SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 9

3 COMMITTEE NAME

BCS MEDIANS SURVEY

OFFICE USE ONLY

Date Received

RECEIVED

JUL 13 2026

Date Hand-delivered or Date Postmarked

CITY SECRETARY'S OFFICE
CITY OF BRYAN

Receipt #

Amount $

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. BOX 6523 BRYAN, TX 77805

5 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST | MI

KAREN A.

NICKNAME | LAST | SUFFIX

HALL

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

903 Briar Bend Ct BRYAN, TX 77802

7 CAMPAIGN TREASURER MAILING ADDRESS

☒ Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

903 Briar Bend Ct BRYAN, TX 77802

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(979) 589-2920

9 REPORT TYPE

☐ January 15
☒ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded Modified Reporting Limit
☐ Dissolution Report (Attached PAC-FR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year — THROUGH — Month Day Year

03 / 04 / 2026 THROUGH 6 / 30 / 2026

11 ELECTION

ELECTION DATE

Month Day Year

11 / 03 / 2026

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other
☒ General ☐ Special Description

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
BCS MEDIANS SURVEY

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

- ☒ SUPPORT (Candidate or Measure)
- ☐ OPPOSE (Candidate or Measure)
- ☐ ASSIST (Officeholder)

- ☐ CANDIDATE
- ☐ OFFICEHOLDER
- ☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE Month / Day / Year

DESCRIPTION
Charter Amendment (not yet on the ballot)

15 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 17.80
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2825.41
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 80.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1211.13
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2943.32
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 800.00

16 SIGNATURE

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.

Karen A. Hall
Signature of Campaign Treasurer (Declarant)

BETH YOUNG
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 02/06/27
NOTARY ID 1105560-8
AFFIX NOTARY STAMP / SEAL ABOVE

Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me, by the said Karen Hall, this the 13th day of July, 20 26, to certify which, witness my hand and seal of office.

Beth Young — Beth Young — Notary
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
BCS MEDIANS SURVEY	

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2695.00
2.	☐	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 112.61
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ -0-
4.	☐	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$ -0-
5.	☐	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$ -0-
6.	☐	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$ -0-
7.	☐	SCHEDULE E: LOANS	$ 800.00
8.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 94.00
9.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ -0-
10.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ -0-
11.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 1117.13
12.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ -0-
13.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ -0-
14.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME: BCS Medians Survey

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
4/14/26	Denise Fries	
	6 Contributor address; City; State; Zip Code: 3807 Fourth St. Bryan, TX 77801	$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Financial Advisor	Self employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/15/26	Mary Kaye Moore	
	Contributor address; City; State; Zip Code: 3085 Peterson Cir Bryan, TX 77802	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/24/26	Karen Hall	
	Contributor address; City; State; Zip Code: 903 Briar Bend Ct. Bryan, TX 77802	$245.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
5/29/26	Richard Baur	
	Contributor address; City; State; Zip Code: 9949 Hunters Run College Station, TX 77845	$2,000

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: BCS Medians Survey

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
5/29/26	Karen Hall	
	6 Contributor address; City; State; Zip Code: 903 Briar Bend Ct. Bryan, TX 77802	$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
5/29/26	Mary Kaye Moore	
	Contributor address; City; State; Zip Code: 3085 Peterson Cir Bryan, TX 77802	$200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 1
2 FILER NAME: BCS Medians Survey	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 17.80

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
6/12/26	Denise Fries 3807 Fourth St. Bryan, TX 77801	$93.53	postcards ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
Financial Advisor	Self employed
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
6/22/26	Denise Fries 3807 Fourth St. Bryan, TX 77801	$19.08	text messages ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Financial Advisor	Self employed
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E: 1
2 FILER NAME BCS MEDIANS SURVEY	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$ -0-

5 Date of loan 5-11-2026	**7** Name of lender ☐ out-of-state PAC (ID#:_____) Jeanne Luber	**9** Loan Amount ($) $800.00
6 Is lender a financial Institution? Y (N)	**8** Lender address; City; State; Zip Code 461 S. E. Foundation Dr. Dallas, OR 97338	**10** Interest rate -0- **11** Maturity date none

12 Principal occupation / Job title (See Instructions) retired	**13** Employer (See Instructions) N/A
14 Description of Collateral ☒ none	**15** ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☒ not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
Principal Occupation (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	BCS MEDIANS SURVEY	

4 Date	5 Payee name
3-17-2026	USPS

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$94.00	2121 E. Wm J Bryan Parkway	Bryan, TX 77805		

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	rent	P.O. Box
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount ($)	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount ($)	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME: BCSMEDIANSSURVEY	3 FILER ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 80.00
5 CREDIT CARD ISSUER	Name of financial institution: Chase Freedom VISA	

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 207.23	03/05/2026	4/12/2026

7 PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
Wix.com	500 Terry A Francois Blvd San Francisco, CA 94158

8 PURPOSE OF EXPENDITURE

☒ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Advertizing

(b) Description: code generator

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office Sought | Office Held

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 129.90	05/16/2026	5/30/2026

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
Wix.com	500 Terry A Francois Blvd San Francisco, CA 94158

PURPOSE OF EXPENDITURE

☒ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Advertizing

(b) Description: web page

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office Sought | Office Held

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 700.00	06/01/2026	6/30/2026

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
Bryan Broadcasting	P.O. Box 3248 Bryan, TX 77805

PURPOSE OF EXPENDITURE

☒ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Advertizing

(b) Description: radio ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office Sought | Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED