

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: 7	
3 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/06/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 7433 Leopard St. Corpus Christi, TX 78409				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Lance Scott NICKNAME LAST SUFFIX Lewis				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2033 FM 2725 Ingleside, TX 78362				
7 CAMPAIGN TREASURER MAILING 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 08/26/2025 09/25/2025				

GO TO PAGE 2

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
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 224.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,612.85
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**FORM MPAC**
COVER SHEET PG 3
3 of 7

17 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		18 Filer ID (Ethics Commission Filers) 00028200
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 224.99
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 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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		3 Filer ID (Ethics Commission Filers) 00028200
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy, Rivard 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) CEC Energy
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza , Lori Contributor address; City; State; Zip Code Robstown , TX 78380	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Turner Industries
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Wayne Contributor address; City; State; Zip Code Agua Dulce, TX 78330	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) CTC
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Robert Contributor address; City; State; Zip Code Corpus Christi , TX 78469	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lonesome Coyote Ranch
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pilgrim, Alan Contributor address; City; State; Zip Code Beeville , TX 78102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) Confidence Auto Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		3 Filer ID (Ethics Commission Filers) 00028200
4 Date 08/27/2025	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 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Frank <hr/> Contributor address; City; State; Zip Code Robstown , TX 78380	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
		Self
Date 08/27/2025	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

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: Sch: 1/2 Rpt: 6/7	2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal	3 Filer ID (Ethics Commission Filers) 00028200
4 Date 09/11/2025	5 Payee name Clover	
6 Amount (\$) \$70.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 415 N Mathilda Ave Sunnyvale , CA 94085	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Clover App Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$3.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2402 Leopard St Corpus Christi, TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$3.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2402 Leopard St Corpus Christi, TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FDMS Settlement
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: Sch: 2/2 Rpt: 7/7	2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal	3 Filer ID (Ethics Commission Filers) 00028200
4 Date 09/02/2025	5 Payee name Frost Bank	
6 Amount (\$) \$14.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2402 Leopard St Corpus Christi, TX 78408	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FDMS Settlement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$109.35 <input type="checkbox"/> Expenditure from corporate funds	Payee name Frost Bank Payee address; City; State; Zip Code 2402 Leopard St Corpus Christi, TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FDMS Settlement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/17/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Frost Bank Payee address; City; State; Zip Code 2402 Leopard St Corpus Christi, TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Treasury Mgmt Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		