   2402 Leopard St     Expenditure from<br>corporate funds   Corpus Christi , TX 78408     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description (See instructions<br>FDMS Settlement Fee     Date<br>09/03/2024   Payee name<br>Frost Bank   |   |
| So. 70   Expenditure from<br>corporate funds   Corpus Christi , TX 78408     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description (See instructions<br>FDMS Settlement Fee     Date<br>09/03/2024   Payee name<br>Frost Bank   Forst Bank     Amount (\$)   Payee Address;<br>90.94   City; State; Zip<br>2402 Leopard St     Expenditure from<br>corporate funds   Corpus Christi, TX 78408     PURPOSE<br>oF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>OF<br>EXPENDITURE   (b) Description (See instructions<br>Bankcard Deposit Mntly     Date<br>08/31/2024   Payee name<br>Frost Bank   Set instructions<br>and categories of acceptable categories)   (b) Description (See instructions<br>Bankcard Deposit Mntly     Date<br>08/31/2024   Payee name<br>Frost Bank   Set instructions<br>Fees   City; State; Zip<br>2402 Leopard St  |   |
| corporate funds   Corpus Christi , TX 78408     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description (See instructions<br>FDMS Settlement Fee     Date<br>09/03/2024   Payee name<br>Frost Bank   Forst Bank     Amount (\$)   Payee Address; City; State; Zip<br>2402 Leopard St     Date<br>orporate funds   Corpus Christi, TX 78408     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description (See instructions<br>Bankcard Deposit Mntly     Date<br>OF<br>EXPENDITURE   Payee name<br>Frost Bank   (b) Description (See instructions<br>Bankcard Deposit Mntly     Date<br>08/31/2024   Payee name<br>Frost Bank   (b) Description (See instructions<br>Bankcard Deposit Mntly     Date<br>08/31/2024   Payee name<br>Frost Bank   2402 Leopard St   |   |
| PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description (See instructions<br>FDMS Settlement Fee     Date<br>09/03/2024   Payee name<br>Frost Bank   Forst Bank     Amount (\$)   Payee Address; City; State; Zip<br>2402 Leopard St   Corpus Christi, TX 78408     PURPOSE<br>0F<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description (See instructions<br>Fees     PURPOSE<br>0F<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description (See instructions<br>Bankcard Deposit Mntty     Date<br>08/31/2024   Payee name<br>Frost Bank   Frost Bank     Amount (\$)   Payee Address; City; State; Zip<br>2402 Leopard St  |   |
| EXPENDITURE   Payee name     Date   Payee name     09/03/2024   Frost Bank     Amount (\$)   Payee Address;   City; State; Zip     90.94   2402 Leopard St     Setuentiture from   Corpus Christi, TX 78408     PURPOSE   (a) Category (See instructions for examples of acceptable categories)   (b) Description (See instructions Bankcard Deposit Mntly     Date   Payee name   Fees   Bankcard Deposit Mntly     Date   Payee name   Frost Bank     08/31/2024   Frost Bank   Amount (\$)     Payee Address;   City; State; Zip     3.00   2402 Leopard St  | regarding type of information required. |
| 09/03/2024   Frost Bank     Amount (\$)   Payee Address; City; State; Zip     90.94   2402 Leopard St     90.94   Corpus Christi, TX 78408     PURPOSE   (a) Category (See instructions for examples of acceptable categories)   (b) Description (See instructions Bankcard Deposit Mntly     Date   Payee name     08/31/2024   Frost Bank     Amount (\$)   Payee Address; City; State; Zip     3.00   2402 Leopard St  |   |
| Amount (\$)   Payee Address;   City; State; Zip     90.94   2402 Leopard St     Expenditure from<br>corporate funds   Corpus Christi, TX 78408     PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description (See instructions<br>Bankcard Deposit Mntly     Date<br>08/31/2024   Payee name<br>Frost Bank   Frost Bank     Amount (\$)   Payee Address;   City; State; Zip<br>2402 Leopard St   |   |
| 90.94   2402 Leopard St     Expenditure from corporate funds   Corpus Christi, TX 78408     PURPOSE OF EXPENDITURE   (a) Category (See instructions for examples of acceptable categories) Fees   (b) Description (See instructions Bankcard Deposit Mntly     Date 08/31/2024   Payee name   Frost Bank     Amount (\$)   Payee Address; City; State; Zip   2402 Leopard St     3.00   Expenditure from   2402 Leopard St  |   |
| S0.94   S0.94     Expenditure from corporate funds   Corpus Christi, TX 78408     PURPOSE OF EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)     Date OF EXPENDITURE   Payee name     08/31/2024   Frost Bank     Amount (\$)   Payee Address;   City; State; Zip     3.00   2402 Leopard St  |   |
| Image: Corpust or purpose of acceptable categories) of acceptable categories) of acceptable categories) of acceptable categories) fees   (b) Description (See instructions Bankcard Deposit Mntly     Image: Date 08/31/2024   Payee name   Frost Bank     Amount (\$)   Payee Address; City; State; Zip   2402 Leopard St  |   |
| PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)<br>Fees   (b) Description   (See instructions<br>Bankcard Deposit Mntly     Date   Payee name   Payee name   Frost Bank     08/31/2024   Frost Bank   Payee Address;   City; State; Zip     3.00   2402 Leopard St   Finite City; State; Zip   |   |
| EXPENDITURE Payee name   Date Payee name   08/31/2024 Frost Bank   Amount (\$) Payee Address;   3.00 2402 Leopard St  | regarding type of information required. |
| 08/31/2024 Frost Bank<br>Amount (\$) Payee Address; City; State; Zip<br>3.00 2402 Leopard St  | -ees                                    |
| Amount (\$) Payee Address; City; State; Zip<br>3.00 2402 Leopard St   |   |
| 3.00 2402 Leopard St  |   |
| - Expenditure from  |   |
| - Expenditure from  |   |
|   |   |
| corporate funds Corpus Christi, TX 78408  | regarding two of information and in     |
| PURPOSE<br>OF<br>EXPENDITURE   (a) Category (See instructions for examples of acceptable categories)   (b) Description   (See instructions     Service Charge Fee   | regarding type of information required. |

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

|  | The Instruction Guide explains how to complete this form.   |
|--|---|
| Total pages Schedule I:<br>Sch: 2/2 Rpt: | 2   FILER NAME   3   Filer ID   (Ethics Commission File     Associated Builders & Contractors, Inc., Texas Coastal   00028200   (Ethics Commission File |
| Date                                     | 5 Payee name  |
| 09/18/2024                               | Treasury Mgmt Srvcs   |
| Amount (\$)                              | 7 Payee Address; City; State; Zip   |
| 25.50                                    | 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 require           |
| OF<br>EXPENDITURE                        | Fees     Treasury Mgmt Services   |
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