

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filer)	2 Total pages filed: <u>7</u>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Ms Jacqueline</i> MI R NICKNAME LAST <i>Jackie Schubert</i> SUFFIX		OFFICE USE ONLY RECEIVED JAN 14 2026 ELECTIONS ADMINISTRATOR REFUGIO COUNTY, TEXAS									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>PO Box 1202 Woodsboro TX 78393 109 Vance St Woodsboro TX 78393</i>		Date Hand-delivered or Date Postmarked <i>14</i>									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 652-4752</i>		Receipt # Amount \$									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Ms Jacqueline</i> MI R NICKNAME LAST <i>Jackie Schubert</i> SUFFIX		Date Processed									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>109 Vance St. Woodsboro TX 78393</i>		Date Imaged									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 652-4752</i>											
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)											
10 PERIOD COVERED	Month Day Year <i>8/22/25</i>		Month Day Year THROUGH <i>1/14/26</i>									
11 ELECTION	ELECTION DATE Month Day Year <i>3/3/26</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) <i>County Treasurer</i>	13 OFFICE SOUGHT (if known) <i>County Treasurer</i>										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME											
<input type="checkbox"/> GENERAL												
<input type="checkbox"/> SPECIFIC												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Jacqueline (Jackie) Schubert		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,087.90	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00	
OUTSTANDING LOAN TOTALS			

18 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.



Jacqueline Schubert

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Angela Marie Bolden this the 15th day of January, 20 21, 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

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 Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>Jacqueline (Jackie) Schubert</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,097.90	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME: Jacqueline R. Schubert	3 Filer ID (Ethics Commission Filers)	
4 Date: 11-16-25	5 Payee name: WIX.com		
6 Amount (\$): 71.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website directed only to my campaign for people to know my experience	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 11-20-25	Payee name TBL INC		
Amount (\$): 43.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 800 E Mandoline Ave <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____ Madison Heights MI 48071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business cards to hand out - not for money	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12-1-25	Payee name Rapid Printing LLC		
Amount (\$): 556.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1708 N. Navarro <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____ Victoria TX 78901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Yard signs for visibility and advertising	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
7	Jacqueline (Jackie) Schubert		
4 Date	5 Payee Name		
1-1-26	Key Savings		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
15.14	105 W. Dewey Ave Bldg 6 Suite 7	Wharton NJ 07885	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Bag to put letters & cards in	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-1-26	TBL INC		
Amount (\$)	Payee address:	City; State; Zip Code	
108.14	800 E Mandoline Ave	Madison Heights. MI	48071
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	B-Cards to hand out - not to get money	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-14-26	Refugio County		
Amount (\$)	Payee address:	City; State; Zip Code	
\$20.00	808 Commerce St.	Refugio TX	78377
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Printed Letters	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Yard sign for visibility and advertising	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City:	State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City:	State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Jacqueline (Renec) Schubert

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Jacqueline Schubert

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Jacqueline Schubert

Signature of Officeholder

Dashboard

? X

WIX



Thank you for your purchase

votejackieschubert.com is yours. To connect your new domain to your website, Upgrade to Premium

What's Next

!@votejackieschubert.com

Get a Personalized Mailbox

Complete your professional online presence and boost your brand
with an email account powered by Google Workspace.

[Buy a Mailbox](#)

[Hide Purchase Summary](#) ^

\$77.29

Domain Name: [votejackieschubert.com](#)

Registration Period: 3 years

Privacy: [Private registration & DNSSEC](#)

Note: You may receive an email at jr_schubert@hotmail.com to verify your email address. ICANN regulations require this verification

*Website domain
Bomber*

[Go to Domains](#)

Order Summary

Order placed November 20, 2025

Order # 111-2685507-0404254

Ship to
jackle schubert
109 vance st/1202
woodsboro, TX 78393
United States

Payment method
Visa ending in 1082
[View related transactions](#)

Order Summary	
Item(s) Subtotal:	\$29.90
Shipping & Handling:	\$9.95
Total before tax:	\$39.85
Estimated tax to be collected:	\$3.29
Grand Total:	\$43.14

Delivered November 24

Custom Business Cards - 16pt Glossy - Made in the USA (50 to 10,000 Cards)
Sold by: TBL INC
Supplied by: Other
Return items: Eligible through January 31, 2026
\$29.90

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1st card order

Bank

INVOICE

Rapid Printing LLC
1708 N Navarro Suite 300
Victoria, TX 77901

orders@rapidpds.com
+1 (361) 703-5168



Bill to
Jackie Schubert

Ship to
Jackie Schubert

Invoice details

Rapid Associate: 35036

Invoice no.: 3010030

Terms: Net 15

Invoice date: 12/01/2025

Due date: 12/16/2025

#	Product or service	Description	Qty	Rate	Amount
1.	Coroplast Retail		60	\$7.00	\$420.00
		Double Sided 24"x18"			
2.	H Stakes		60	\$1.25	\$75.00
3.	Credit Card Fee	Credit Card Processing fee. To avoid fee, we do accept cash, check or ACH. Thank you for your understanding.	1	\$18.75	\$18.75
				Subtotal	\$513.75
				Sales tax	\$42.38
				Total	\$556.13

Ways to pay



View and pay

Vand Signs
bank

Order Summary

Order placed January 1, 2026 Order # 111-6460819-4100249

Ship to
jackie schubert
109 vance st/1202
woodsboro, TX 78393
United States

Payment method
Visa ending in 8195
[View related transactions](#)

Order Summary	
Item(s) Subtotal:	\$13.99
Shipping &	\$0.00
Handling:	
Total before tax:	\$13.99
Estimated tax to be collected:	\$1.15
Grand Total:	\$15.14

Delivered January 5

Your package was left near the front door or porch.



TidyFriend Door Hanger Bags 6" x 12" (200 Pack), Clear Door Hanger Bags Protects Flyers, Brochures, Notices, Printed Materials - Waterproof and Secure Door Knob Hanger Bag for Outdoor Use

Sold by: Key Savings

Return or replace items: Eligible through February 4, 2026

\$13.99

letter bags

bunch

Order Summary

Order placed January 1, 2026 Order # 111-6137228-9929053

Ship to
jackie schubert
109 vance st/1202
woodsboro, TX 78393
United States

Payment method
Visa ending in 1747
[View related transactions](#)

Order Summary	
Item(s) Subtotal:	\$99.90
Shipping & Handling:	\$0.00
Total before tax:	\$99.90
Estimated tax to be collected:	\$8.24
Grand Total:	\$108.14

Delivered January 7



Custom Business Cards - 16pt - Made in the USA (50 to 10,000 Cards)

Sold by: TBL INC

Supplied by: Other

Return items: Eligible through February 11, 2026

\$99.90

order cards
Bank



REFUGIO COUNTY

023032

Date January 14, 2026

Received of Jackie Schubert

Twenty dollars ~~XX~~ Dollars

\$ 20.00

200 copies @ 20¢ each Signed Angela Bolden

Mark

INVOICE

Rapid Printing LLC
1708 N Navarro Suite 300
Victoria, TX 77901

orders@rapidpds.com
+1 (361) 703-5168



Bill to
Jackie Schubert

Ship to
Jackie Schubert

Invoice details

Rapid Associate: 35853

Invoice no.: 3010829

Terms: Due on receipt

Invoice date: 01/14/2026

Due date: 01/14/2026

#	Product or service	Description	Qty	Rate	Amount
1.	Coro-Election Signs	Double Sided 24"x18"	30	\$7.00	\$210.00
2.	H Stakes		30	\$1.25	\$37.50
3.	Credit Card Fee	Credit Card Processing fee. To avoid fee, we do accept cash, check or ACH. Thank you for your understanding.	1	\$9.37	\$9.37
			Subtotal		\$256.87
			Sales tax		\$21.19
			Total		\$278.06

Ways to pay



View and pay

2nd order
Bank