

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | | | |
|---|---|---|---|--|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00081757 | 2 Total pages filed: 11 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Leah | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/13/2025 | |
| | NICKNAME | LAST Shapiro | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 272352 Houston, TX 77277 | | Date Hand-delivered or Date Postmarked | | |
| | | | Receipt # | Amount | |
| | | | Date Processed | | |
| | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Pankti | MI | | |
| | NICKNAME | LAST Patel | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3803 Center Plaza Drive Houston, TX 77007 | | | | |
| | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (281) | PHONE NUMBER 788-5152 | EXTENSION | | |
| 8 REPORT TYPE | <input checked="" 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 type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month Day Year 07/01/2024 | | THROUGH Month Day Year 12/31/2024 | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| | | | | | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 315 Harris | | 12 OFFICE SOUGHT (if known) | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 11

13 C / OH NAME Shapiro, Leah (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00081757

15 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.

Additional Pages

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

| | | | |
|--------------------------------|--|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 2,722.42 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 21,707.88 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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.

The Honorable Leah Shapiro

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - JC/OH

| | | | |
|---|---|--------------------------------|----------------------------|
| 18 FILER NAME Shapiro, Leah (The Honorable) | | 19 Filer ID 00081757 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | \$ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 1,479.22 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 1,243.20 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

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/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)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|----------------------------------|--|--|
| 1 Total pages Schedule F4: Sch: 1/6 Rpt: 4/11 | | 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution Chase | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | |
| 6 PAYMENT | | (a) Amount Charged \$55.55 | (b) Date of Charge 09/19/2024 | (c) Date(s) Credit Card Issuer Paid 10/02/2024 | |
| 7 PAYEE | | (a) Payee name Taco Cabana | | (b) Payee address; City, State, Zip Code 3905 Kirby Houston, TX 77098 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Court Breakfast | |
| | | (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 | | Office sought | |
| | | | | Office held | |
| PAYMENT | | (a) Amount Charged \$10.00 | (b) Date of Charge 10/10/2024 | (c) Date(s) Credit Card Issuer Paid 11/02/2024 | |
| PAYEE | | (a) Payee name Southwest Democrats | | (b) Payee address; City, State, Zip Code P.O. Box 2053 Bellaire , TX 77402 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Membership | |
| | | (c) <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 | |
| PAYMENT | | (a) Amount Charged \$10.00 | (b) Date of Charge 07/14/2024 | (c) Date(s) Credit Card Issuer Paid 08/02/2024 | |
| PAYEE | | (a) Payee name Southwest Democrats | | (b) Payee address; City, State, Zip Code P.O. Box 2053 Bellaire , TX 77402 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Membership | |
| | | (c) <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 | |

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/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)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|---|--|---|---|---|
| 1 | Total pages Schedule F4: Sch: 2/6 Rpt: 5/11 | 2 | FILER NAME Shapiro, Leah (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00081757 |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 | PAYMENT | (a) Amount Charged \$124.48 | (b) Date of Charge 12/20/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Central Market | | (b) Payee address; City, State, Zip Code 3815 Westheimer Houston, TX 77027 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Court Holiday Breakfast | |
| | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 12/14/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Southwest Democrats | | (b) Payee address; City, State, Zip Code P.O. Box 2053 Bellaire , TX 77402 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Membership | |
| | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$56.20 | (b) Date of Charge 11/06/2024 | (c) Date(s) Credit Card Issuer Paid 12/02/2024 | |
| 7 | PAYEE | (a) Payee name Taco Cabana | | (b) Payee address; City, State, Zip Code 3905 Kirby Houston, TX 77098 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Court Breakfast | |
| | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |

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/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)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|--|---|--|---|
| 1 | Total pages Schedule F4: Sch: 3/6 Rpt: 6/11 | 2 | FILER NAME Shapiro, Leah (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00081757 |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 | PAYMENT | (a) Amount Charged \$627.03 | (b) Date of Charge 11/19/2024 | (c) Date(s) Credit Card Issuer Paid 12/02/2024 | |
| 7 | PAYEE | (a) Payee name Pappas BBQ | | (b) Payee address; City, State, Zip Code 1217 Pierce Houston, TX 77002 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Holiday Lunch for Court and staff | |
| | | (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 | | Office sought | Office held |
| PAYMENT | (a) Amount Charged \$50.00 | (b) Date of Charge 12/03/2024 | (c) Date(s) Credit Card Issuer Paid | | |
| PAYEE | (a) Payee name ROAD Women | (b) Payee address; City, State, Zip Code PO Box 22678 Houston, TX 77227 | | | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Holiday Party Ticket | | |
| | (c) <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 | |
| PAYMENT | (a) Amount Charged \$255.00 | (b) Date of Charge 07/02/2024 | (c) Date(s) Credit Card Issuer Paid 08/02/2024 | | |
| PAYEE | (a) Payee name National Association of Women | (b) Payee address; City, State, Zip Code P.O. Box 3363 Warrenton, VA 20188 | | | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Membership | | |
| | (c) <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 | |

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/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)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|---|--|---|--|---|
| 1 | Total pages Schedule F4: Sch: 4/6 Rpt: 7/11 | 2 | FILER NAME Shapiro, Leah (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00081757 |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 | PAYMENT | (a) Amount Charged \$50.00 | (b) Date of Charge 07/17/2024 | (c) Date(s) Credit Card Issuer Paid 08/02/2024 | |
| 7 | PAYEE | (a) Payee name Humble Area Democrats | | (b) Payee address; City, State, Zip Code PO Box 3863 Humble, TX 77347 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (b) Description Ticket to bowling event | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 08/14/2024 | (c) Date(s) Credit Card Issuer Paid 09/02/2024 | |
| 7 | PAYEE | (a) Payee name Southwest Democrats | | (b) Payee address; City, State, Zip Code P.O. Box 2053 Bellaire , TX 77402 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (b) Description Membership | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 09/14/2024 | (c) Date(s) Credit Card Issuer Paid 10/02/2024 | |
| 7 | PAYEE | (a) Payee name Southwest Democrats | | (b) Payee address; City, State, Zip Code P.O. Box 2053 Bellaire , TX 77402 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (b) Description Membership | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | | Candidate/Officeholder name | | Office sought | 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/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)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|---|---|--|---|
| 1 | Total pages Schedule F4: Sch: 5/6 Rpt: 8/11 | 2 | FILER NAME Shapiro, Leah (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00081757 |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 | PAYMENT | (a) Amount Charged \$25.00 | (b) Date of Charge 09/16/2024 | (c) Date(s) Credit Card Issuer Paid 10/02/2024 | |
| 7 | PAYEE | (a) Payee name Bay Area Democratic Movement | | (b) Payee address; City, State, Zip Code 1215 Bay Area Blvd Houston, TX 77058 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Membership | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$35.00 | (b) Date of Charge 09/16/2024 | (c) Date(s) Credit Card Issuer Paid 10/02/2024 | |
| 7 | PAYEE | (a) Payee name Association Of Women Attorneys | | (b) Payee address; City, State, Zip Code 2450 Louisiana #400 Houston, TX 77006 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Membership | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 11/14/2024 | (c) Date(s) Credit Card Issuer Paid 12/02/2024 | |
| 7 | PAYEE | (a) Payee name Southwest Democrats | | (b) Payee address; City, State, Zip Code P.O. Box 2053 Bellaire , TX 77402 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Membership | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 6/6 Rpt: 9/11 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$51.54 | (b) Date of Charge 12/20/2024 |
| 7 PAYEE | (a) Payee name Einstein's Bagels | (c) Date(s) Credit Card Issuer Paid |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Court Holiday Breakfast |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| PAYMENT | (a) Amount Charged \$89.42 | (b) Date of Charge 10/31/2024 |
| PAYEE | (a) Payee name GoDaddy Operating Company, | (c) Date(s) Credit Card Issuer Paid 11/02/2024 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Payee address; City, State, Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (b) Description Website Domain Name | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | Candidate/Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 10/11 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 08/02/2024 | 5 Payee name Chase Bank- Cardmember | |
| 6 Amount (\$) \$315.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O.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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense July expenditures |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/02/2024 | Payee name Chase Bank- Cardmember | |
| Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense August expenses |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/02/2024 | Payee name Chase Bank- Cardmember | |
| Amount (\$) \$125.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense September expenses |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES 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.

| | | |
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| 1 Total pages Schedule G: Sch: 2/2 Rpt: 11/11 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
|---|--|--|

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|-----------------------------|---|
| 4 Date 11/02/2024 | 5 Payee name Chase Bank- Cardmember |
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|--|---|
| 6 Amount (\$) \$99.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O.Box 6294 Carol Stream, IL 60197 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October CC expenses |
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|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date 12/02/2024 | Payee name Chase Bank- Cardmember |
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| Amount (\$) \$693.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O.Box 6294 Carol Stream, IL 60197 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November expenses |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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