FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081757 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Leah NAME Date Received **ELECTRONICALLY FILED** 07/12/2023 NICKNAME LAST **SUFFIX** Shapiro CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 272352 MAILING Amount Receipt # **ADDRESS** Houston, TX 77277 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Pankti NAME NICKNAME LAST **SUFFIX** Patel STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3803 Center Plaza Drive **ADDRESS** (Residence or Business) Houston, TX 77007 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 788-5152 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

District Judge District 315 Harris

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Shapiro, Leah (The H	Honorable)	14 Filer ID 00081757	(Ethics Commiss	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's knowle	edge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
—	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTIONS		\$	5,900.00
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	IS)		
TOTALS	o. Forke ordine.			\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	3,530.28
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$	21,707.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Ho	norable Leah Shapir	0	
		Signature o	f Candidate or Officeho	older	
AFFIX NO	ΓARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	d	ay
		ertify which, witness my hand and seal of office.			
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering o	oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 22
18 FIL	ER NAN	ME .	19 Filer ID	(Ethics Commission Filers)
Sh	apiro, L	eah (The Honorable)	00081757	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 5,900.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 355.35
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,536.35
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,638.58
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/22
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Shapiro, Lea	ah (The Honorable)			00081757
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	03/01/2023	Bonney, Jerry			\$1,000.00
		6 Contributor address; City;	State; Zip Code		···
		Houston, TX 77025			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
	Jerry Bonne	y Attorney			
12	If contributor i	s a child, law firm of parent(s) (if any)	•	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/07/2023	Craig, Michael		·	\$1,000.00
		Contributor address; City;	State; Zip Code		···
			•		
		Houston, TX 77006			
	Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
		ig Attorney at Law			, , , , , , , , , , , , , , , , , , , ,
_		s a child, law firm of parent(s) (if anv)		
		- u ,			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/08/2023	Crane, Donald			\$500.00
		Contributor address; City;	State: Zip Code		··
			Julio, 2.p 3000		
		Katy, TX 77450			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Donald Crar				(··//
_		s a child, law firm of parent(s) (if anv)		
		o a oa, .a.v o. pa. o(o) (

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/22	
2	FILER NAME	oh (The Henerable)			1	Filer ID (Ethics Commission 00081757	Filers)
4	Date 03/06/2023	ah (The Honorable) 5 Full name of contributor LeVay, Stephen 6 Contributor address; City;	out-of-state PAC (ID#:		↓	Amount of Contribution (\$)	\$500.00
		Houston, TX 77056					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•		
	Attorney			Attorney			
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)	
		arles LeVay Attorney at Law					
12	! If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	03/08/2023	Lombardo, Margaret Contributor address; City;	<u> </u>				31,000.00
		Houston, TX 77024					
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	Law office of	f Margaret C. Lombardo					
	If contributor is	s a child, law firm of parent(s) (i	f any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	03/08/2023	Loper, Douglas	_				\$500.00
		Contributor address; City;	State; Zip Code				
		Houston, TX 77008					
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	Loper Law						
	If contributor is	s a child, law firm of parent(s) (i	rany)				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/22
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Shapiro, Lea	ah (The Honorable)			00081757
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	03/08/2023	Malazzo, Beverly			\$500.00
		6 Contributor address; City; Sta	ate; Zip Code		
		Houston, TX 77080			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	-
	Attorney			Attorney	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
	Law office o	f Beverly B. Malazzo PC			
12	2 If contributor	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
	03/06/2023	Rahman, Dana	_		\$250.00
		Contributor address; City; Sta	ate; Zip Code		··· <mark>·</mark>
		Houston, TX 77057			
	Contributor's	Principal Occupation		Contributor's Job Title	•
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Dana Rahm	an Attorney At Law			
	If contributor	s a child, law firm of parent(s) (if a	ny)		
H	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	03/08/2023	Sanchez, Willis	_		\$400.00
		Contributor address; City; Sta	ate; Zip Code		
		Houston, TX 77002			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Law Office of	of Robert Sanchez			
	If contributor	s a child, law firm of parent(s) (if a	ny)		

ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/22
		3 Filer ID (Ethics Commission Filers) 00081757
 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$250.00
Houston, TX 77002		
Principal Occupation	9 Contributor's Job Title	
	Attorney	
	11 Law firm of contributor's sp	oouse (if any)
s a child, law firm of parent(s) (if any)		
	action Guide explains how to complete this f ah (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:_ Tran, Thao 6 Contributor address; City; State; Zip Code	ah (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Tran, Thao 6 Contributor address; City; State; Zip Code Houston, TX 77002 Principal Occupation 9 Contributor's Job Title Attorney employer/law firm 11 Law firm of contributor's spot Thao Tran

POLITICAL EXPENDITURES 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	(above)
1	Total pages Schedule F1:	·	ission Filers)
	Sch: 1/2 Rpt: 8/22	Shapiro, Leah (The Honorable) 00081757	,
4	Date	5 Payee name	
	01/08/2023	Raise the Money	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.75	P.O. Box 26466	
		Little Rock, AR 72221	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Transaction Fee	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	03/08/2023	Raise the Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.85	P.O. Box 26466	
		Little Rock, AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Transaction Fee	
	Occupation ONLY if allowed	Our district Office helder record	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	03/08/2023	Raise the Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.75	P.O. Box 26466	
		Little Rock, AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Transaction Fee	
	Operation Of the Control of the Cont	Outstide to 10% asked days are seen as 20% asked to 100% a	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

POLITICAL EXPENDITURES 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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 2/2 Rpt: 9/22	2 FILER NAME Shapiro, Leah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081757
4	Date 03/07/2023	5 Payee name Raise the Money	
6	Amount (\$) \$86.50	7 Payee address; City; State; Zip Code P.O. Box 26466	
		Little Rock, AR 72221	
8	PURPOSE OF EXPENDITURE	1 1 663	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 03/06/2023	Payee name Raise the Money	
	Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466	
		Little Rock, AR 72221	
	PURPOSE OF EXPENDITURE	1 1 663	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/23/2023	Payee name United States Postal Service	
	Amount (\$) \$113.00	Payee address; City; State; Zip Code 5340 Weslayan	
		Houston, TX 77005	
	PURPOSE OF EXPENDITURE	Check if Aus	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense US Post Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 10/22	Shapiro, Leah (The Honorable)		00081757
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$
5 Date 03/21/2023	6 Payee name Amazon- Mrkt US		
7 Amount (\$) \$145.92	410 Terry	ate; Zip Code	
	Seattle, WA 98109		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Event Expense	Check if travel Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Graduation Gifts- Steve Maden/ Belts and wallets
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
03/20/2023	Area 5 Democrats		
Amount (\$) \$30.00	3800 Spencer, Suite L	ate; Zip Code	
TVD5 05	Pasadena, TX 77504		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Contributions/Donations Made By Candidate/Officeholder/Political Con	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/10 Rpt: 11/22 Shapiro, Leah (The Honorable) 00081757 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 04/07/2023 **Constant Contact** Amount (\$) Payee address; State; Zip Code City; \$358.29 1601 Trapelo Road Suite 329 Waltham, MA 02451 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email service- Communication** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **Dessert Gallery** 05/22/2023 Amount (\$) Payee address; City; State; Zip Code \$64.37 3600 Kirby Houston, TX 77098 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Court Staff Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/10 Rpt: 12/22 Shapiro, Leah (The Honorable) 00081757 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/17/2023 **Dessert Gallery** Amount (\$) Payee address; State; Zip Code City; \$64.37 3600 Kirby Houston, TX 77098 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Court Staff event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **Dessert Gallery** 03/21/2023 Amount (\$) Payee address; City; State; Zip Code \$64.37 3600 Kirby Houston, TX 77098 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Court Staff Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/10 Rpt: 13/22 Shapiro, Leah (The Honorable) 00081757 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/26/2023 GoDaddy Operating Company, LLC Amount (\$) Payee address; City; State; Zip Code \$64.32 2155 E. GoDaddy Way Tempe, AZ 85284 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Domain Name 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2023 Kolache Facotry Amount (\$) Payee address; City; State; Zip Code \$122.51 3813 SW Freeway Houston, TX 77027 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Court Staff breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/10 Rpt: 14/22 Shapiro, Leah (The Honorable) 00081757 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/08/2023 Kolache Facotry Amount (\$) Payee address; State; Zip Code City; \$106.05 3813 SW Freeway Houston, TX 77027 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Court breakfast 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/22/2023 Kolache Facotry Payee address: Amount (\$) City; State; Zip Code \$111.15 3813 SW Freeway Houston, TX 77027 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Court staff breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/10 Rpt: 15/22 Shapiro, Leah (The Honorable) 00081757 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 01/30/2023 **LGBT Caucus** Amount (\$) Payee address; State; Zip Code City; P.O. Box 66664 \$40.00 Houston, TX 77266 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Membership Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/01/2023 National Association of Women Judges Amount (\$) Payee address; City; State; Zip Code \$255.00 P.O. Box 3363 Warrenton, VA 20188

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 16/22	Shapiro, Leah (The Honorable)	00081757
·	Shapiro, Lean (The Honorable)	00061737
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
5 Date	6 Payee name	
01/14/2023	ROAD Women	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
\$50.00	PO Box 22678	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Houston, TX 77227	
0 7/05 05	Housion, TX TTZZT	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations water by	outside of Texas. Complete Schedule T.
	Carraractor Cinicario Cinicario Committee	n, TX, officeholder living expense
	Membership	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
02/14/2023	SW Democrats	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	PO Box 2053	
	Bellaire, TX 77402	
TYPE OF	X Political Non-Political	
EXPENDITURE		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee Check if Austin	n, TX, officeholder living expense
	Membership	Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling e Printing	Expense g Expense s/Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
		The Instruction Guide ex	plains how to	complete this form.			
1 Total pages Schedule F4:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers	,)
Sch: 8/10 Rpt: 17/22	Shapiro, Lo	eah (The Honorable)				00081757	
4 TOTAL OF UNITEMIZ	ZED EXPENI	DITURES CHARGE	D TO A CR	EDIT CARD	\$		
5 Date	6 Payee name	9					
03/14/2023	SW Demo	crats					
7 Amount (\$)	8 Payee addre		State; Zip	Code			
\$10.00	PO Box 20	153					
	Dollaira T	V 77400					
0 TVDE 05	Bellaire, T	X 77402					
9 TYPE OF EXPENDITURE	X	Political	Non-P	olitical			
10 PURPOSE OF	1 ,	See Categories listed at the top o		(b) Description			
EXPENDITURE		ns/Donations Made B Officeholder/Political (side of Texas. Complete Schedule T. K, officeholder living expense	
	Carididate	Onicendiden/Folitical (Committee	Membership			
				· ·			
11 Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought		Office held	
Date	Payee name	9					
04/14/2023	SW Demo	crats					
Amount (\$)	Payee addre	ess; City;	State; Zip	Code			
\$10.00	PO Box 20	53					
	Bellaire, T	X 77402					
TYPE OF EXPENDITURE	X	Political	Non-P	olitical			
PURPOSE	(a) Category (See Categories listed at the top o	f this schedule)	(b) Description			
OF EXPENDITURE		ns/Donations Made B		I <u>—</u>		side of Texas. Complete Schedule T.	
	Candidate	Officeholder/Political (Committee	Membership		K, officeholder living expense	
				Wiening of entire			
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ficeholder name	Office s	ought		Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
	Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains	-	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 18/22	Shapiro, Leah (The Honorable)		00081757
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$
5	Date 05/15/2023	6 Payee name SW Democrats		
7	Amount (\$) \$10.00	8 Payee address; City; State; PO Box 2053	Zip Code	
		Bellaire, TX 77402		
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10		(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Comm		outside of Texas. Complete Schedule T. , TX, officeholder living expense
11	Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office held
	Date	Payee name		
	06/14/2023	SW Democrats		
	Amount (\$) \$10.00	Payee address; City; State; PO Box 2053	Zip Code	
l				
		Bellaire, TX 77402		
	TYPE OF EXPENDITURE	Bellaire, TX 77402	Non-Political	
	EXPENDITURE PURPOSE		edule) (b) Description	
	EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By	edule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	PURPOSE OF	X Political	edule) (b) Description Check if travel	, TX, officeholder living expense
	PURPOSE OF	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin	, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin Membership	, TX, officeholder living expense Fee
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin Membership	, TX, officeholder living expense Fee
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin Membership	, TX, officeholder living expense Fee
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin Membership	, TX, officeholder living expense Fee
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin Membership	, TX, officeholder living expense Fee
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin Membership	, TX, officeholder living expense Fee
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin Membership	, TX, officeholder living expense Fee
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	edule) (b) Description Check if travel Check if Austin Membership	, TX, officeholder living expense Fee

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/10 Rpt: 19/22 Shapiro, Leah (The Honorable) 00081757 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 01/14/2023 Southwest Democrats Amount (\$) Payee address; City; State; Zip Code \$10.00 P.O. Box 2053 Bellaire, TX 77402 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Membership Fee Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment		Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing		payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME		•	3	Filer ID (Ethics Commission Filers)			
1	Sch: 1/3 Rpt: 20/22	ı	Shapiro, Leah (The Honorable)			3	00081757			
4	Date	5	Payee name							
	02/02/2023		Chase Bank- Card Service							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$100.00		PO Box 6294							
	Reimbursement from political contributions intended		Carol Stream, IL 60197							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	С	heck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Credit Card Payment			С	heck if Austin, TX, officeholder living expense			
	LAFENDITORE				January Transac		ctions			
9	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held			
	Date		Payee name							
	03/02/2023		Chase Bank- Card Service							
Amount (\$) Payee address; City; State; Zip Code										
	\$121.15		PO Box 6294							
	Reimbursement from political contributions intended		Carol Stream, IL 60197							
PURPOSE			Category (See Categories listed at the top of this sched	dule)	Description	С	heck if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE			Credit Card Payment	Check if Austin, TX, officeholder living expense February Transactions						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held			
	Date		Payee name							
	04/03/2023		Chase Bank- Card Service							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
\$356.34			PO Box 6294							
	Reimbursement from									
	X political contributions intended		Carol Stream, IL 60197							
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	_	heck if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE			Credit Card Payment		Check if Austin, TX, officeholder living expense					
2/1 2/15/15/12					March Transactions					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held			
l										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Expense Wages/Contract Labor	Travel in Distri Travel Out of E OTHER (enter			
1	Total pages Schedule G:	2 FILER NAME				,	Ethics Commission Filers)		
	Sch: 2/3 Rpt: 21/22	Shapiro, Le	ah (The Honorable)			00081757			
4	Date	5 Payee name							
	05/02/2023	Chase Ban	k- Card Service						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$432.66	PO Box 629	94						
	Reimbursement from political contributions intended	Carol Strea	m, IL 60197						
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this	schedule)	(b) Description	₫	side of Texas. Complete Schedule T.		
	EXPENDITURE	Credit Card Payment Check if Austin, TX, officeholder living expense							
		April Transactions							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/02/2023	Chase Ban	k- Card Service						
	mount (\$) Payee address; City; State; Zip Code								
	\$196.88	PO Box 629	94						
	Reimbursement from political contributions intended	Carol Strea	m, IL 60197						
PURPOSE OF EXPENDITURE		Category (S	ee Categories listed at the top of this	schedule)	Description	₫	side of Texas. Complete Schedule T.		
		Credit Card	l Payment		Check if Austin, TX, officeholder living expense May Transactions				
					Iviay Transactions	•			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		
	Date	Payee name							
	06/30/2023	Chase Ban	k- Card Service						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$329.32	PO Box 629	94						
	Reimbursement from political contributions intended	Carol Strea	m, IL 60197						
	PURPOSE OF	Category (s	ee Categories listed at the top of this	schedule)	Description	₫	side of Texas. Complete Schedule T.		
EXPENDITURE		Credit Card	d Payment		L lung Transportion	Check if Austin, TX, officeholder living expense			
					June Transaction	5			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held		
L	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 3/3 Rpt: 22/22 Shapiro, Leah (The Honorable) 00081757 Date Payee name 06/22/2023 Friends, Dione 6 Amount (\$) Payee address; City; State; Zip Code \$102.23 **Buffalo Speedway** Reimbursement from political contributions intended Х Houston, TX 77054 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Weebly - Website Design: 460 Bryant Street. San Francisco, CA 94107 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH