

# 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 # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4024 Green Stripe Ln.  Hilliard, OH 43026		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Dean NICKNAME LAST SUFFIX Bruno		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4024 Green Stripe Ln.  Hilliard, OH 43026		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input checked="" type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4640 Trueman Blvd.  Hilliard, OH 43026		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (614) 658-0296		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Advanced Drainage Systems, Inc. Texas PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00084656
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,437.50
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 21,033.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 80,766.88
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. 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

<b>17 COMMITTEE NAME</b> Advanced Drainage Systems, Inc. Texas PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00084656
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,750.00
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 checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 5,687.50
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	\$ 21,033.00
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

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

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

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

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

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 13/17
<b>2</b> FILER NAME Advanced Drainage Systems, Inc. Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00084656
<b>4</b> Date 12/31/2025	<b>5</b> Corporation / Labor Organization name Advanced Drainage Systems, Inc.	<b>6</b> 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  
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: Sch: 1/4 Rpt: 14/17	<b>2</b> FILER NAME Advanced Drainage Systems, Inc. Texas PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00084656
<b>4</b> Date 11/06/2025	<b>5</b> Payee name Beatty for Congress	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 222 EAST TOWN STREET SUITE 2W  Columbus, OH 43215	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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.
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 16032  Columbus, OH 43216	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 396  Bismark, ND 58502	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 <u>ONLY</u> 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  
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: Sch: 2/4 Rpt: 15/17	<b>2</b> FILER NAME Advanced Drainage Systems, Inc. Texas PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00084656
<b>4</b> Date 09/05/2025	<b>5</b> Payee name Delbene for Congress	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 477  Kirkland, WA 98083	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 545 E. Town Street  Columbus, OH 43215	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 22401  LOUISVILLE, KY 40252	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 <u>ONLY</u> 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  
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: Sch: 3/4 Rpt: 16/17	<b>2</b> FILER NAME Advanced Drainage Systems, Inc. Texas PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00084656
<b>4</b> Date 08/18/2025	<b>5</b> Payee name Husted for Senate	
<b>6</b> Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO BOX 6290  Columbus, OH 43206	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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.
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 106  Bowling Green, OH 43402	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4650 Cemetery Road  Hilliard, OH 43026	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 <u>ONLY</u> 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  
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: Sch: 4/4 Rpt: 17/17	<b>2</b> FILER NAME Advanced Drainage Systems, Inc. Texas PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00084656
<b>4</b> Date 09/05/2025	<b>5</b> Payee name Val Hoyle for Congress	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO BOX 657  SPRINGFIELD, OR 97477	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held