

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088812	2 Total pages filed: 9
3 COMMITTEE NAME Outfront Media Inc PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/03/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP c/o 2350 Kerner Blvd. Suite 250 San Rafael , CA 94901		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI James		
	NICKNAME LAST SUFFIX Carson		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2350 Kerner Blvd. Suite 250 San Rafael, CA 94901		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2350 Kerner Boulevard Suite 250 San Rafael, CA 94901		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (415) 389-6800		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 08/26/2025 09/25/2025		

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Outfront Media Inc PAC		13 Filer ID (Ethics Commission Filers) 00088812	
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 Phyllis Viagran Campaign San Antonio City Council D. 3	
		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 checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	672.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	57,497.15
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.

James Carson

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 9

17 COMMITTEE NAME Outfront Media Inc PAC		18 Filer ID 00088812	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	672.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
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 type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,500.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
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: 1/3 Rpt: 4/9
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARITA, GERARD <hr/> 6 Contributor address; City; State; Zip Code PLAINEDGE, NY 11756	7 Amount of Contribution (\$) \$16.00
8 Principal occupation / Job title (See Instructions) VP OPERATIONS		9 Employer (See Instructions) OUTFRONT MEDIA INC.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARITA, GERARD <hr/> Contributor address; City; State; Zip Code PLAINEDGE, NY 11756	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) VP OPERATIONS		Employer (See Instructions) OUTFRONT MEDIA INC.
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERRO, LANI <hr/> Contributor address; City; State; Zip Code MIAMI, FL 33173	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP PUBLIC AFFAIRS		Employer (See Instructions) OUTFRONT MEDIA INC.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERRO, LANI <hr/> Contributor address; City; State; Zip Code MIAMI, FL 33173	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP PUBLIC AFFAIRS		Employer (See Instructions) OUTFRONT MEDIA INC.
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOX, TIMOTHY F. <hr/> Contributor address; City; State; Zip Code PASADENA, CA 91104	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) MANAGER, GOVERNMENT AFFAIRS		Employer (See Instructions) OUTFRONT MEDIA, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/9
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOX, TIMOTHY F. <hr/> 6 Contributor address; City; State; Zip Code PASADENA, CA 91104	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) MANAGER, GOVERNMENT AFFAIRS		9 Employer (See Instructions) OUTFRONT MEDIA, INC.
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLWIG, STEPHEN <hr/> Contributor address; City; State; Zip Code Manahawkin, NJ 08050	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP OPERATIONS		Employer (See Instructions) OUTFRONT MEDIA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLWIG, STEPHEN <hr/> Contributor address; City; State; Zip Code Manahawkin, NJ 08050	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP OPERATIONS		Employer (See Instructions) OUTFRONT MEDIA
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIROZZI, THOMAS <hr/> Contributor address; City; State; Zip Code MINE HILL, NJ 07803	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) VP OPERATIONS		Employer (See Instructions) OUTFRONT MEDIA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIROZZI, THOMAS <hr/> Contributor address; City; State; Zip Code MINE HILL, NJ 07803	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) VP OPERATIONS		Employer (See Instructions) OUTFRONT MEDIA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/9
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAUER, RICHARD <hr/> 6 Contributor address; City; State; Zip Code NEW YORK, NY 10028	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) EVP GENERAL COUNSEL		9 Employer (See Instructions) OUTFRONT MEDIA INC.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAUER, RICHARD <hr/> Contributor address; City; State; Zip Code NEW YORK, NY 10028	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) EVP GENERAL COUNSEL		Employer (See Instructions) OUTFRONT MEDIA INC.
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, BRENT <hr/> Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85254	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) DIRECTOR REAL ESTATE & GOVT AFFAIRS		Employer (See Instructions) OUTFRONT MEDIA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, BRENT <hr/> Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85254	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) DIRECTOR REAL ESTATE & GOVT AFFAIRS		Employer (See Instructions) OUTFRONT MEDIA

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 7/9

2 FILER NAME

Outfront Media Inc PAC

3 Filer ID (Ethics Commission Filers)

00088812

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/9
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None	15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/1 Rpt: 9/9	2 FILER NAME Outfront Media Inc PAC	3 Filer ID (Ethics Commission Filers) 00088812
4 Date 09/02/2025	5 Payee name ONE GIANT LEAP PAC	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 2153 Purcellville, VA 20134	
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 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2025	Candidate/Officeholder name PAT RYAN FOR CONGRESS	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO BOX 2113 Kingston, NY 12402	
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2025	Candidate/Officeholder name PHYLLIS VIAGRAN CAMPAIGN	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1850 FREDRICKSBURG RD. San Antonio, TX 78201	
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 NON-FEDERAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		