

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) 00087161	2 Total pages filed: 40
3 COMMITTEE NAME Clear Channel Outdoor, LLC. PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/11/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2325 E. Camelback Rd. Phoenix, AZ 85016		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Bryan NICKNAME LAST SUFFIX Parker		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2325 E. Camelback Rd. Suite 250 Phoenix, AZ 85016		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2325 E. Camelback Rd. Suite 250 Phoenix, AZ 85016		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (602) 381-5718		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" 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 04/24/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Clear Channel Outdoor, LLC. PAC	13 Filer ID (Ethics Commission Filers) 00087161
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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 See Schedule F See Schedule F
		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	\$ 1,878.84
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,785.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 360,997.37
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. Bryan Parker

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
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17 COMMITTEE NAME Clear Channel Outdoor, LLC. PAC		18 Filer ID (Ethics Commission Filers) 00087161
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,081.66
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	\$ 1,704.00
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	\$ 6,250.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/32 Rpt: 4/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASS, BRENDA 6 Contributor address; City; State; Zip Code Orlando, FL 32811	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASS, BRENDA Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASS, BRENDA Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASS, BRENDA Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASS, BRENDA Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/32 Rpt: 5/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUNTING, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Torrance, CA 90501	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUNTING, STEPHEN <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUNTING, STEPHEN <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUNTING, STEPHEN <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUNTING, STEPHEN <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/32 Rpt: 6/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barthelmess, Adam 6 Contributor address; City; State; Zip Code Las Vegas, NV 89113	7 Amount of Contribution (\$) \$75.65
8 Principal occupation / Job title (See Instructions) CCOA Branch President		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barthelmess, Adam Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$75.65
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barthelmess, Adam Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$75.65
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barthelmess, Adam Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$75.65
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barthelmess, Adam Contributor address; City; State; Zip Code Las Vegas, NV 89113	Amount of Contribution (\$) \$78.68
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/32 Rpt: 7/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, John 6 Contributor address; City; State; Zip Code Chicago, IL 60609	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CCOA Sr. Director Regional Finance		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, John Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Sr. Director Regional Finance		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, John Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Sr. Director Regional Finance		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, John Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Sr. Director Regional Finance		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, John Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Sr. Director Regional Finance		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/32 Rpt: 8/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTA, MICHELLE 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$142.00
8 Principal occupation / Job title (See Instructions) CCOA Regional President		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTA, MICHELLE Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$142.00
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTA, MICHELLE Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$142.00
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTA, MICHELLE Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$142.00
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTA, MICHELLE Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$142.00
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/32 Rpt: 9/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragoo, Tanya 6 Contributor address; City; State; Zip Code Sacramento, CA 95605	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragoo, Tanya Contributor address; City; State; Zip Code Sacramento, CA 95605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragoo, Tanya Contributor address; City; State; Zip Code Sacramento, CA 95605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragoo, Tanya Contributor address; City; State; Zip Code Sacramento, CA 95605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragoo, Tanya Contributor address; City; State; Zip Code Sacramento, CA 95605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/32 Rpt: 10/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Joseph 6 Contributor address; City; State; Zip Code Marietta, GA 30062	7 Amount of Contribution (\$) \$40.97
8 Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Joseph Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$40.97
Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Joseph Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$40.97
Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Joseph Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$40.97
Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Joseph Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$42.20
Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/32 Rpt: 11/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamme, Eric <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60609	7 Amount of Contribution (\$) \$24.04
8 Principal occupation / Job title (See Instructions) CCOA Branch President		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamme, Eric <hr/> Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$24.04
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamme, Eric <hr/> Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$24.04
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamme, Eric <hr/> Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$24.09
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamme, Eric <hr/> Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$24.04
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/32 Rpt: 12/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Pamela <hr/> 6 Contributor address; City; State; Zip Code Virtual, MI 48034	7 Amount of Contribution (\$) \$71.50
8 Principal occupation / Job title (See Instructions) CCA Senior Management		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Pamela <hr/> Contributor address; City; State; Zip Code Virtual, MI 48034	Amount of Contribution (\$) \$71.50
Principal occupation / Job title (See Instructions) CCA Senior Management		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Pamela <hr/> Contributor address; City; State; Zip Code Virtual, MI 48034	Amount of Contribution (\$) \$71.50
Principal occupation / Job title (See Instructions) CCA Senior Management		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Pamela <hr/> Contributor address; City; State; Zip Code Virtual, MI 48034	Amount of Contribution (\$) \$71.50
Principal occupation / Job title (See Instructions) CCA Senior Management		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Pamela <hr/> Contributor address; City; State; Zip Code Virtual, MI 48034	Amount of Contribution (\$) \$71.50
Principal occupation / Job title (See Instructions) CCA Senior Management		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/32 Rpt: 13/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JASPER 6 Contributor address; City; State; Zip Code Miami, FL 33166	7 Amount of Contribution (\$) \$146.16
8 Principal occupation / Job title (See Instructions) CCOA Regional President		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JASPER Contributor address; City; State; Zip Code Miami, FL 33166	Amount of Contribution (\$) \$146.16
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JASPER Contributor address; City; State; Zip Code Miami, FL 33166	Amount of Contribution (\$) \$146.16
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JASPER Contributor address; City; State; Zip Code Miami, FL 33166	Amount of Contribution (\$) \$146.16
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JASPER Contributor address; City; State; Zip Code Miami, FL 33166	Amount of Contribution (\$) \$146.16
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/32 Rpt: 14/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, David <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10166	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CCOA VP Client Solutions Leader		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, David <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CCOA VP Client Solutions Leader		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, David <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CCOA VP Client Solutions Leader		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, David <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CCOA VP Client Solutions Leader		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, David <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CCOA VP Client Solutions Leader		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/32 Rpt: 15/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jason <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10166	7 Amount of Contribution (\$) \$46.79
8 Principal occupation / Job title (See Instructions) SVP Corporate Marketing		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jason <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$46.79
Principal occupation / Job title (See Instructions) SVP Corporate Marketing		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jason <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$46.79
Principal occupation / Job title (See Instructions) SVP Corporate Marketing		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jason <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$46.79
Principal occupation / Job title (See Instructions) SVP Corporate Marketing		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jason <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$47.96
Principal occupation / Job title (See Instructions) SVP Corporate Marketing		Employer (See Instructions) Outdoor Management Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/32 Rpt: 16/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joseph <hr/> 6 Contributor address; City; State; Zip Code Laurel, MD 20723	7 Amount of Contribution (\$) \$75.58
8 Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joseph <hr/> Contributor address; City; State; Zip Code Laurel, MD 20723	Amount of Contribution (\$) \$75.58
Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joseph <hr/> Contributor address; City; State; Zip Code Laurel, MD 20723	Amount of Contribution (\$) \$75.58
Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joseph <hr/> Contributor address; City; State; Zip Code Laurel, MD 20723	Amount of Contribution (\$) \$75.58
Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joseph <hr/> Contributor address; City; State; Zip Code Laurel, MD 20723	Amount of Contribution (\$) \$77.47
Principal occupation / Job title (See Instructions) CCOA SVP RE & PA		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/32 Rpt: 17/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llach, Salvador 6 Contributor address; City; State; Zip Code New York, NY 10166	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SVP Legal		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llach, Salvador Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Legal		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llach, Salvador Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Legal		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llach, Salvador Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Legal		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llach, Salvador Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Legal		Employer (See Instructions) Outdoor Management Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/32 Rpt: 18/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCUIN, ROBERT <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10166	7 Amount of Contribution (\$) \$192.30
8 Principal occupation / Job title (See Instructions) EVP/Chief Revenue Officer		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCUIN, ROBERT <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) EVP/Chief Revenue Officer		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCUIN, ROBERT <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) EVP/Chief Revenue Officer		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCUIN, ROBERT <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) EVP/Chief Revenue Officer		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCUIN, ROBERT <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) EVP/Chief Revenue Officer		Employer (See Instructions) Outdoor Management Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/32 Rpt: 19/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGRATH, GREGORY <hr/> 6 Contributor address; City; State; Zip Code Torrance, CA 90501	7 Amount of Contribution (\$) \$150.94
8 Principal occupation / Job title (See Instructions) CCOA Regional President		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGRATH, GREGORY <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$150.94
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGRATH, GREGORY <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$150.94
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGRATH, GREGORY <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$150.94
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGRATH, GREGORY <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$150.94
Principal occupation / Job title (See Instructions) CCOA Regional President		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/32 Rpt: 20/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSICA, LOUIS 6 Contributor address; City; State; Zip Code Orlando, FL 32811	7 Amount of Contribution (\$) \$39.81
8 Principal occupation / Job title (See Instructions) SVP Digital		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSICA, LOUIS Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$39.81
Principal occupation / Job title (See Instructions) SVP Digital		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSICA, LOUIS Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$39.81
Principal occupation / Job title (See Instructions) SVP Digital		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSICA, LOUIS Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$39.81
Principal occupation / Job title (See Instructions) SVP Digital		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSICA, LOUIS Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$41.01
Principal occupation / Job title (See Instructions) SVP Digital		Employer (See Instructions) Outdoor Management Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/32 Rpt: 21/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Edward 6 Contributor address; City; State; Zip Code New York, NY 10166	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CCOA NSG - Regional Manager		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Edward Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CCOA NSG - Regional Manager		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Edward Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CCOA NSG - Regional Manager		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Edward Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CCOA NSG - Regional Manager		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Edward Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CCOA NSG - Regional Manager		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/32 Rpt: 22/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Natalie <hr/> 6 Contributor address; City; State; Zip Code Virtual, PA 18052	7 Amount of Contribution (\$) \$34.65
8 Principal occupation / Job title (See Instructions) Counsel Legal		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Natalie <hr/> Contributor address; City; State; Zip Code Virtual, PA 18052	Amount of Contribution (\$) \$34.65
Principal occupation / Job title (See Instructions) Counsel Legal		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Natalie <hr/> Contributor address; City; State; Zip Code Virtual, PA 18052	Amount of Contribution (\$) \$34.65
Principal occupation / Job title (See Instructions) Counsel Legal		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Natalie <hr/> Contributor address; City; State; Zip Code Virtual, PA 18052	Amount of Contribution (\$) \$34.65
Principal occupation / Job title (See Instructions) Counsel Legal		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Natalie <hr/> Contributor address; City; State; Zip Code Virtual, PA 18052	Amount of Contribution (\$) \$34.65
Principal occupation / Job title (See Instructions) Counsel Legal		Employer (See Instructions) Outdoor Management Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/32 Rpt: 23/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, ORLANDO <hr/> 6 Contributor address; City; State; Zip Code Marietta, GA 30062	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Vice President Operations		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, ORLANDO <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President Operations		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, ORLANDO <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President Operations		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, ORLANDO <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President Operations		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, ORLANDO <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President Operations		Employer (See Instructions) Outdoor Management Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/32 Rpt: 24/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, BRYAN <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85016	7 Amount of Contribution (\$) \$161.54
8 Principal occupation / Job title (See Instructions) EVP RE & PA		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, BRYAN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016	Amount of Contribution (\$) \$161.54
Principal occupation / Job title (See Instructions) EVP RE & PA		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, BRYAN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016	Amount of Contribution (\$) \$161.54
Principal occupation / Job title (See Instructions) EVP RE & PA		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, BRYAN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016	Amount of Contribution (\$) \$161.54
Principal occupation / Job title (See Instructions) EVP RE & PA		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, BRYAN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016	Amount of Contribution (\$) \$161.54
Principal occupation / Job title (See Instructions) EVP RE & PA		Employer (See Instructions) Outdoor Management Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/32 Rpt: 25/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRUTOW, TIMOTHY <hr/> 6 Contributor address; City; State; Zip Code Torrance, CA 90501	7 Amount of Contribution (\$) \$108.34
8 Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRUTOW, TIMOTHY <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$108.34
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRUTOW, TIMOTHY <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$108.34
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRUTOW, TIMOTHY <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$108.34
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRUTOW, TIMOTHY <hr/> Contributor address; City; State; Zip Code Torrance, CA 90501	Amount of Contribution (\$) \$108.34
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/32 Rpt: 26/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Derek 6 Contributor address; City; State; Zip Code Arlington, TX 76011	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Derek Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Derek Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Derek Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Derek Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/32 Rpt: 27/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIDT, MARTINA <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10166	7 Amount of Contribution (\$) \$93.05
8 Principal occupation / Job title (See Instructions) CCOA Vice Pres Of Campaign Planning		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIDT, MARTINA <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$93.05
Principal occupation / Job title (See Instructions) CCOA Vice Pres Of Campaign Planning		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIDT, MARTINA <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$93.05
Principal occupation / Job title (See Instructions) CCOA Vice Pres Of Campaign Planning		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIDT, MARTINA <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$93.05
Principal occupation / Job title (See Instructions) CCOA Vice Pres Of Campaign Planning		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIDT, MARTINA <hr/> Contributor address; City; State; Zip Code New York, NY 10166	Amount of Contribution (\$) \$95.84
Principal occupation / Job title (See Instructions) CCOA Vice Pres Of Campaign Planning		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/32 Rpt: 28/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWYGERT, CRAIG <hr/> 6 Contributor address; City; State; Zip Code Orlando, FL 32811	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) CCOA Branch President		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWYGERT, CRAIG <hr/> Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWYGERT, CRAIG <hr/> Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWYGERT, CRAIG <hr/> Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWYGERT, CRAIG <hr/> Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/32 Rpt: 29/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Bruce <hr/> 6 Contributor address; City; State; Zip Code Orlando, FL 32811	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Bruce <hr/> Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Bruce <hr/> Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Bruce <hr/> Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Bruce <hr/> Contributor address; City; State; Zip Code Orlando, FL 32811	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Outside Account Executive - CC		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/32 Rpt: 30/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Rebecca 6 Contributor address; City; State; Zip Code Phoenix, AZ 85016	7 Amount of Contribution (\$) \$78.43
8 Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Rebecca Contributor address; City; State; Zip Code Phoenix, AZ 85016	Amount of Contribution (\$) \$78.43
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Rebecca Contributor address; City; State; Zip Code Phoenix, AZ 85016	Amount of Contribution (\$) \$78.43
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Rebecca Contributor address; City; State; Zip Code Phoenix, AZ 85016	Amount of Contribution (\$) \$78.43
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Rebecca Contributor address; City; State; Zip Code Phoenix, AZ 85016	Amount of Contribution (\$) \$80.78
Principal occupation / Job title (See Instructions) Regional Manager Ad Operations		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/32 Rpt: 31/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELA, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$60.27
8 Principal occupation / Job title (See Instructions) CCOA Public Affairs Director/Rep		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELA, WILLIAM <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$60.27
Principal occupation / Job title (See Instructions) CCOA Public Affairs Director/Rep		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELA, WILLIAM <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$60.27
Principal occupation / Job title (See Instructions) CCOA Public Affairs Director/Rep		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELA, WILLIAM <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$60.27
Principal occupation / Job title (See Instructions) CCOA Public Affairs Director/Rep		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELA, WILLIAM <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$62.08
Principal occupation / Job title (See Instructions) CCOA Public Affairs Director/Rep		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/32 Rpt: 32/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELLEKAMP, JARROD <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CCOA Branch President		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELLEKAMP, JARROD <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELLEKAMP, JARROD <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELLEKAMP, JARROD <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELLEKAMP, JARROD <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CCOA Branch President		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/32 Rpt: 33/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadsworth, Scott <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$54.81
8 Principal occupation / Job title (See Instructions) CCOA SVP Corporate Operations & Pro		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadsworth, Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$54.81
Principal occupation / Job title (See Instructions) CCOA SVP Corporate Operations & Pro		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadsworth, Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$54.81
Principal occupation / Job title (See Instructions) CCOA SVP Corporate Operations & Pro		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadsworth, Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$54.81
Principal occupation / Job title (See Instructions) CCOA SVP Corporate Operations & Pro		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadsworth, Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$54.81
Principal occupation / Job title (See Instructions) CCOA SVP Corporate Operations & Pro		Employer (See Instructions) Outdoor Management Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/32 Rpt: 34/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Tangela <hr/> 6 Contributor address; City; State; Zip Code Marietta, GA 30062	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) VP Of Sales/Sales Manager		9 Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Tangela <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Of Sales/Sales Manager		Employer (See Instructions) Clear Channel Outdoor LLC
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Tangela <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Of Sales/Sales Manager		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Tangela <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Of Sales/Sales Manager		Employer (See Instructions) Clear Channel Outdoor LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Tangela <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Of Sales/Sales Manager		Employer (See Instructions) Clear Channel Outdoor LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/32 Rpt: 35/40
2 FILER NAME Clear Channel Outdoor, LLC. PAC		3 Filer ID (Ethics Commission Filers) 00087161
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Scott <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$192.30
8 Principal occupation / Job title (See Instructions) President & CEO - Americas		9 Employer (See Instructions) Outdoor Management Services Inc.
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) President & CEO - Americas		Employer (See Instructions) Outdoor Management Services Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) President & CEO - Americas		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) President & CEO - Americas		Employer (See Instructions) Outdoor Management Services Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) President & CEO - Americas		Employer (See Instructions) Outdoor Management Services 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: 36/40

2 FILER NAME

Clear Channel Outdoor, LLC. PAC

3 Filer ID (Ethics Commission Filers)
00087161

4 Date

06/30/2025

5 Corporation / Labor Organization name

Clear Channel Outdoor, LLC.

6 Amount (\$)

1,704.00

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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 37/40	2 FILER NAME Clear Channel Outdoor, LLC. PAC	3 Filer ID (Ethics Commission Filers) 00087161
4 Date 06/12/2025	5 Payee name Abbie Kamin Campaign	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 56386 Houston, TX 77256	
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 To Support General 2027 City Council Houston C TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2025	Payee name Amy Peck Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7941 Katy Freeway Houston, TX 77024	
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 To Support General 2027 City Council A TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/13/2025	Payee name Fred Flickinger	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5627 Spring Lodge Dr. Kingwood, TX 77345	
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 To Support General 2027 City Council E TX
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.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 38/40	2 FILER NAME Clear Channel Outdoor, LLC. PAC	3 Filer ID (Ethics Commission Filers) 00087161
4 Date 05/13/2025	5 Payee name Letitia Plummer Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5009 Caroline Ste. 201 Houston, TX 77004	
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 To Support General 2027 City Council No.4 TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2025	Payee name Mary Nan Huffman Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046	
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 To Support General 2027 City Council G TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2025	Payee name The Martha Castex-Tatum Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5445 Alameda Road Houston, TX 77004	
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 To Support General 2027 City Council Houston Dist K TX
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.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 39/40	2 FILER NAME Clear Channel Outdoor, LLC. PAC	3 Filer ID (Ethics Commission Filers) 00087161
4 Date 05/13/2025	5 Payee name Tiffany Thomas Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 56386 Houston, TX 77056	
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 To Support General 2027 City Council F TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 40/40

FILER NAME

Clear Channel Outdoor, LLC. PAC

Filer ID (Ethics Commission Filers)

00087161

Schedule

Cover Sheet

Information entered by filer as a memo:

This balance may include other transactions not required to be reported per Ethics Advisory Opinion #208. Non-Texas and Federal disbursements during the reporting period total \$1,500.00.