

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
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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
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,008.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 60,021.15
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

17 COMMITTEE NAME Outfront Media Inc PAC		18 Filer ID (Ethics Commission Filers) 00088812
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,008.00
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 type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,000.00
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: 1/5 Rpt: 4/10
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 Date 12/26/2025	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 01/09/2026	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 01/23/2026	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 12/26/2025	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 01/09/2026	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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/10
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERRO, LANI <hr/> 6 Contributor address; City; State; Zip Code MIAMI, FL 33173	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP PUBLIC AFFAIRS		9 Employer (See Instructions) OUTFRONT MEDIA INC.
Date 12/26/2025	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.
Date 01/09/2026	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.
Date 01/23/2026	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.
Date 12/26/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 Date 01/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLWIG, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Manahawkin, NJ 08050	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) EVP OPERATIONS		9 Employer (See Instructions) OUTFRONT MEDIA
Date 01/23/2026	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 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RICHARD <hr/> Contributor address; City; State; Zip Code Manhattan Beach, CA 90266	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) GOVERMENT AFFAIRS MANAGER		Employer (See Instructions) OUTFRONT MEDIA, LLC
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RICHARD <hr/> Contributor address; City; State; Zip Code Manhattan Beach, CA 90266	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) GOVERMENT AFFAIRS MANAGER		Employer (See Instructions) OUTFRONT MEDIA, LLC
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RICHARD <hr/> Contributor address; City; State; Zip Code Manhattan Beach, CA 90266	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) GOVERMENT AFFAIRS MANAGER		Employer (See Instructions) OUTFRONT MEDIA, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/10
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIROZZI, THOMAS <hr/> 6 Contributor address; City; State; Zip Code MINE HILL, NJ 07803	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) VP OPERATIONS		9 Employer (See Instructions) OUTFRONT MEDIA
Date 01/09/2026	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 01/23/2026	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 12/26/2025	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 01/09/2026	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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/10
2 FILER NAME Outfront Media Inc PAC		3 Filer ID (Ethics Commission Filers) 00088812
4 Date 01/23/2026	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 12/26/2025	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 01/09/2026	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 01/23/2026	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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 9/10

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)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 10/10	2 FILER NAME Outfront Media Inc PAC	3 Filer ID (Ethics Commission Filers) 00088812
4 Date 01/22/2026	5 Payee name ANDRE CARSON FOR CONGRESS	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. BOX 1863 Indianapolis, IN 46206	
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	Candidate/Officeholder name	Office sought Office held