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 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Leah NAME Date Received **ELECTRONICALLY FILED** 01/13/2025 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** Change of Address Houston, TX 77277 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 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 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 District Judge District 315 Harris

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 00081757				(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without to equired to report this information	the candidate's or off	iceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
ш -	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAN CONTRIBUTIONS MADE ELEC		, \$	0.00
		ICAL CONTRIBU		c)	\$	0.00
EXPENDITURE TOTALS	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00
TOTALS	4. TOTAL POLIT	ICAL EXPENDITU	JRES		•	2 722 42
					\$	2,722.42
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	21,707.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	/ of perjury, that the a	accompanying d to be reporte	J report is ed by me
			The Hon	orable Look Chan	iro	
				orable Leah Shap Candidate or Officer		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to c	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of office	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 11					
18 FILER NAME Shapiro, Leah (The Honorable) 19 Filer ID (Ethics Commit 00081757)								
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
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 CONTRIBUTIONS	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		\$ 1,479.22					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,243.20					
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 ITO FILER	RETURNED	\$					

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

		The Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	F4: 2 FILER NAME				3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)		
	Sch: 1/6 Rpt: 4/11	Shapiro, Leah (The	Honorable)			00081757			
4	CREDIT CARD ISSUER		ncial institution ase	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$55.55	(b) Date of Charge 09/19/2024	(c) Date(s)	Credit Card Issue 24	er Paid			
7	PAYEE	(a) Payee name Taco Cabana		(b) Payee 3905 Kirl Houston		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	otion				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	rpense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 10/10/2024	(c) Date(s)	Credit Card Issue 24	er Paid			
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Southwest Democr	ats	P.O. Box	2053 TX 77402				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Membership			otion				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	K, officeholder living ex	pense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 07/14/2024	(c) Date(s) 08/02/20	Credit Card Issue 24	er Paid			
	PAYEE	(a) Payee name Southwest Democr	ats	(b) Payee P.O. Box Bellaire,		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Members					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	rpense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	e sought		Office held			
l									

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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 2/6 Rpt: 5/11	Shapiro, Leah (The Honorable)							
4 CREDIT CARD ISSUER		ncial institution revious	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	r Paid				
	\$124.48	12/20/2024						
7 PAYEE	(a) Payee name (b) Payee address; Central Market 3815 Westheimer			City,	State,	Zip Code		
			Houston, TX 77027					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
l <u> </u>	Food/Beverage Exper		Court Holiday Breakfast					
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$10.00	12/14/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
Southwest Democrats			P.O. Box 2053					
			Bellaire , TX 77402					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Membership					
X Political	1 1 6 6 5							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$56.20	(b) Date of Charge 11/06/2024	(c) Date(s) Credit Card Issue 12/02/2024	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			3905 Kirby					
	Taco Cabana							
	Houston, TX 77098							
PURPOSE OF	(a) Category	-f.4b-i	(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Court Breakfast					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 3/6 Rpt: 6/11	Shapiro, Leah (The Honorable)				00081757		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$627.03	11/19/2024	12/02/202	4			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Pappas BBQ		1217 Piero				
	(-) 0-4		Houston, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on nch for Court aı	nd staff		
X Political	Food/Beverage Expe		Hollday Lu	nen ioi court ai	nu stan		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			•				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$50.00	12/03/2024					
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code
	ROAD Women		PO Box 22				
			Houston, T	X 77227			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top Event Expense	of this schedule)	Holiday Pa	rty Ticket			
Non-Political	(2) 🗖 (1) - 1 (1) - 1 (1)	(T. 0. 1. 0. 1. T.		70 171 5 70	<i>(</i> **		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Ce sought Office held				
expenditure to benefit C/OH	Canadate/Oniceriolaer	name Ome	c sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$255.00	07/02/2024	08/02/202	4			
PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code
			P.O. Box 3	363			
	National Association of Women						
			Warrenton	, VA 20188			
PURPOSE OF	(a) Category	-fabric coloradule)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Membersh	ip			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 4/6 Rpt: 7/11	Shapiro, Leah (The Honorable)			00081757			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITU CHARGED CARD		\$		
6	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 07/17/2024	(c) Date(s) Cre 08/02/2024	dit Card Issuer	Paid		
7	PAYEE	(a) Payee name Humble Area Demo	ocrats	(b) Payee addi PO Box 3863	3	City,	State,	Zip Code
Ļ	DUDDOOF OF	(a) Category		Humble, TX				
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Event Expense	of this schedule)	(b) Description Ticket to bow				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 08/14/2024	(c) Date(s) Cre 09/02/2024	dit Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code
		Southwest Democrats P.O. Box 2053						
L				Bellaire , TX				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Membership				
	Non-Political	(a) Chaple if traval autoids	of Toyon, Complete Cohodule T		Shook if Augstin, TV	office helder living even		
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check II Ausun, TX, (Office held	ense	
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 09/14/2024	(c) Date(s) Cre 10/02/2024	dit Card Issuer	Paid		
Г	PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code
		Southwest Democra	ats	P.O. Box 2053				
Bella			Bellaire , TX	77402				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Membership				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX.	officeholder living expe	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	•	e sought	,	Office held		

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

	The Insti	ruction Guide explains how	to complete this form.	2 (0	,,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 5/6 Rpt: 8/11	Shapiro, Leah (The Honorable)			00081757				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A CO	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car 10/02/2024	d Issuer Paid				
	\$25.00	09/16/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Bay Area Democra	tic Movement	1215 Bay Area Blv	d				
			Houston, TX 77058	3				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	•	Membership					
X Political	Candidate/Officeholde							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
	\$35.00	09/16/2024	10/02/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			2450 Louisiana					
	Association Of Wor	nen Attorneys	#400					
			Houston, TX 77006	i				
PURPOSE OF	(a) Category	of this cabadula)	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Fees	or this schedule)	Membership					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	ynense			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	хрепас			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
	\$10.00	11/14/2024	12/02/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
'	(a) r ayee name		P.O. Box 2053	City,	State,	Zip Couc		
Southwest Democrats		F.O. BOX 2033						
			Bellaire , TX 77402					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule)			Membership					
X Political	Fees							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								

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 Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica			nting Expense aries/Wages/Con		avel Out of District 「HER (enter a category	/ not listed at	oove)
	The Insti	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 6/6 Rpt: 9/11	Shapiro, Leah (The	Honorable)			00081757		
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED DITURES	.		
ISSUER	see pr	revious		ED TO A CREDIT	\$		
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$51.54	12/20/2024					
7 PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Einstein's Bagels		5300 Kirb	y Dr			
			l leveten :	TV 7700F			
8 PURPOSE OF	(a) Category		Houston, (b) Descript				
EXPENDITURE	(See Categories listed at the top	of this schedule)		day Breakfast			
X Political	Food/Beverage Expe	nse		,			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Chook if Austin TV	officeholder living expe		
9 Complete ONLY if direct	Candidate/Officeholder		<u>L</u> e sought	Crieck ii Austiri, TA,	Office held	#115E	
expenditure to benefit C/OH			9				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$89.42	10/31/2024	11/02/202	24			
	400112	10/01/2021					
PAYEE	(a) Payee name	L	(b) Payee a	iddress;	City,	State,	Zip Code
	0.0.11.0		2155 E. G	oDaddy Way			
	GoDaddy Operating	g Company,					
			Tempe, A				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
l <u> </u>	Advertising Expense	,	website L	omain Name			
X Political							
Non-Political	_ `	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	e sought		Office held		
experiorure to beriefit C/OH							
l							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)			
_		1.		10 00					
1	Total pages Schedule G:	2	FILER NAME		3	,			
	Sch: 1/2 Rpt: 10/11		Shapiro, Leah (The Honorable)			00081757			
4	Date	5	Payee name						
	08/02/2024		Chase Bank- Cardmember						
6	Amount (\$)	7	Payee address; City; State; Zi	р Со	de				
	\$315.00		P.O.Box 6294						
	Reimbursement from								
	X political contributions intended		Carol Stream, IL 60197						
_		(0)		, 1	(h) Description (1)	Charle if traval autoida of Tayan, Camplete Schodule T			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	(*)	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	EXPENDITURE		Credit Card Payment			shook in the sing try constrained in this companies			
					July expenditures				
_		Ļ	11.1.106						
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name		Office sought	Office held			
	C/OH								
	Date	Г	Davis and the second						
	09/02/2024		Payee name Chase Bank- Cardmember						
Amount (\$)			Payee address; City; State; Zip Code						
	\$10.00		P.O.Box 6294						
	Reimbursement from political contributions								
	X political contributions intended		Carol Stream, IL 60197						
	PURPOSE		Category (See Categories listed at the top of this schedule	e)	Description 🔲	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Credit Card Payment			Check if Austin, TX, officeholder living expense			
	EXPENDITORE				August expenses				
	Complete ONLY if direct	Cai	ndidate/Officeholder name		Office sought	Office held			
	expenditure to benefit C/OH								
	C/OTT								
	Date		Payee name						
	10/02/2024		Chase Bank- Cardmember						
	Amount (\$)		Payee address; City; State; Zi	р Со	de				
	\$125.55		P.O.Box 6294						
	Reimbursement from								
	X political contributions intended		Carol Stream, IL 60197						
	PURPOSE	⊢	Category (See Categories listed at the top of this schedule	, 1	Description 0	Check if travel outside of Texas. Complete Schedule T.			
	OF		Credit Card Payment	.,	· =	Check if Austin, TX, officeholder living expense			
	EXPENDITURE		Credit Card F dyffielit		September expens	es			
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held			
	expenditure to benefit	Cal	Middle Officerough name		Office 30ugift	Office field			
	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: 2/2 Rpt: 11/11 Shapiro, Leah (The Honorable) 00081757 Date Payee name 11/02/2024 Chase Bank- Cardmember 6 Amount (\$) Payee address; City; State; Zip Code \$99.42 P.O.Box 6294 Reimbursement from political contributions intended Х Carol Stream, IL 60197 **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 Credit Card Payment **EXPENDITURE** October CC expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/02/2024 Chase Bank- Cardmember Amount (\$) Payee address; City; State; Zip Code \$693.23 P.O.Box 6294 Reimbursement from political contributions Χ Carol Stream, IL 60197 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** November expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH