SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

	e SPAC Instruction Guide	explains how to complete this form.		V
	COMMITTEE NAME			OFFICE USE ONLY
	BCSMEDIANSS	SURVEY		Date Received
1	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI	TY; STATE; ZIP CODE	12345678970775
	Change of Address	P.O. BOX 6523 BRYAN, TX 7	77805	RECEIVED OCT 2024 CITY SECRETARY'S OFFICE Data Dand deliver follows by A Rostman and
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST KAREN NICKNAME LAST	ASuffix	Receipt Amount St.
	£:	HALL		Date Imaged
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1298 N. FM 2038	BRYAN, TX 77808	ZIP CODE
		APT / SI	CTATE:	ZIP CODE
7	CAMPAIGN TREASURER MAILING ADDRESS Change of Address	1298 N. FM 2038	BRYAN, TX 77808	ZIF GODE
7	TREASURER MAILING ADDRESS Change of Address	STALL ADDITION OF THE POST	-	ZIF CODE
	TREASURER MAILING ADDRESS Change of Address CAMPAIGN TREASURER PHONE	1298 N. FM 2038 AREA CODE PHONE NUMBER	BRYAN, TX 77808	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR)
6	TREASURER MAILING ADDRESS Change of Address CAMPAIGN TREASURER PHONE	1298 N. FM 2038 AREA CODE PHONE NUMBER (979) 589-2920	BRYAN, TX 77808 EXTENSION 30th day before election 8th day before election	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR)
8	TREASURER MAILING ADDRESS Change of Address CAMPAIGN TREASURER PHONE REPORT TYPE	1298 N. FM 2038 AREA CODE PHONE NUMBER (979) 589-2920 January 15	BRYAN, TX 77808 EXTENSION 30th day before election 8th day before election Runoff	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR) 10th day after campaign treasurer termination Month Day Year

www.ethics.state.tx.us

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		BCSMEDIANSSURVEY		13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE (Attach lists on plain paper to		CANDIDATE	CANDIDATE / OFFICE HOLDER NAME N/A OFFICE SOUGHT (candidate) / OFFICE HELD (officeh	older)	
necessary.)	complete this report if necessary.) OFFICEHOLDER		N/A	oldsty	
SUPPORT (Candidate or Measure OPPOSE (Candidate or Measure ASSIST (Officeholder)		MEASURE		ELECTION DATE Day Year	
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$ -0-	
	2.	TOTAL POLITICAL (OTHER THAN PLEDS	CONTRIBUTIONS GES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00	
EXPENDITURE	3.			\$ 4.00	
TOTALS	4.	TOTAL POLITICAL I	\$ 413.47		
CONTRIBUTION BALANCE	OF THE DEDODTING DEDIOD			DAY \$ 476.11	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RI	MOUNT OF ALL OUTSTANDING LOANS AS OF T EPORTING PERIOD	THE \$ -0-	
LESLIE P NOTAR STATE MY COMM NOTARY II	(AY YO Y PUB OF TEX EXP. 0 D 1245	es all information requ UNG LIC (AS 8/29/26 9328-9	nalty of perjury, that the accompanying sired to be reported by me under Title 15,	Election Code.	
Sworn to and subscri	bed b	efore me, by the said _ 0, to certify w	hich, witness my hand and seal of office. Sile 4 0004 name of officer administering oath OR	Notary Public Title of officer administering oath	
	(2) Unsworn Declaration My name is, and my date of birth is				
My name is My address is					
		(street)	(city) (city) (city) (mont	(state) (zip code)(country), 20 (year)	
			Signature of Can	npaign Treasurer (Declarant)	

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME BCSMEDIANSSURVEY 18 Filer ID (Ethics Comm				
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	100.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	-0-	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	-0-	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR L	ABOR ORGANIZATION	\$	-0-	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COR ORGANIZATION	PORATION OR LABOR	\$	-0-	
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	OR ORGANIZATION	\$	-0-	
7.	SCHEDULE E: LOANS		\$	-0-	
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	151.55	
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		\$	257.92	
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	-0-	
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	-0-	
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	-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 f	form.	1 Total pages Schedule A1:
FILER NAME	BCSMEDIANSSURVEY		3 Filer ID (Ethics Commission Filers)
Date 08-23-2024	Daniel Stark	(ID#:) State; Zip Code	7 Amount of contribution (\$) 100.00
Principal occ Attorney	supation / Job title (See Instructions)	9 Employer (See Instruct	ions) Self
Date	Full name of contributor out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Contributor address; City;		Amount of contribution (\$)
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	ctions)

If contributor 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

tel Card Payment The Instruction Guide explains how to complete this form. Same	sulting Expense tributions/Donations Made By Indidate/Officeholder/Political	Foodbeverage Expense Printing Exp Gift/Awards/Memorials Expense Printing Exp I Committee Legal Services Salaries/Wa	pense Travel Out Of District oges/Contract Labor Other (enter a category not listed above)
total pages Schedule F1: 2 FILER NAME BCSMediansSurvey 3 Filer ID (Ethics Commission File 08-21-2024 5 Payee name AdMail Avnount (\$) 5 Payee name AdMail Avnount (\$) 7 Payee address; City: State: Zip Code 151.5.5 7 Payee address: City: State: Zip Code Complete QNLY if direct expenditure to benefit CIOH Candidate / Officeholder name Office sought Office hold Payee name Purpose OF EXPENDITURE Candidate / Officeholder name Office Schedule T. City: State: Zip Code Categories listed at the top of this schedule) Description Printing Mailouts Payee name Payee address: City: State: Zip Code Categories Instead at the top of this schedule) Description Office hold City: State: Zip Code Categories Instead at the top of this schedule) Description Purpose OF Category (See Categories Instead at the top of this schedule) Description Complete QNLY if direct expenditure to benefit CIOH Category (See Categories Instead at the top of this schedule) Description Candidate / Officeholder name Office sought Office hold Categories Instead at the top of this schedule) Description Purpose OF Category (See Categories Instead at the top of this schedule) Description Category (See Categories Instead at the top of this schedule) Description Category (See Categories Instead at the top of this schedule) Description Category (See Categories Instead at the top of this schedule) Description Category (See Categories Instead at the top of this schedule) Description Category (See Categories Instead at the top of this schedule) Description Category (See Categories Instead at the top of this schedule) Description			mplete this form.
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Purpose			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Other Other Other Other Other Other Printing Mailouts Candidate / Office holder name Office sought Office sought Office hold Date Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description Description Description Category (See Categories listed at the top of this schedule) Candidate / Office holder name Office sought Office hold Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Description Office held Category (See Categories listed at the top of this schedule) Office held	mount (\$)	7 Payee address;	City; State; Zip Code
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Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	Description
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Office held		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	Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name	Office sought Office held

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)

Contributions/Donations Made Candidate/Officeholder/Polit	ical Committee Legal Servic			Wages/Contract Labor Other (enter a category not listed above)		
The Instruction	Guide explains how to com	nplete this form.		USE A NEW PAGE FOR EACH CREDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME BCSMI	EDIANSSURVEY		3 FILER ID (Ethics Commission Filer		
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A C	REDIT CARD		\$ 4.00		
5 CREDIT CARD	Name of financial institution	on		·		
ISSUER	Chase Bank VISA					
6 PAYMENT	(a) Amount Charged 55.36 (b) Date Expenditur		re Charged 4/2024	(c) Date(s) Credit Card Issuer Paid 7/8/2024		
7 PAYEE	(a) Payee name		(b) Payee add	dress; City, State, Zip Code		
	T-Mobil		PO Box	x 37380 Albuquerque, NM 87176-7380		
8 PURPOSE OF	(a) Category (See Categories list	ted at the top of this scheo	lule)	(b) Description		
EXPENDITURE	Other	Other Phone bill		Phone bill		
Political Non-Political	(c) Check if travel outs	side of Texas. Complet	e Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	Candidate / Officeholder name Office Sought Office Held				
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Card Issuer Paid		
	\$ 32.48	\$ 32.48 05/24/2024 7/8/2024				
PAYEE	(a) Payee name		(b) Payee ad			
TAILE.	Copy Corner	(E-2700A200-)		2307 Texas Ave. S. College Station, TX 77840		
PURPOSE OF	(a) Category (See Categories li	(a) Category (See Categories listed at the top of this schedule) (b) Description		(b) Description		
EXPENDITURE	Printing			handouts		
Political Non-Political	(c) Check if travel out	tside of Texas. Comple	te Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office H			ffice Sought Office Held		
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, Anna	\$ 55.36	08/0	7/2024	8/07/2024		
PAYEE	(a) Payee name		(b) Payee a	ddress; City, State, Zip Code		
	T-Mobil		PO Box	x 37380 Albuquerque, NM 87176-7380		
PURPOSE OF	(a) category (see soughts		edule)	(b) Description		
EXPENDITURE				Phone bill		
Political Non-Political			ete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought			Office Sought Office Held		
,	ATTACH ADD	ITIONAL COPI	ES OF THI	S 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) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 3 FILER ID (Ethics Commission Filers) 2 FILER NAME 1 TOTAL PAGES SCHEDULE F4: **BCSMEDIANSSURVEY** \$ 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution **5 CREDIT CARD** Chase Bank VISA **ISSUER** (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged **6 PAYMENT** 9/4/2024 55.36 09/4/2024 State, Zip Code (b) Payee address; (a) Payee name 7 PAYEE T-Mobil PO Box 37380 Albuquerque, NM 87176-7380 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF **EXPENDITURE** Other Phone bill Political Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Non-Political Office Held Office Sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged **PAYMENT** \$ 55.36 09/30/2024 9/30/2024 City, State, Zip Code (b) Payee address; (a) Payee name PAYEE T-Mobil PO Box 37380 Albuquerque, NM 87176-7380 (b) Description (a) Category (See Categories listed at the top of this schedule) of. **PURPOSE OF** EXPENDITURE Political hone bill Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Non-Political Office Held Office Sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged PAYMENT State, Zip Code City, (b) Payee address; (a) Payee name PAYEE (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Non-Political Office Held Office Sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form. -- Complete only if "Report Type" on page 1 is marked "Dissolution" --2 Filer ID (Ethics Commission Filers) 1 COMMITTEE NAME BCSMEDIANSSURVEY 3 Statement of Dissolution I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file. Signature of Campaign Treasurer DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED Please complete either option below: LESLIE KAY YOUNG NOTARY PUBLIC STATE OF TEXAS Y COMM. EXP. 08/29/26 NOTARY ID 12459328-9 (1) Affidavit AFFIX NOTARY STAMP / SEALABOVE Sworn to, and subscribed before me, by the said ___ , to certify which, witness my hand and seal of office. Printed name of officer administering oath administering oath Signature (2) Unsworn Declaration , and my date of birth is _ My name is My address is (state) (zip code)(country) ___ , on the _ County, State of ___ Executed in Signature of Campaign Treasurer (Declarant)