

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

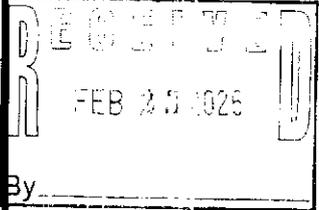
The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST MI SUFFIX
 Lisa Miller L MI

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 21 Jeff LN Pointblank TX 77364

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (832) 816-1410

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST MI SUFFIX
 Janyah Terry B

7 CAMPAIGN TREASURER ADDRESS
 (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 200 Butler Pointblank, TX 77364

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (936) 714-9166

9 REPORT TYPE

January 15 30th day before election Runoff
 July 15 8th day before election Exceeded Modified Reporting Limit

15th day after campaign treasurer appointment (Officeholder Only)
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 / / THROUGH / /

11 ELECTION

ELECTION DATE: Month Day Year
 3 / 0 / 2026

ELECTION TYPE:
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
 District Clerk

14 NOTICE FROM POLITICAL COMMITTEE(S)
 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.

<input type="checkbox"/> GENERAL	COMMITTEE NAME	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		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)	\$	1685.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1685.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	Ø
	4. TOTAL POLITICAL EXPENDITURES	\$	1683.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	514.53

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.

Lisa Miller

Signature of Candidate or Officeholder

Please complete either option below:

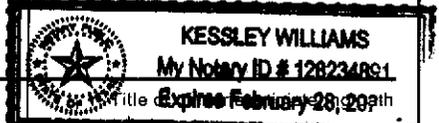
(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lisa Miller this the 23 day of Feb

20 2020 to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: Kessley Williams



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)

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

Lisa L. Miller

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/26

5 Full name of contributor out-of-state PAC (ID#: _____)

George Standley Jr

7 Amount of contribution (\$)

\$ 150

6 Contributor address; City; State; Zip Code

1451 Jenkins Oakhurst, TX 77359

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/26

Full name of contributor out-of-state PAC (ID#: _____)

Next Day Roofing

Amount of contribution (\$)

\$ 1000.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/26

Full name of contributor out-of-state PAC (ID#: _____)

Dry Creek Cattle Co

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/26

Full name of contributor out-of-state PAC (ID#: _____)

Ray

Amount of contribution (\$)

\$ 60.00

Contributor address; City; State; Zip Code

meet and greet

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.

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 *Lisa Miller*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2/7

Sharon Eldridge

\$125.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/7

Emmett Eldridge

\$300.00

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)

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.

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 | 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:		2 FILER NAME <i>Lisa Miller</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/27/26</i>		5 Payee name <i>Vistago-Dirt Cheap Signs</i>			
6 Amount (\$) <i>\$541.28</i>		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) <i>signs</i>		(b) Description <i>Campaign Signs</i>		
	(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 <i>2/10/26</i>	Payee name <i>Vistago Direct Cheap Signs</i>				
Amount (\$) <i>\$264.44</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>		Description <i>Campaign Signs</i>		
	<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 <i>2/19/26</i>	Payee name <i>Vistago Dirt Cheap Signs</i>				
Amount (\$) <i>273.80</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>signs</i>		Description <i>Campaign</i>		
	<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 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	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 F1:	2 FILER NAME <i>Lisa Miles</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/7/2026</i>	5 Payee name <i>2 kreeks</i>
---------------------------	---------------------------------

6 Amount (\$) <i>\$48.71</i>	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign koozies</i>	(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	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/18/2026</i>	Payee name <i>2 kreeks</i>
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Amount (\$) <i>\$48.71</i>	Payee address; City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign koozies</i>	Description
	<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
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Date <i>2/7/2026</i>	Payee name <i>ODP</i>
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Amount (\$) <i>175.86</i>	Payee address; City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies</i>	Description <i>Cards and ink for meet a great</i>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>LISA Miller</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/27</i>		5 Payee name <i>Republican Party</i>			
6 Amount (\$) <i>\$200.00</i>		7 Payee address; City;		State; Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Regan Dinner</i>		(b) Description	
		(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 <i>2/07</i>		Payee name <i>Angel in Action</i>			
Amount (\$) <i>\$ 40.00</i>		Payee address; City;		State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fundraiser Donation</i>		Description <i>Bake Sale</i>	
		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 <i>2/07</i>		Payee name <i>Waterwood</i>			
Amount (\$) <i>40.00</i>		Payee address; City;		State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation Fundraiser</i>		Description <i>crawfish boil</i>	
		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

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 | 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:	2 FILER NAME <i>Lisa Miller</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02-07-26</i>	5 Payee name <i>Harbor Freight</i>
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6 Amount (\$) <i>10.79</i>	7 Payee address, City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supplies</i>	(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	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/7/26</i>	Payee name <i>Cold Spring Youth Basketball</i>
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Amount (\$) <i>\$40.00</i>	Payee address, City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraiser</i>	Description
	<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
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Date	Payee name
------	------------

Amount (\$)	Payee address, City, State, Zip Code <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



6706 Lohman Ford Rd.
Lago Vista, TX 78645

SALES RECEIPT

Order ID: 200266
Date: Jan, 27th 2026, 4:31 pm
Amount: \$541.28

PAID

BILL TO: Lisa Miller None 21 Jeff Lane Point Blank, TX 77364 Phone: 8328161410 miller4sjcdistrictclerk@yahoo.com	SHIP TO: Lisa Miller None 21 Jcfff Lane Point Blank, TX 77364 Phone: 8328161410 miller4sjcdistrictclerk@yahoo.com (residence address)
---	---

Production type	Shipping option	CC details	Payment date	Tracking #
Standard	Ground Home Delivery	MasterCard 8336	Jan, 27th 2026	398462337517

Visual	Item details	Price each	QTY	Subtotal
	Yard Signs, 18"x24", White Design #358386, Vertical Flute, Double Sided, Corrugated Plastic 4mil	\$8.10	20	
	Yard Signs, 24"x36", White Design #358636, Vertical Flute, Double Sided, Corrugated Plastic 4mil, H-Stakes 30", Grommets	\$36.25	5	
	Yard Signs, 24"x24", White Design #358638, Vertical Flute, Double Sided, Corrugated Plastic 4mil, H-Stakes 30", Grommets	\$25.65	5	

Items Subtotal	Shipping charge	Standard	Sales Tax	Your Discount	Amount
\$471.50	\$28.53	\$0.00	\$41.25	\$0.00	

All of us here at Dirt Cheap Signs appreciate your business and will work hard to ensure that you are pleased with your order. Please spread the word and let your friends know where they can get the best pricing and service for Yard Signs, Banners and Real Estate Products.

DirtCheapSigns.com

info@DirtCheapSigns.com

CALL US: 1-838-255-5541



6706 Lohman Ford Rd.
Lago Vista, TX 78645

SALES RECEIPT

Order ID: 201104
Date: Feb, 19th 2026, 1:38 pm
Amount: \$273.80

PAID

BILL TO: Lisa Miller None 21 Jeff Lane Point Blank, TX 77364 Phone: 8328161410 miller4sjcdistrictclerk@yahoo.com	SHIP TO: Lisa Miller None 21 Jeff Lane Point Blank, TX 77364 Phone: 8328161410 miller4sjcdistrictclerk@yahoo.com (residence address)
---	--

Production type	Shipping option	CC details	Payment date	Tracking #
Standard	Ground Home Delivery	MasterCard 8336	Feb, 19th 2026	

Visual	Item details	Price each	QTY	Subtotal
	Car Magnets, 12"x18", White Design #359992, Single Sided, Magnet 30 Mil	\$18.00	2	
	Yard Signs, 18"x24", White Design #359994, Vertical Flute, Double Sided, Corrugated Plastic 4mil, H-Stakes 30"	\$10.20	15	
	Yard Signs, 24"x36", White Design #359995, Vertical Flute, Double Sided, Corrugated Plastic 4mil, Grommets	\$38.90	1	

Items Subtotal	Shipping charge	Standard	Sales Tax	Your Discount	Amount
\$227.90	\$25.03	\$0.00	\$20.87	\$0.00	

All of us here at Dirt Cheap Signs appreciate your business and will work hard to ensure that you are pleased with your order. Please spread the word and let your friends know where they can get the best pricing and service for Yard Signs, Banners and Real Estate Products.

DirtCheapSigns.com

info@DirtCheapSigns.com

CALL US: 1-888-255-5541



INVOICE

3134
02/18/2026

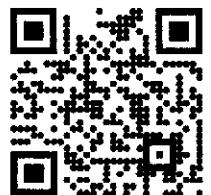
TO:
THE LISA MILLER CAMPAIGN
Attn: Lisa Miller

DESCRIPTION OF WORK PERFORMED OR ITEM	PRICE PER	QUANTITY	TOTAL
CAMPAIGN KOOZIES Standard Foam Koozies in Dark Green with 2 Sides Imprint in Metallic Gold * Free Set-up	\$0.90	50	\$45.00
		Subtotal	\$45.00
		TAX	\$3.71
		GRAND TOTAL	\$48.71

ACCEPTED PAYMENTS		
CREDIT CARD 	DIGITAL CASH APP: \$2Kreeks VENMO: @Kristin-Robertson-11	CASH CHECK OR MONEY ORDER PAYABLE TO: 2 KREEKS PO Box 1271 Coldspring, TX 77331

Thank You!
FOR YOUR BUSINESS

936.239.1563 - 2KREEKSKRISTIN@GMAIL.COM
Let me know how I can help you create your next business



www.2Kreeks.com



Thank you for Ordering!

Ship To

Lisa Miller
None
miller4sjcdistrictclerk@yahoo.com
21 Jeff Ln
Pointblank, TX, 77364

Order Date

02/19/2026 01:06 pm

Estimated Delivery -

Monday 02/23

Total Items - 22

Order Information

Order#: #B77-15351-57581

Total: \$100.54

Order Summary

Item	Price	QTY	Total
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color: Forest Green Size: M	\$2.75	4	\$11.00
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color: Forest Green Size: L	\$2.75	2	\$5.50
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color: Forest Green Size: XL	\$2.75	2	\$5.50
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color: Forest Green Size: 3XL	\$7.73	1	\$7.73
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color: Forest Green Size: 4XL	\$8.72	1	\$8.72
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color: Old Gold Size: M	\$2.75	4	\$11.00

Item	Price	QTY	Total
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color:Old Gold Size: L	\$2.75	2	\$5.50
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color:Old Gold Size: XL	\$2.75	2	\$5.50
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color:Old Gold Size: 2XL	\$5.94	2	\$11.88
 <u>Gildan 5000 Heavy Cotton T-Shirt</u> Color:Old Gold Size: 3XL	\$7.73	2	\$15.46
Subtotal:			\$87.79
Shipping:			\$5.95
Bulk Xpress - UPS Ground Upgrade			\$5.95
Tax :			\$6.80
Total :			\$100.54

Thank you very much for choosing us. It was pleasure to work with you.

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