

# 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<br>(Ethics Commission Filers)<br>00028200 |  | 2 Total pages filed:<br>7                                                                                                                                             |  |
| 3 COMMITTEE NAME<br>Associated Builders & Contractors, Inc., Texas Coastal Bend PAC |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>08/05/2025<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                                                 | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>7433 Leopard St.<br>Corpus Christi, TX 78409                                                                                                                                                                                                                                                                                                                                          |                                                      |  |                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                                           | MS / MRS / MR FIRST MI<br>Mr. Lance Scott<br>NICKNAME LAST SUFFIX<br>Lewis                                                                                                                                                                                                                                                                                                                                                                 |                                                      |  |                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>2033 FM 2725<br>Ingleside, TX 78362                                                                                                                                                                                                                                                                                                                             |                                                      |  |                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                                                | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>2033 FM 2725<br>Ingleside, TX 78362                                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                                          | AREA CODE PHONE NUMBER EXTENSION<br>(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 type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><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<br>06/26/2025    07/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|                                                                                             |                                                           |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Associated Builders & Contractors, Inc., Texas Coastal Bend PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00028200 |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |
|                                                                                                         |                                                                                              |              |

|                               |                                                                                                                                                                                                                                                   |             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00     |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                    | \$ 0.00     |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                 | \$ 0.00     |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                            | \$ 207.02   |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                     | \$ 3,111.26 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                              | \$ 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****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 7

|                                                                                             |                                                                                                                   |                                |                            |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>17 COMMITTEE NAME</b><br>Associated Builders & Contractors, Inc., Texas Coastal Bend PAC |                                                                                                                   | <b>18 Filer ID</b><br>00028200 | (Ethics Commission Filers) |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                            |                                                                                                                   |                                | SUBTOTAL AMOUNT            |
| 1.                                                                                          | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$                             | 0.00                       |
| 2.                                                                                          | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$                             | 0.00                       |
| 3.                                                                                          | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                             | \$                             | 0.00                       |
| 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 checked="" type="checkbox"/> SCHEDULE E: LOANS                                                             | \$                             | 0.00                       |
| 10.                                                                                         | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$                             | 207.02                     |
| 11.                                                                                         | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$                             | 0.00                       |
| 12.                                                                                         | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 13.                                                                                         | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 | \$                             | 0.00                       |
| 14.                                                                                         | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                             |                            |
| 15.                                                                                         | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                             |                            |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/7

2 FILER NAME

Associated Builders & Contractors, Inc., Texas Coastal Bend PAC

3 Filer ID (Ethics Commission Filers)

00028200

4 TOTAL OF UNITEMIZED PLEDGES

\$ 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 travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 5/7

2 FILER NAME

Associated Builders & Contractors, Inc., Texas Coastal Bend PAC

3 Filer ID (Ethics Commission Filers)  
00028200

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender

☐ out-of-state PAC (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 / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ None

15 Check if personal funds were deposited into political account  
(See Instructions)

☐

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                 |                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 6/7                                           | <b>2</b> FILER NAME<br>Associated Builders & Contractors, Inc., Texas Coastal                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00028200                                                                                                                                                      |
| <b>4</b> Date<br>07/11/2025                                                                      | <b>5</b> Payee name<br>Clover                                                                   |                                                                                                                                                                                                               |
| <b>6</b> Amount (\$)<br>\$70.31<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>415 N Mathilda Ave<br><br>Sunnyvale , CA 94085 |                                                                                                                                                                                                               |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Clover App Fees     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                 |                                                                                                                                                                                                               |
| Date<br>06/30/2025                                                                               | Candidate/Officeholder name<br>Frost Bank                                                       |                                                                                                                                                                                                               |
| Amount (\$)<br>\$3.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>2402 Leopard St<br><br>Corpus Christi, TX 78408         |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service Charge Fee  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                 |                                                                                                                                                                                                               |
| Date<br>07/02/2025                                                                               | Candidate/Officeholder name<br>Frost Bank                                                       |                                                                                                                                                                                                               |
| Amount (\$)<br>\$108.71<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>2402 Leopard St<br><br>Corpus Christi, TX 78408         |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>FDMS Settlement Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                 |                                                                                                                                                                                                               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                           |                                                                                           |                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 2/2 Rpt: 7/7                                           | 2 FILER NAME<br>Associated Builders & Contractors, Inc., Texas Coastal                    | 3 Filer ID (Ethics Commission Filers)<br>00028200                                                                                                                                                |
| 4 Date<br>07/17/2025                                                                      | 5 Payee name<br>Frost Bank                                                                |                                                                                                                                                                                                  |
| 6 Amount (\$)<br>\$25.00<br><br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>2402 Leopard St<br><br>Corpus Christi, TX 78408 |                                                                                                                                                                                                  |
| 8 PURPOSE OF EXPENDITURE                                                                  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Treasury Mgmt |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate/Officeholder name                                                               | Office sought<br><br>Office held                                                                                                                                                                 |