## JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00081757	,	2 Total pages	i filed:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Leah			Date Received	USE ONLY
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/12/2024	
		Shapiro		30111X		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Ύ;	ZIP CODE		d or Date Postmarked
ADDRESS	REDACTED PER 2	54.0313, GOV'T (	CODE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			<u>.</u> МI	
TREASURER NAME	Ms.	Pankti				
	NICKNAME	LAST Patel			SUFFIX	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F	PO BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS						
(Residence or Business)	REDACTED PER 2	54.0313, GOV I (	CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (281) 788-5152	ONE NUMBER	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer
	July 15	8th day before	election	Exceeded modified reporting limit	-	officeholder only) Attach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2023	Tł	HROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r 🛛 🗖 F	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Judge District 3	15 Harris				
	1					
		GO T	FO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	5	Ve	ersion V3.5.1.0bfcfb6

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 11

I

13 C / OH NAME	OH NAME Shapiro, Leah (The Honorable) 14 Filer ID 00081757					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's knov	vledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE	, , ,	\$	0.00	
		ICAL CONTRIBUTIONS		\$	0.00	
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	S)		0.00	
TOTALS				\$	0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	4,715.66	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	21,707.88	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING 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 Hor	norable Leah Shapiro	0		
		Signature of	Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	ribed before me, by the s	aid	, this the		_day	
of	, 20, to co	ertify which, witness my hand and seal of office.				
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administerin	g oath	
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3	3.5.1.0bfcfb67	

## FORM JC/OH COVER SHEET PG 3

3 of 11

18 FILER NAME	(Ethics Commission Filers)	
Shapiro, Leah (The Honorable)	00081757	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 2,357.83
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 2,357.83
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

		EXP	ENDITURE CATEGOR	RIES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/R Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Tr Tr Tr	olicitation/Fundraising ransportation Equipme ravel in District ravel Out of District oTHER (enter a catego	ent & Related I	
		The Inst	truction Guide explains I	how to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 1/6 Rpt: 4/11	Shapiro, Leah (The	e Honorable)			00081757		
4	CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	er Paid		
		\$10.00	10/14/2023					
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
				PO Box 2	2053			
		SW Democrats						
					TX 77402			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri				
		Fees		Members	snip			
	X Political							
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	, officeholder living exp	oense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholde	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH					n Deid		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	er Paid		
		\$10.00	08/14/2023					
⊢	PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code
				PO Box			,	p ====
		SW Democrats						
				Bellaire,	TX 77402			
	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top Fees	o of this schedule)	Membership				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	, officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH		1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	er Paid		
		\$55.20	08/15/2023					
	PAYEE			(1-) David		0.4	01-1-	Zia O da
	PATEE	(a) Payee name		(b) Payee PO BOX		City,	State,	Zip Code
		Houston Black Ame	erican	PUBUX	202110			
				Houston	, TX 77252			
⊢	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top	o of this schedule)	Ticket				
	X Political	Event Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	<u>I</u> эт.	Check if Austin TX	, officeholder living exp	oense	
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholde		Office sought		Office held		
e	xpenditure to benefit C/OH			0 -				

			EXPE	ENDITURE CATEGOR	IES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	1 -		erage Expense s/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Tr Tr Tr	blicitation/Fundraising E ransportation Equipmen ravel in District ravel Out of District THER (enter a category	t & Related I	
			The Inst	ruction Guide explains h	now to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 2/6 Rpt: 5/11	Shapiro, Lea	ah (The	e Honorable)			00081757		
4	CREDIT CARD ISSUER	Nam	e of fina	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Cha	rged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid		
		\$67.00		09/19/2023					
7	PAYEE	(a) Payee name			(b) Payee	address;	City,	State,	Zip Code
		Moeller's Ba	akery		4201 Bel	laire Blvd			
						TX 77025			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed	d at the ton	of this schedule)	(b) Descri				
		Food/Beverag		•	Judge Fi	sher Retirement	саке		
	X Political								
	Non-Political			of Texas. Complete Schedule		Check if Austin, TX,	officeholder living expe	ense	
	Complete <u>ONLY</u> if direct	Candidate/Offic	ceholder	name O	ffice sought		Office held		
e e	xpenditure to benefit C/OH PAYMENT	(a) Amount Cha	rand	(b) Date of Charge	(a) Data(c)	) Credit Card Issue	r Doid		
	PATMENT	. ,	0	Č,	(c) Dale(s)	) Credit Card Issue	rPalu		
		\$446.09		11/10/2023					
	PAYEE	(a) Payee name			(b) Payee	address;	City,	State,	Zip Code
		Pappas BB0	h		1217 Pie	rce			
			۲ ۲						
						, TX 77002			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed	d at the top	of this schedule)	(b) Descri	nch- Thanksgivin	ha		
	X Political	Food/Beverag	e Expe	nse	Court Eu		'Y		
	Non-Political	(C) Check if trav	vel outside	of Texas. Complete Schedule		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Offic	ceholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH						<b>D</b> : 1		
	PAYMENT	(a) Amount Cha	rged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid		
		\$55.86		11/06/2023					
	PAYEE	(a) Payee name		•	(b) Payee	address;	City,	State,	Zip Code
		Party City			3225 So	uthwest Fwy			
⊢		(a) Caterary				, TX 77027			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed	d at the top	of this schedule)	(b) Descrip National	otion Adoption Balloor	IS		
	X Political	Event Expense							
	Non-Political						<i>2</i> 2 1 1 1 1 1 1		
⊢		(c) Check if trav		of Texas. Complete Schedule	T. ffice sought	Check if Austin, TX,	officeholder living expe	ense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Olli	CINNE	name O	mee sought				

		EXPE	ENDITURE CATEGOR	RIES FOR BOX	10(a)			
Advertising Expense Accounting/Banking		Event Expe Fees		Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Ex		Expense		
	Consulting Expense Contributions/ Donations Made By	- Gift/Award	erage Expense s/Memorials Expense	Polling Expense Printing Expense		Travel in District Travel Out of District		
	Candidate/Officeholder/Politica	5		Salaries/Wages/Co		OTHER (enter a categ	ory not listed a	bove)
_			ruction Guide explains l	how to complete	this form.			
1	Total pages Schedule F4:					3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 3/6 Rpt: 6/11	Shapiro, Leah (The				00081757		
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	. OF UNITEMIZE IDITURES GED TO A CRED	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issi	uer Paid		
-		\$101.07	12/13/2023	(-)(-	,			
7	PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code
		(u) r uječ name			ffalo Speedway		otato,	2.0 0000
		Kroger		0100 Du	nale opecanaj			
				Houston	, TX 77005			
8	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top	,	Cupcake	es/ Brownies/ Fo	ood for Decemb	er adoptio	n
	X Political	Food/Beverage Expe	lise	celebrati	on			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin,	TX, officeholder living ex	xpense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issu	uer Paid		
		\$15.00	09/02/2023					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Harris County Dem	ocratic Party	4619 Lyo	ons			
			ocratic Faity					
					, TX 77020			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•	a		
		Name Tag	,	Party Cu	istom Name Ta	.y		
	X Political							
	Non-Political		of Texas. Complete Schedule		Check if Austin,	TX, officeholder living ex	xpense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held		
e.		(a) Amount Charged	(b) Date of Charge	(c) Dato(c	) Credit Card Issu	uor Daid		
				(c) Date(s				
		\$10.00	07/14/2023					
	PAYEE	(a) Payee name		(b) Payee	address.	City,	State,	Zip Code
		(u) r uyee name		PO Box		Oity,	Olule,	
		SW Democrats			2000			
				Bellaire.	TX 77402			
	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Member	ship			
	X Political	Fees						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, 1	TX, officeholder living ex	xpense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
e	xpenditure to benefit C/OH							

	EXPI	ENDITURE CATEGOR	RIES FOR BOX	10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Ti Ti Ti Ti	olicitation/Fundraising ransportation Equipme ravel in District ravel Out of District DTHER (enter a catego	ent & Related	
	The Inst	ruction Guide explains	how to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 4/6 Rpt: 7/11	Shapiro, Leah (The	e Honorable)			00081757		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	<b>\$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	er Paid		
	\$25.00	07/20/2023					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			4118 Mil	ton St			
	West University De	mocrais					
				TX 77005			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri				
-	Fees	,	Members	snip			
X Political							
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	, officeholder living exp	oense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought		Office held		
expenditure to benefit C/OH	(a) Amount Charged	(b) Data of Charge			ur Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	er Pald		
	\$67.50	08/14/2023					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Dessert Gallery		3600 Kir	ру			
	Dessent Gallery						
				, TX 77098			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri				
	Food/Beverage Expe		Court Bir	unuay			
X Political							
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	, officeholder living exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	ar Paid		
			(c) Date(s)				
	\$1,096.54	09/25/2023					
PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code
			1100 Lou		,	,	p = = = = =
	Treebeards						
			Houston	TX 77002			
PURPOSE OF	(a) Category		(b) Descri	otion			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Judge Fi	sher Retirement	Party		
X Political		100					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	, officeholder living exp	oense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	_	Office held		
expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/R Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense	Solicitation/Fundraisii Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	ment & Related I	
		The Inst	ruction Guide explains h	now to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)
	Sch: 5/6 Rpt: 8/11	Shapiro, Leah (The	Honorable)			00081757		
4	CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZE IDITURES GED TO A CRED	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Iss	uer Paid		
		\$95.81	10/31/2023					
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		CoDoddy Operation	- Compony	2155 E.	GoDaddy Way			
		GoDaddy Operating	g Company,					
					AZ 85284			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•			
		Advertising Expense		Web Dor	nain			
	X Political							
	Non-Political		of Texas. Complete Schedule		Check if Austin,	TX, officeholder living	expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held		
e.		(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Iss	uer Paid		
		.,	, , , , , , , , , , , , , , , , , , ,	(c) Dale(s	) Clean Card 133			
		\$67.08	09/20/2023					
_	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				3905 Kir	-			
		Taco Cabana			-			
				Houston	, TX 77098			
	PURPOSE OF	(a) Category		(b) Descri	•			
		(See Categories listed at the top Food/Beverage Expe		Judge C	arr Intro breakf	ast		
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin,	TX, officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Iss	uer Paid		
		\$55.13	09/18/2023					
	PAYEE	(a) Payee name		(b) Payee	addroca	City,	State,	Zip Code
		(a) Fayee hame		410 Terr		City,	State,	Zip Coue
		Amazon- Mrkt US		410 101	у			
				Seattle.	WA 98109			
	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Plates/ F	latware Judge	Fisher retireme	ent party	
	X Political	LACHT LYDENSE						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin,	TX, officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH							

	Advertising Expense	EXPE Event Expe	ENDITURE CATEGOR	Loan Repayment/Reimbursement	Solicitation/Fundraising	Expense	
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense Is/Memorials Expense vices	Office Overhead/Rental Expense T Polling Expense T Printing Expense T	Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	ent & Related	·
		The Inst	ruction Guide explains	how to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 6/6 Rpt: 9/11	Shapiro, Leah (The	e Honorable)		00081757		
4	CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$67.55	12/11/2023				
7	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
				3225 Southwest Fwy			
		Party City					
				Houston, TX 77027			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
		Event Expense	or this schedule)	December Adoption Day	dectorations		
	X Political						
	Non-Political		of Texas. Complete Schedule		X, officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
e.	xpenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	or Paid		
	PATMENT	\$113.00	07/25/2023	(c) Date(s) Credit Card Issue			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				5340 Weslayan			
		U.S. Postal Service	<u>)</u>				
				Houston, TX 77005			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	-	Office Overhead/Rent	,	PO box Fee			
	X Political						
	Non-Political		of Texas. Complete Schedule		X, officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	r name C	Office sought	Office held		
e							

POLITICAL EX	PENDITURES FROM PERSON	AL FUNDS SCHEDULE G		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E /- Gift/Awards/Memorials Expense Printing F	payment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       xpense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 1/2 Rpt: 10/11	2 FILER NAME Shapiro, Leah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081757		
4 Date 08/02/2023	5 Payee name Chase Bank- Card Service			
6 Amount (\$) \$148.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 6294 Carol Stream, IL 60197			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense July Expenses: PO Box/ SW Dems/ West U Dems		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date 09/02/2023	Payee name Chase Bank- Card Service			
Amount (\$) \$132.70 X Reimbursement from political contributions intended	Payee address; City; State; Zip C PO Box 6294 Carol Stream, IL 60197	ode		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense August Expenses: Dessert Gallery/ SW Dems/ HBAD		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date 12/02/2023	Payee name Chase Bank- Card Service			
Amount (\$) \$501.95	Payee address; City; State; Zip C PO Box 6294	ode		
X Reimbursement from political contributions intended	Carol Stream, IL 60197			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense November-Holiday lunch Adoption decoration/ Party City		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

POLITICAL EX	PENDITURES FROM PERSON	AL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	bayment/Reimbursement         Solicitation/Fundraising Expense           verhead/Rental Expense         Transportation Equipment & Related Expense           xpense         Travel in District           xpense         Travel Out of District           Wages/Contract Labor         OTHER (enter a category not listed above)			
1 Total pages Schedule G: Sch: 2/2 Rpt: 11/11	2 FILER NAME Shapiro, Leah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081757			
4 Date 10/02/2023	5 Payee name Chase Bank- Cardmember	· ·			
6 Amount (\$) \$1,300.75 X Reimbursement from political contributions intended		P.O.Box 6294			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense September Expenses: TreeBeards/ TC Breakfast Amazon/ Moellers/ HCDP			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 11/02/2023	Payee name Chase Bank- Cardmember				
Amount (\$) \$105.81 X Reimbursement from political contributions intended	Payee address; City; State; Zip C P.O.Box 6294 Carol Stream, IL 60197	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense October expenses:SW Dems/Go Daddy			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 12/31/2023 Amount (\$)	Payee name Chase Bank- Cardmember Payee address; City; State; Zip C	ode			
\$168.62	P.O.Box 6294 Carol Stream, IL 60197				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adoption Decoration and food.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			