

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: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST Sara	MI
	NICKNAME	LAST Countryman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 396 Berkley Dr Montgomery, TX 77356		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE (512) PHONE NUMBER 423-9488 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Amy	MI
	NICKNAME	LAST Payne	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 57 LaJolla cvo Montgomery TX 77356		
	8 CAMPAIGN TREASURER PHONE AREA CODE (817) PHONE NUMBER 343 6765 EXTENSION		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 24 / 2020 THROUGH Month Day Year 10 / 30 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Postponed from 5/2020
	12 OFFICE OFFICE HELD (if any) Mayor		13 OFFICE SOUGHT (if known) Mayor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sara Countryman 15 Filer ID (Ethics Commission Filers)

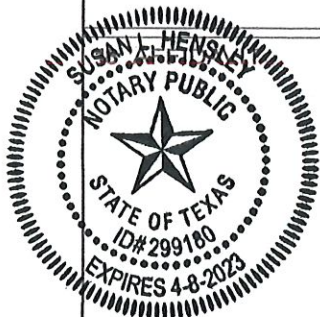
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

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

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1250.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1207.30</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>375.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>



AFFIX NOTARY STAMP / SEAL ABOVE



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.

Sara Countryman
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SARA COUNTRYMAN, this the 30th day of October, 2020, to certify which, witness my hand and seal of office.

Susan Hensley Susan Hensley City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Sara Countryman</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>325⁰⁰</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>50⁰⁰</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>325⁰⁰</i>
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	\$ <i>1207.30</i>
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	\$

L 10/30/2020 @ 4:37 pm.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Sara Countryman</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Karen Webb</u>	7 Amount of contribution (\$) <u>200.00</u>
6 Contributor address; City; State; Zip Code <u>191 Racetrack Montgomery TX 77356</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>3/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rebecca Huss</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>602 Worsham Montgomery TX 77356</u>		
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions)
Date <u>3/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cathy Singleton</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>Asa Kyle TX</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

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10/30/2020 at 4:37pm

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Sara Countryman</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>50.00</u>	
5 Date <u>3/10</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Martha DelCarmen</u>	8 Amount of Contribution \$	9 In-kind contribution description <u>Campaign cups</u>
7 Contributor address; City; State; Zip Code <u>Waco TX</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Self Employed</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			

4:37 pm & 10/30/2020

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

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: <u>1</u>	2 FILER NAME <u>Sara Countryman</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/18/2020</u>	5 Payee name <u>Lone Star signs</u>	
6 Amount (\$) <u>325⁰⁰</u>	7 Payee address; City; State; Zip Code <u>POBox 329 Montzomery TX 77356</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	(b) Description <u>Yard signs</u>
	(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 <u>Sara Countryman</u>	Office sought <u>Mayor</u> Office held <u>Mayor</u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	
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

Handwritten: 437 pm.
10/30/2020

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 2		2 FILER NAME Sara Contyman		3 Filer ID (Ethics Commission Filers)	
4 Date 3/18/2020		5 Payee name Lone Star Signs			
6 Amount (\$) 348.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; PO Box 329		City; Montgomery	State; TX
				Zip Code 77356	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description yard sign	
		(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 Sara Contyman		Office sought Mayor	Office held Mayor
Date 9/10/2020		Payee name CanvaPrint			
Amount (\$) 180.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; online		City; canva.com	State;
				Zip Code 	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING expense		Description postcards	
		<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 Sara Contyman		Office sought Mayor	Office held Mayor
Date 3/11/2020		Payee name Lone Star Signs			
Amount (\$) 428.13 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; PO Box 329		City; Montgomery	State; TX
				Zip Code 77356	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printing expense		Description yard sign	
		<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 Sara Contyman		Office sought Mayor	Office held Mayor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4/30/2020 4:37pm
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 2		2 FILER NAME Sara Countryman		3 Filer ID (Ethics Commission Filers)	
4 Date 9/18/2020		5 Payee name Sara Countryman			
6 Amount (\$) 250.33 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 396 Berkley Dr. Montgomery TX 77356			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description Campaign Signs		
	(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					
Date		Candidate / Officeholder name Office sought Office held Sara Countryman/Mayor Mayor Mayor			
Amount (\$)		Payee name			
<input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
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					
Date		Candidate / Officeholder name Office sought Office held			
Amount (\$)		Payee name			
<input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
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					
Date		Candidate / Officeholder name Office sought Office held			
Amount (\$)		Payee name			
<input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

10/30/2020
at 4:37pm
JL



Spirit Hand Line, LLC

PO Box 329
Montgomery, TX 77356
Lone Star Signs / Texas Specialties
936-597-8783
info@lonestarsigns.net
PO Box 789
Montgomery, TX 77356

Invoice

Date	Invoice #
3/13/2020	151390

Bill To

SARA COUNTRYMAN
CAMPAIGN, RE-ELECTION FOR MAYOR
512-423-9488

Ship To

SARA COUNTRYMAN

P.O. Number	Terms	Rep	Ship Date	Via
			3/13/2020	

Quantity	Item Code	Description	Price Each	Amount
2	FC-SGN2418	24"x18" Sign, full color print on 1 side, 4mm corrugated	5.25	10.50T
4	FC-SGN4848	48"x48" Sign, full color print on 1 side, 4mm corrugated. Grommets in corners	41.50	166.00T
25	Stake	Metal yard sign stakes	1.00	25.00T
23	FC-SGN2418	24"x18" Sign, full color print on 2 side, 4mm corrugated	5.25	120.75T
		Sales Tax	8.25%	26.59

Total \$348.84

Payments/Credits -\$348.84

Balance Due \$0.00

10/30/2020 at 4:37 pm. *[Signature]*

Order PAEHZr2iENA

Ordered September 10, 2020



ORDER PLACED



PROCESSING



PRINTING



SHIPPING

Payment

PayPal

Shipped to

Sara Countryman
5124239488396 Berkley Drive
Montgomery
Texas
77356
United States

Postcard

5.5in x 4.25in

Double sided

Premium paper

Matte finish

Plain white envelopes included

500 prints \$155.00

Express (2 days) \$25.00

Premium elements \$0.00

Total \$180.00

Includes tax of \$13.72

[View invoice](#)

Done

I need help

4/30/2020 at 4:37 pm.



Spirit Hand Line, LLC

PO Box 329
Montgomery, TX 77356
Lone Star Signs / Texas Specialties
936-597-8783
info@lonestarsigns.net
PO Box 789
Montgomery, TX 77356

Invoice

Date	Invoice #
3/3/2020	29431

Bill To

SARA COUNTRYMAN
CAMPAIGN, RE-ELECTION FOR MAYOR
512-423-9488

Ship To

SARA COUNTRYMAN

P.O. Number

Terms

Rep

Ship Date

Via

Quantity

Item Code

Description

Price Each

Amount

50 FC-SGN2418

24"x18" Sign, full color print on 1 side, 4mm corrugated

5.25

262.50T

2 FC-SGN4848

48"x48" Sign, full color print on 1 side, 4mm corrugated.

41.50

83.00T

50 Stake

Grommets in corners

Metal yard sign stakes

Sales Tax

1.00

50.00T

8.25%

32.63

Total

\$428.13

Payments/Credits

-\$428.13

Balance Due

\$0.00

www.lonestarsigns.net | www.texaspecialties.org

10/30/2019 at 4:37 pm. Sh.



Spirit Hand Line, LLC

PO Box 329
Montgomery, TX 77356
Lone Star Signs / Texas Specialties
936-597-8783
info@lonestarsigns.net
PO Box 789
Montgomery, TX 77356

Invoice

Date	Invoice #
9/16/2020	35783

Bill To

SARA COUNTRYMAN
CAMPAIGN, RE-ELECTION FOR MAYOR
512-423-9488

Ship To

SARA COUNTRYMAN
512-423-9488

P.O. Number

Terms

Rep

Ship Date

Via

9/17/2020

Quantity

Item Code

Description

Price Each

Amount

25 Stake
25 FC-SGN2418

Metal yard sign stakes
24"x18" Sign, full color print on 2 side, 4mm corrugated
Sales Tax

1.00
8.25
8.25%
25.00T
206.25T
19.08

SPIRIT HAND LINE LLC
21973 EVA ST
MONTGOMERY, TX 77356
936-597-5144

09/18/2020

10:28:04

DEBIT CARD

DEBIT SALE

Card # XXXXXXXXXXXX4523
Network: VISA
Chip Card: US DEBIT
AID: A0000000980840
SEQ #: 1
Batch #: 3
Trans #: 1
Approval Code: 022020
TRANS ID: 460262550307049
Entry Method: Chip Read
Mode: Issuer - PIN Bypassed

SALE AMOUNT \$250.33

THANK YOU FOR YOUR BUSINESS!

CUSTOMER COPY

Total

\$250.33

Payments/Credits

-\$250.33

Balance Due

\$0.00

www.lonestarsigns.net | www.texasspecialties.org

4:37pm
10/30/2020