

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084656	2 Total pages filed: 17		
3 COMMITTEE NAME Advanced Drainage Systems, Inc. Texas PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged			
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address 4024 Green Stripe Ln. Hilliard, OH 43026					
5 CAMPAIGN TREASURER NAME Mr. Dean	FIRST NICKNAME LAST Bruno			MI SUFFIX	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) 4024 Green Stripe Ln. Hilliard, OH 43026	STREET ADDRESS (NO PO BOX PLEASE); 4024 Green Stripe Ln. Hilliard, OH 43026	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	STREET OR PO BOX; 4640 Trueman Blvd. Hilliard, OH 43026	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (614) 658-0296	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE <input type="checkbox"/> Other	

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Advanced Drainage Systems, Inc. Texas PAC		13 FILER ID (Ethics Commission Filers) 00084656
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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,437.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,033.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 80,766.88
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. Dean Bruno

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 - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 17

17 COMMITTEE NAME Advanced Drainage Systems, Inc. Texas PAC	18 FILER ID (Ethics Commission Filers) 00084656
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" 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 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 checked="" 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	
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: 1/9 Rpt: 4/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC		3 Filer ID (Ethics Commission Filers) 00084656
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baryluk, Greg 6 Contributor address; City; State; Zip Code Columbus, OH 43220	7 Amount of Contribution (\$) \$125.00
	8 Principal occupation / Job title (See Instructions) Director Corporate Quality	
9 Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baryluk, Greg Contributor address; City; State; Zip Code Columbus, OH 43220	Amount of Contribution (\$) \$125.00
	Principal occupation / Job title (See Instructions) Director Corporate Quality	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baryluk, Greg Contributor address; City; State; Zip Code Columbus, OH 43220	Amount of Contribution (\$) \$125.00
	Principal occupation / Job title (See Instructions) Director Corporate Quality	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baryluk, Greg Contributor address; City; State; Zip Code Columbus, OH 43220	Amount of Contribution (\$) \$125.00
	Principal occupation / Job title (See Instructions) Director Corporate Quality	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baryluk, Greg Contributor address; City; State; Zip Code Columbus, OH 43220	Amount of Contribution (\$) \$125.00
	Principal occupation / Job title (See Instructions) Director Corporate Quality	
Employer (See Instructions) Advanced Drainage Systems, Inc.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC			3 Filer ID (Ethics Commission Filers) 00084656
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baryluk, Greg 6 Contributor address; City; State; Zip Code Columbus, OH 43220	7 Amount of Contribution (\$) \$125.00	
8 Principal occupation / Job title (See Instructions) Director Corporate Quality		9 Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Mac Contributor address; City; State; Zip Code Dublin, OH 43017	Amount of Contribution (\$) \$125.00	
Principal occupation / Job title (See Instructions) Director Of Procurement		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Mac Contributor address; City; State; Zip Code Dublin, OH 43017	Amount of Contribution (\$) \$125.00	
Principal occupation / Job title (See Instructions) Director Of Procurement		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Mac Contributor address; City; State; Zip Code Dublin, OH 43017	Amount of Contribution (\$) \$125.00	
Principal occupation / Job title (See Instructions) Director Of Procurement		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Mac Contributor address; City; State; Zip Code Dublin, OH 43017	Amount of Contribution (\$) \$125.00	
Principal occupation / Job title (See Instructions) Director Of Procurement		Employer (See Instructions) Advanced Drainage Systems, Inc.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC			3 Filer ID (Ethics Commission Filers) 00084656
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Mac	7 Amount of Contribution (\$) \$125.00	
	6 Contributor address; City; State; Zip Code Dublin, OH 43017		
8 Principal occupation / Job title (See Instructions) Director Of Procurement		9 Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Mac	Amount of Contribution (\$) \$125.00	
	Contributor address; City; State; Zip Code Dublin, OH 43017		
Principal occupation / Job title (See Instructions) Director Of Procurement		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figola, Daniel	Amount of Contribution (\$) \$125.00	
	Contributor address; City; State; Zip Code Powell, OH 43065		
Principal occupation / Job title (See Instructions) Director of Product Development		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figola, Daniel	Amount of Contribution (\$) \$125.00	
	Contributor address; City; State; Zip Code Powell, OH 43065		
Principal occupation / Job title (See Instructions) Director of Product Development		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figola, Daniel	Amount of Contribution (\$) \$125.00	
	Contributor address; City; State; Zip Code Powell, OH 43065		
Principal occupation / Job title (See Instructions) Director of Product Development		Employer (See Instructions) Advanced Drainage Systems, Inc.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 4/9 Rpt: 7/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC			3 Filer ID (Ethics Commission Filers) 00084656
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figola, Daniel	7 Amount of Contribution (\$) \$125.00	
	6 Contributor address; City; State; Zip Code Powell, OH 43065		
8 Principal occupation / Job title (See Instructions) Director of Product Development		9 Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figola, Daniel	Amount of Contribution (\$) \$125.00	
	Contributor address; City; State; Zip Code Powell, OH 43065		
Principal occupation / Job title (See Instructions) Director of Product Development		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figola, Daniel	Amount of Contribution (\$) \$125.00	
	Contributor address; City; State; Zip Code Powell, OH 43065		
Principal occupation / Job title (See Instructions) Director of Product Development		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Jose	Amount of Contribution (\$) \$125.00	
	Contributor address; City; State; Zip Code Columbus, OH 43230		
Principal occupation / Job title (See Instructions) International Controller		Employer (See Instructions) Advanced Drainage Systems, Inc.	
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Jose	Amount of Contribution (\$) \$125.00	
	Contributor address; City; State; Zip Code Columbus, OH 43230		
Principal occupation / Job title (See Instructions) International Controller		Employer (See Instructions) Advanced Drainage Systems, Inc.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC			3 Filer ID (Ethics Commission Filers) 00084656
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Jose 6 Contributor address; City; State; Zip Code Columbus, OH 43230	7 Amount of Contribution (\$) \$125.00	
	8 Principal occupation / Job title (See Instructions) International Controller		9 Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Jose Contributor address; City; State; Zip Code Columbus, OH 43230	Amount of Contribution (\$) \$125.00	
	Principal occupation / Job title (See Instructions) International Controller		Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Jose Contributor address; City; State; Zip Code Columbus, OH 43230	Amount of Contribution (\$) \$125.00	
	Principal occupation / Job title (See Instructions) International Controller		Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Jose Contributor address; City; State; Zip Code Columbus, OH 43230	Amount of Contribution (\$) \$125.00	
	Principal occupation / Job title (See Instructions) International Controller		Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Joshua Contributor address; City; State; Zip Code Powell, OH 43065	Amount of Contribution (\$) \$166.67	
	Principal occupation / Job title (See Instructions) Director of Order Management		Employer (See Instructions) Advanced Drainage Systems, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC		3 Filer ID (Ethics Commission Filers) 00084656
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Joshua 6 Contributor address; City; State; Zip Code Powell, OH 43065	7 Amount of Contribution (\$) \$166.67
	8 Principal occupation / Job title (See Instructions) Director of Order Management	
9 Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Joshua Contributor address; City; State; Zip Code Powell, OH 43065	Amount of Contribution (\$) \$166.67
	Principal occupation / Job title (See Instructions) Director of Order Management	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Joshua Contributor address; City; State; Zip Code Powell, OH 43065	Amount of Contribution (\$) \$166.67
	Principal occupation / Job title (See Instructions) Director of Order Management	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Joshua Contributor address; City; State; Zip Code Powell, OH 43065	Amount of Contribution (\$) \$166.67
	Principal occupation / Job title (See Instructions) Director of Order Management	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Joshua Contributor address; City; State; Zip Code Powell, OH 43065	Amount of Contribution (\$) \$166.65
	Principal occupation / Job title (See Instructions) Director of Order Management	
Employer (See Instructions) Advanced Drainage Systems, Inc.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC			3 Filer ID (Ethics Commission Filers) 00084656
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Bret 6 Contributor address; City; State; Zip Code Plain City, OH 43064	7 Amount of Contribution (\$) \$800.00	
	8 Principal occupation / Job title (See Instructions) Executive Vice President of Sales		9 Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Bret Contributor address; City; State; Zip Code Plain City, OH 43064	Amount of Contribution (\$) \$800.00	
	Principal occupation / Job title (See Instructions) Executive Vice President of Sales		Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Bret Contributor address; City; State; Zip Code Plain City, OH 43064	Amount of Contribution (\$) \$800.00	
	Principal occupation / Job title (See Instructions) Executive Vice President of Sales		Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Bret Contributor address; City; State; Zip Code Plain City, OH 43064	Amount of Contribution (\$) \$800.00	
	Principal occupation / Job title (See Instructions) Executive Vice President of Sales		Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Bret Contributor address; City; State; Zip Code Plain City, OH 43064	Amount of Contribution (\$) \$800.00	
	Principal occupation / Job title (See Instructions) Executive Vice President of Sales		Employer (See Instructions) Advanced Drainage Systems, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC		3 Filer ID (Ethics Commission Filers) 00084656
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Struckel, Robb 6 Contributor address; City; State; Zip Code Dublin, OH 43016	7 Amount of Contribution (\$) \$125.00
	8 Principal occupation / Job title (See Instructions) Sales Executive	
9 Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Struckel, Robb Contributor address; City; State; Zip Code Dublin, OH 43016	Amount of Contribution (\$) \$125.00
	Principal occupation / Job title (See Instructions) Sales Executive	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Struckel, Robb Contributor address; City; State; Zip Code Dublin, OH 43016	Amount of Contribution (\$) \$125.00
	Principal occupation / Job title (See Instructions) Sales Executive	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Struckel, Robb Contributor address; City; State; Zip Code Dublin, OH 43016	Amount of Contribution (\$) \$125.00
	Principal occupation / Job title (See Instructions) Sales Executive	
Employer (See Instructions) Advanced Drainage Systems, Inc.		
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Struckel, Robb Contributor address; City; State; Zip Code Dublin, OH 43016	Amount of Contribution (\$) \$125.00
	Principal occupation / Job title (See Instructions) Sales Executive	
Employer (See Instructions) Advanced Drainage Systems, Inc.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC		3 Filer ID (Ethics Commission Filers) 00084656
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Struckel, Robb 6 Contributor address; City; State; Zip Code Dublin, OH 43016	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Sales Executive		9 Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Carl Contributor address; City; State; Zip Code Madison , CT 06443	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) VP of Sales & Marketing		Employer (See Instructions) Advanced Drainage Systems, Inc.
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trotto, Michael Contributor address; City; State; Zip Code Lewis Center, OH 43035	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) VP - Advanced Engineering & Technology		Employer (See Instructions) Advanced Drainage Systems, Inc.

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION****SCHEDULE C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 13/17
2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC		3 Filer ID (Ethics Commission Filers) 00084656
4 Date 12/31/2025	5 Corporation / Labor Organization name Advanced Drainage Systems, Inc.	6 Amount (\$) 1,187.50
Date 12/31/2025	Corporation / Labor Organization name Advanced Drainage Systems, Inc.	Amount (\$) 500.00
Date 12/31/2025	Corporation / Labor Organization name Advanced Drainage Systems, Inc.	Amount (\$) 2,500.00
Date 12/31/2025	Corporation / Labor Organization name Advanced Drainage Systems, Inc.	Amount (\$) 1,500.00

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: 1/4 Rpt: 14/17	2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC	3 Filer ID (Ethics Commission Filers) 00084656
4 Date 11/06/2025	5 Payee name Beatty for Congress	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 222 EAST TOWN STREET SUITE 2W Columbus, OH 43215	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to U.S. House Representative in Ohio Congressional District 3.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Carey for Congress	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 16032 Columbus, OH 43216	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to U.S. House Representative in Ohio Congressional District 15.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Cramer for Senate	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 396 Bismark, ND 58502	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to U.S. Senate committee in Nebraska.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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: 2/4 Rpt: 15/17	2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC	3 Filer ID (Ethics Commission Filers) 00084656
4 Date 09/05/2025	5 Payee name Delbene for Congress	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 477 Kirkland, WA 98083	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to U.S. House Representative in Washington Congressional District
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Fowler Committee	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 545 E. Town Street Columbus, OH 43215	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to Franklin County, Ohio engineer campaign committee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Guthrie for Congress	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO BOX 22401 LOUISVILLE, KY 40252	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to U.S. House Representative in Kentucky Congressional District 2.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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: 3/4 Rpt: 16/17	2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC	3 Filer ID (Ethics Commission Filers) 00084656
4 Date 08/18/2025	5 Payee name Husted for Senate	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO BOX 6290 Columbus, OH 43206	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to U.S. Senate committee in Ohio.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Latta for Congress	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO BOX 106 Bowling Green, OH 43402	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to U.S. House Representative in Ohio Congressional District 5.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name PNC Bank	
Amount (\$) \$33.00	Payee address; City; State; Zip Code 4650 Cemetery Road Hilliard, OH 43026	
<input type="checkbox"/> Expenditure from corporate funds	(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 fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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: 4/4 Rpt: 17/17	2 FILER NAME Advanced Drainage Systems, Inc. Texas PAC	3 Filer ID (Ethics Commission Filers) 00084656	
4 Date 09/05/2025	5 Payee name Val Hoyle for Congress		
6 Amount (\$) \$2,500.00	7 Payee address; City; PO BOX 657 SPRINGFIELD, OR 97477	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution to U.S. House Representative in Oregon Congressional District 4.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held