

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00028200		2 Total pages filed: 7		OFFICE USE ONLY	
3 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC				Date Received ELECTRONICALLY FILED 11/18/2025	
4 TREASURER NAME Lewis, Lance Scott (Mr.)				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		☐ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election		☐ Runoff ☐ 10th day after campaign treasurer resignation ☐ Dissolution report ☒ Other (specify) <u>December 5</u>	
6 ORIGINAL PERIOD COVERED		Month Day Year 10/26/2024		Month Day Year THROUGH 11/25/2024	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

7 EXPLANATION OF CORRECTION

The authorized reporting agent erred in reporting expenditures. Expenditures were categorized incorrectly, \$212.37 originally reported as non-political expenditures have been corrected on this correction to political expenditures. This was unintentional and found during our internal audit. We do humbly request a waiver.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Lance Scott Lewis

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00028200	2 Total pages filed: 7
3 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 11/18/2025 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	☒ Monthly ☐ 10th day after campaign treasurer termination ☐ Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	☐ January 5 ☐ April 5 ☐ July 5 ☐ October 5 ☐ February 5 ☐ May 5 ☐ August 5 ☐ November 5 ☐ March 5 ☐ June 5 ☐ September 5 ☒ December 5		
11 PERIOD COVERED	Month Day Year 10/26/2024 THROUGH Month Day Year 11/25/2024		

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		13 Filer ID (Ethics Commission Filers) 00028200
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) ☐ check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 340.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 212.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,418.88
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
4 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.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 340.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☐ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	☐ SCHEDULE E: LOANS	\$
10.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 212.37
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	☐ 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: 1/1 Rpt: 5/7
2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal Bend PAC		3 Filer ID (Ethics Commission Filers) 00028200
4 Date 10/30/2024	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Evetts , Nicole 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Francher & Neblett LLP
Date 10/30/2024	Full name of contributor ☐ out-of-state PAC (ID#: _____) Parker, Robert Contributor address; City; State; Zip Code Corpus Christi , TX 78469	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lonesome Coyote Ranch
Date 10/30/2024	Full name of contributor ☐ out-of-state PAC (ID#: _____) Serrano, Adam Contributor address; City; State; Zip Code Corpus Christi, TX 78409	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Outside Sales		Employer (See Instructions) H&E

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 11/12/2024	5 Payee name Clover	
6 Amount (\$) \$54.07 ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Clover App
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3.00 ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Service Charge Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/04/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$38.76 ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense 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: Sch: 2/2 Rpt: 7/7	2 FILER NAME Associated Builders & Contractors, Inc., Texas Coastal	3 Filer ID (Ethics Commission Filers) 00028200
4 Date 11/04/2024	5 Payee name Frost Bank	
6 Amount (\$) \$90.94 ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Bankcard Deposit Mthly Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name Frost Bank	
Amount (\$) \$25.60 ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Treasury Mgmt Svcs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held