

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

| | | | | | | |
|---|--|--|---|---|--|------|
| The SC C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) 00070217 | 2 Total pages filed: 4 | | |
| 3 CANDIDATE NAME | MS / MRS / MR Dr. | FIRST Dana L. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Myers | SUFFIX M.D. | Date Received ELECTRONICALLY FILED 01/12/2026 | | |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2617C Holcombe Blvd #411 Houston, TX 77025 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Ernest | MI | | | |
| | NICKNAME | LAST Angelo | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 410 N. Main Street Midland, TX 79705 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (432) 684-4449 | | | PHONE NUMBER | EXTENSION | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before convention / election | <input type="checkbox"/> Runoff | | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before convention / election | <input type="checkbox"/> Final report (Attach SC C/OH-FR) | | | |
| 9 PERIOD COVERED | Month 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 CONVENTION / ELECTION DATE | Month | Day | Year | 11 OFFICE SOUGHT | <input checked="" type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR | |
| 12 POLITICAL PARTY | Republican | | | COUNTY (If Applicable) | | |

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STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS

FORM SC C/OH
COVER SHEET PG 2

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| | | | | | | | | | | | | | | | |
|---|---|--------------------------------------|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 CANDIDATE NAME | Myers M.D., Dana L. (Dr.) | | 14 Filer ID (Ethics Commission Filers) 00070217 | | | | | | | | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 | | | | | | | | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 0.00 | | | | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 60.00 | | | | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 50.35 | | | | | | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | | | | | | | | | | | | |

17 AFFADAVIT

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.

Dr. Dana L. Myers M.D.

Signature of Candidate

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 - SC C/OH**FORM SC C/OH
COVER SHEET PG 3**

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| | |
|--|--|
| 18 CANDIDATE NAME Myers M.D., Dana L. (Dr.) | 19 Filer ID (Ethics Commission Filers) 00070217 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | |
| 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 E: LOANS | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |
| SUBTOTAL AMOUNT | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|-------------|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4 | 2 FILER NAME Myers M.D., Dana L. (Dr.) | 3 Filer ID (Ethics Commission Filers) 00070217 | |
| 4 Date 12/30/2025 | 5 Payee name Plains Capital Bank | | |
| 6 Amount (\$) \$60.00 | 7 Payee address; City; State; Zip Code 2911 Turtle Creek Boulevard Suite 1300 Dallas, TX 75219 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |