

# 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: **4**

3 COMMITTEE NAME

BCS MEDIANS SURVEY

OFFICE USE ONLY

Date Received

**RECEIVED**

**OCT 2 2026**

**CITY SECRETARY'S OFFICE  
CITY OF BRYAN**

Date Hand-delivered or Date Postmarked

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

☒ 30th day before election

☐ Exceeded Modified Reporting Limit

☐ July 15

☐ 8th day before election

☐ Dissolution Report (Attached PAC-FR)

☐ Runoff

☐ 10th day after campaign treasurer termination

10 PERIOD  
COVERED

Month Day Year

07 / 01 / 2026

THROUGH

Month Day Year

10 / 3 / 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.)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ SUPPORT  
(Candidate or Measure)

☐ OPPOSE  
(Candidate or Measure)

☐ ASSIST  
(Officeholder)

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

Proposition A

11 / 3 / 2026

DESCRIPTION

Charter Amendment

15 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$ 60.00

4. TOTAL POLITICAL EXPENDITURES

\$ 627.88

EXPENDITURE  
TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF THE REPORTING PERIOD

\$ 1427.65

CONTRIBUTION  
BALANCE

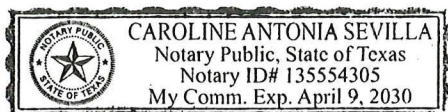
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 800.00

OUTSTANDING  
LOAN TOTALS

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)

Please complete either option below:

## (1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Hall, this the October  
day of 02, 20 26, to certify which, witness my hand and seal of office.

*Caroline Sevilla*

*Caroline A. Sevilla*

*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 \_\_\_\_\_, 20 \_\_\_\_\_  
(month) (year)

Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

|                                           |                                                                                                                    |                                        |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 17 COMMITTEE NAME<br>BCS MEDIANS SURVEY   |                                                                                                                    | 18 Filer ID (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                                    | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                             | \$ -0-                                 |
| 2.                                        | <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$ -0-                                 |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                         | \$ -0-                                 |
| 4.                                        | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                | \$ -0-                                 |
| 5.                                        | <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ -0-                                 |
| 6.                                        | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION                   | \$ -0-                                 |
| 7.                                        | <input type="checkbox"/> SCHEDULE E: LOANS                                                                         | \$ -0-                                 |
| 8.                                        | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                     | \$ -0-                                 |
| 9.                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                  | \$ -0-                                 |
| 10.                                       | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                    | \$ -0-                                 |
| 11.                                       | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                             | \$ 627.88                              |
| 12.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH               | \$ -0-                                 |
| 13.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  | \$ -0-                                 |
| 14.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER        | \$ -0-                                 |

# 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                        | 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)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|                                                                                                                 |  |                                                                                     |                                            |                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------|--|
| <b>1 TOTAL PAGES SCHEDULE F4:</b>                                                                               |  | <b>2 FILER NAME</b> BCSMEDIANSSURVEY                                                |                                            | <b>3 FILER ID (Ethics Commission Filers)</b>                                          |  |
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>                                              |  |                                                                                     |                                            | \$ 60.00                                                                              |  |
| <b>5 CREDIT CARD ISSUER</b>                                                                                     |  | Name of financial institution Chase Freedom VISA                                    |                                            |                                                                                       |  |
| <b>6 PAYMENT</b>                                                                                                |  | (a) Amount Charged<br>\$ 433.00                                                     | (b) Date Expenditure Charged<br>09/16/2026 | (c) Date(s) Credit Card Issuer Paid                                                   |  |
| <b>7 PAYEE</b>                                                                                                  |  | (a) Payee name<br>UZ Marketing                                                      |                                            | (b) Payee address; City, State, Zip Code<br>5900 Bingle Houston, TX 77092             |  |
| <b>8 PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertizing     |                                            | (b) Description<br>signs                                                              |  |
|                                                                                                                 |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                            | <input type="checkbox"/> Check if Austin, TX, officeholder living expense             |  |
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b>                                                    |  | Candidate / Officeholder name Office Sought Office Held                             |                                            |                                                                                       |  |
| <b>PAYMENT</b>                                                                                                  |  | (a) Amount Charged<br>\$ 134.88                                                     | (b) Date Expenditure Charged<br>09/24/2026 | (c) Date(s) Credit Card Issuer Paid                                                   |  |
| <b>PAYEE</b>                                                                                                    |  | (a) Payee name<br>Copy Corner                                                       |                                            | (b) Payee address; City, State, Zip Code<br>2307 Texas Ave. College Station, TX 77840 |  |
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertizing     |                                            | (b) Description<br>Copies                                                             |  |
|                                                                                                                 |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                            | <input type="checkbox"/> Check if Austin, TX, officeholder living expense             |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>                                                      |  | Candidate / Officeholder name Office Sought Office Held                             |                                            |                                                                                       |  |
| <b>PAYMENT</b>                                                                                                  |  | (a) Amount Charged<br>\$                                                            | (b) Date Expenditure Charged               | (c) Date(s) Credit Card Issuer Paid                                                   |  |
| <b>PAYEE</b>                                                                                                    |  | (a) Payee name                                                                      |                                            | (b) Payee address; City, State, Zip Code                                              |  |
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   |  | (a) Category (See Categories listed at the top of this schedule)                    |                                            | (b) Description                                                                       |  |
|                                                                                                                 |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                            | <input type="checkbox"/> Check if Austin, TX, officeholder living expense             |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>                                                      |  | Candidate / Officeholder name Office Sought Office Held                             |                                            |                                                                                       |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                                                      |  |                                                                                     |                                            |                                                                                       |  |