

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Marissa	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Ximenez	SUFFIX			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 1713 4th Street	APT / SUITE #;	CITY; Floresville TX	STATE; TX	ZIP CODE 78114	
	<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 210 )	PHONE NUMBER 7495997	EXTENSION		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Johnny	MI M	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Ximenez	SUFFIX			
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 1713 4th Street		APT / SUITE #;	CITY; Floresville	STATE; TX	ZIP CODE 78114
	<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE ( 210 )	PHONE NUMBER 627-0778	EXTENSION		
<b>9</b> 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10</b> PERIOD COVERED	Month    Day    Year 03 / 24 / 2026		THROUGH	Month    Day    Year 04 / 22 / 2026		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year 05 / 02 / 2026		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
<b>12</b> OFFICE	OFFICE HELD (if any) Council Place 1		<b>13</b> OFFICE SOUGHT (if known) Mayor			
<b>14</b> 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.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
<b>GO TO PAGE 2</b>						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Marissa Ximenez		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,642.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*Marissa Ximenez*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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 Marissa Ximenez, and my date of birth is 04/19/1984.

My address is 1713 4th Street, Floresville, TX, 78114, USA.

Executed in Wilson County, State of Texas, on the 22 day of April, 2026.

*Marissa Ximenez*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Marissa Ximenez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
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 48hu	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 250.00
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	\$ 3,392.78
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	\$

# 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: 1
2 FILER NAME Marissa Ximenez		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Puente	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code San Antonio TX		
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Marissa Ximenez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/1/2026	<b>5</b> Payee name 48hourprint.com	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; 8000 Haskell Ave	City; Van Nuys
		State; CA
		Zip Code 91406
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing expense	<b>(b)</b> Description EDDM Full Service
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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

# 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	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.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME Marissa Ximenez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/1/26	<b>5</b> Payee name 48hourprint.com
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<b>6</b> Amount (\$) 1,622.83 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 8000 Haskell Ave	City; CA	State; Van Nuys	Zip Code 91406
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing expense	<b>(b)</b> Description EDDM Full Service (Remaining Balance)
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/26	Payee name Amazon.com
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Amount (\$) 30.30 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; Online order	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Koozie's for advertisement
	<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
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Date 4/6/26	Payee name Aztec Root USA/Dtfbylabodega
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Amount (\$) 539.65 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 546 4th Street	City; Floresville	State; TX	Zip Code 78114
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Shirts
	<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
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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	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.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME Marissa Ximenez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/22/26	<b>5</b> Payee name Vanilla Moon Marketing	
<b>6</b> Amount (\$) 1,200.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; PO Box 116	City; State; Zip Code Poth TX 78147
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Social Media Expense
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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

Marissa Ximenez

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.

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Officeholder



RP

Robert Puente

Marissa for Floresv...



Mar 30, 1:15 PM

RP

Donate Now

First name

Robert

Last name

Puente

Email

[robertpuente58@gmail.com](mailto:robertpuente58@gmail.com)

Donate in the name of

Robert Puente

Enter the amount you wish to pay:

250

⚡ Automated form



# INVOICE

Marissa Ximenez

Invoice Date  
Mar 26, 2026

Invoice Number  
INV-0111

Vanilla Moon  
PO Box 116  
POTH TX 78147  
UNITED STATES

Description	Quantity	Unit Price	Tax	Amount USD
Social Media	1.00	1,200.00	Tax Exempt	1,200.00
			Subtotal	1,200.00
			TOTAL TAX	0.00
			TOTAL USD	1,200.00
			Less Amount Paid	1,200.00
			AMOUNT DUE USD	0.00

Due Date: Apr 20, 2026



## PAYMENT ADVICE

To: Vanilla Moon  
PO Box 116  
POTH TX 78147  
UNITED STATES

Customer	Marissa Ximenez
Invoice Number	INV-0111
Amount Due	0.00
Due Date	Apr 20, 2026
Amount Enclosed	<hr/>
	Enter the amount you are paying above

## Delivered April 2

Your package was left near the front door or porch.



[See details](#)



### CHENGU 60 Packs Blank Can Cooler...

Sold by: [Netflocfly](#)

Return or replace items: Eligible through May 2, 2026

\$27.99

[View your item](#)

[Get product support](#)

[Buy it again](#)

[Track package](#)

[Return or replace items](#)

[Ask Product Question](#)

[Leave seller feedback](#)

[Write a product review](#)

## Order summary

Order placed March 31, 2026

Order # 114-5390478-2637868

Item(s) Subtotal: \$27.99

Shipping & Handling: \$0.00

Total before tax: \$27.99

Estimated tax to be collected: \$2.31

**Grand Total: \$30.30**

[View invoice](#)

618871

CUSTOMER'S ORDER NO. \_\_\_\_\_ DATE \_\_\_\_\_

NAME Marissa Ximeng

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOLD BY \_\_\_\_\_ CASH \_\_\_\_\_ C.O.D. \_\_\_\_\_ CHARGE \_\_\_\_\_ ON. ACCT. \_\_\_\_\_ MDSE. RETD. \_\_\_\_\_ PAID OUT \_\_\_\_\_

QUAN.	DESCRIPTION	PRICE	AMOUNT
1 3	3x	17.99	53.97
2 4	2x	17.99	71.96
3 8	XL	12.99	103.92
4 10	2g	12.99	129.90
5 10	Med	12.99	129.90
6			
7 50	Koozies	1.00	50.00
8			
9			
10			539.65
11			
12			

RECEIVED BY \_\_\_\_\_

KEEP THIS SLIP FOR REFERENCE

01-11

4705  
T-88528



8000 Haskell Ave., Van Nuys, CA 91406  
 Toll Free: 800-844-0599  
 Mon-Fri(7am-11pm ET) Sat-Sun(9am-8pm ET)

## Invoice for Order # **15349170**

## Bill to: **Marisa Ximenez**

Order Date: 04/1/2026

P.O.#:

Krista Scott

1305 G Street, Floresville, TX, ID 11890919

Email: hello@vanillamoonmarketing.com | Phone: (605) 877-1325

Product Details	Delivery & Destination	Quantity	Price
<b>ITEM # 24380514</b> Product: Full Service EDDM Size : 6.5" x 9" Paper : 14 pt. Cardstock Matte Printed Side : Front and Back Postage Options : USPS EDDM Mailing Service : Full Service Printing Time : 1 Business Day EDDM Delivery Date : 2026-04-16			\$ 550.19
<b>ITEM # 24380515</b> Product: EDDM Full Service Description : EDDM Full Service EDDM Route Group : 2cf1e967-b933-4f62-98dd-837a2acfeabe		3484	\$ 450.00
<b>ITEM # 24380516</b> Product: USPS Postage Description : EDDM Postage		3484	\$ 872.64

## Payment Information

Credit Card: MASTERCARD Ending in 4981

Payment Date: 04/01/2026

Subtotal	\$ 1872.83
Shipping & Handling	\$0
Sales Tax	\$0
<b>Order Total</b>	<b>\$1872.83</b>
Paid	\$1872.83
Balance Due	\$0