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 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Leah NAME Date Received **ELECTRONICALLY FILED** 07/11/2025 NICKNAME LAST **SUFFIX** Shapiro CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Pankti NAME NICKNAME LAST **SUFFIX** Patel **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 315 Harris District Judge District 315th

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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Version V4.1.0.f10d0fd8

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

| 13 C / OH NAME | Shapiro, Leah (The Honorable) 14 Filer ID 00081757 | | | | (Ethics Com | ımission Filers) |
|--|---|-----------------------|--|----------------------|----------------------------------|-----------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures ma | cepted or political expenditury have been made without the red to report this information | the candidate's or o | fficeholder's kn | owledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| ш . | GENERAL | | | | | |
| | | COMMITTEE ADDRES | SS | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPA | GN TREASURER NAME | | | |
| | | COMMITTEE CAMPA | GN TREASURER ADDRES | SS | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | | | | 0.00 |
| | S) | \$ | 0.00 | | | |
| EXPENDITURE TOTALS | | | | | | 0.00 |
| | 4. TOTAL POLIT | \$ | 3,556.20 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | MAINTAINED AS OF THE LA | AST DAY OF THE | \$ | 20,464.68 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | | | | |
| | | true | rear, or affirm, under penalty and correct and includes al er Title 15, Election Code. | of perjury, that the | accompanying ed to be reporte | report is ed by me |
| | | | The Hon | orable Leah Sha | oiro | |
| | | | | Candidate or Office | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | |
| Sworn to and subso | cribed before me, by the s | aid | | , this the | | day |
| | , 20, to co | | | | | |
| | | | | | | |
| Signature of office | cer administering oath | Printed name of o | fficer administering oath | Title of off | icer administer | ing oath |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | | | 3 of 13 |
|--------------|---|--|-----------------------------|----------------------------|
| 18 FIL Sh | | neah (The Honorable) | 19 Filer ID 00081757 | (Ethics Commission Filers) |
| l | | E SUBTOTALS 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. | | \$ | | |
| 5. | X | \$ 1,243.20 | | |
| 6. | | \$ | | |
| 7. | | \$ | | |
| 8. | X | \$ 1,038.49 | | |
| 9. | X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 1,274.51 | |
| 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 IT TO FILER | RETURNED | \$ |
| | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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 | / - al Coi | mmittee | Legal Service | Memorials Exp es | | | kpense /ages/ | c Contract Labor t e this form. | | Travel in Dist Travel Out of OTHER (ente | District | ory not listed above) | |
|---|--|---------------|--------------|---------------|---------------------|--------|------------|------------------|--|---|--|----------|-----------------------|----|
| 1 | Total pages Schedule F1: | 2 | | | | | | | | 3 | Filer ID | - | ics Commission Filer | s) |
| L | Sch: 1/1 Rpt: 4/13 | | Shapiro, Le | | Honorable |) | | | | | 0008175 | 7 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | | |
| L | 02/21/2025 | L | Shapiro, Le | | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | | y; | State; | Zip Co | de | | | | | | |
| | \$1,243.20 | | 3726 West | erman St | | | | | | | | | | |
| | | | Houston, T | X 77005 | | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (S | | | | edule) | (b) | Description | | | | | |
| | EXPENDITURE | | CC payme | nts from Ju | uly-Dec 2 | 024 | | | _ | | ide of Texas. C , officeholder liv | | | |
| | | | | | | | | | Reimburse | | | | | |
| | | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Of | ficeholder n | ame | C | Office sou | ght | | | 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 Inst | 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: 1/6 Rpt: 5/13 | Shapiro, Leah (The | Honorable) | | | 00081757 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution ase | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issuer | Paid | | |
| | | \$10.00 | 01/14/2025 | 02/02/202 | 25 | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | Southwest Democr | ats | P.O. Box 2 | | | | |
| L | | () 2 : | | Bellaire, | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | |
| | X Political | Contributions/Donation | | Membersh | пр гее | | | |
| | Non-Political | ⊢ | of Texas. Complete Schedule T. | <u> </u> | Chack if Austin TY | officeholder living expe | anco | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | <u> </u> | e sought | Check ii Austin, 17, | Office held | .1136 | |
| | expenditure to benefit C/OH | | | J | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | · Paid | | |
| | | \$10.00 | 02/14/2025 | 03/02/202 | 25 03/02/2025 | | | |
| | PAYEE | (a) Payee name | L | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | Southwest Democr | ate | P.O. Box | 2053 | | | |
| | | Southwest Democr | ais | Bellaire , ¹ | FY 77402 | | | |
| H | PURPOSE OF | (a) Category | | (b) Descript | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | Membersh | | | | |
| | X Political | | | | _ | | | |
| L | Non-Political | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| е | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officerfolder | name Office | e sougnt | | Office field | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 02/02/202 | Credit Card Issuer 25 | Paid | | |
| | | \$40.00 | 01/30/2025 | | | | | |
| | PAYEE | (a) Payee name | <u> </u> | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | The Oriente | | Post Office | e Box 66664 | | | |
| | | The Caucus | | | | | | |
| | | | | | TX 77266-6664 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | |
| | X Political | Fees | , | Annual Me | embersnip | | | |
| | Non-Political | (c) Chock if traval autoida | of Toyas, Complete Schodule T | <u> </u> | Chock if Austin TV | officeholder living curr | neo | |
| \vdash | Complete ONLY if direct | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. name Office | <u>L</u> e sought | Crieck ii Austin, TX, | officeholder living expe | nse | |
| e | expenditure to benefit C/OH | - Carraidato/Omocriolido | | Jougin | | Jilloo Holu | | |
| Ĕ | | | | | | | | |

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

Printing Expense
Salaries/Wages/Contract Labor

| | 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: 2/6 Rpt: 6/13 | Shapiro, Leah (The | Honorable) | | | 00081757 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$55.88 | (b) Date of Charge 02/04/2025 | (c) Date(s) 03/02/20 |) Credit Card Issuel 25 | r Paid | | |
| 7 PAYEE | (a) Payee name Taco Cabana | | (b) Payee 3905 Kirl | ру | City, | State, | Zip Code |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | TX 77098 | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (See Categories listed at the top Food/Beverage Expe | | Court Bre | | | | |
| 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 \$110.46 | (b) Date of Charge 04/07/2025 | (c) Date(s) 05/02/20 |) Credit Card Issue 25 | r Paid | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | Kolache Facotry | | | / Freeway | | | |
| | | | + | TX 77027 | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Descrip | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | 1 | Check if Austin, TX, | officeholder living exp | ense | |
| 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 03/14/2025 | (c) Date(s) 04/02/20 |) Credit Card Issue 25 | r Paid | | |
| PAYEE | (a) Payee name Southwest Democra | 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, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | 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 Insti | ruction Guide explains how | to complete this form. | 2 · · · 2 · · · · · · · · · · · · · · · | ,, | , |
|---|--|---------------------------------------|--|---|--------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Et | hics Commiss | sion Filers) |
| Sch: 3/6 Rpt: 7/13 | Shapiro, Leah (The | Honorable) | | 00081757 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CR CARD | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 04/14/2025 | (c) Date(s) Credit Card 05/02/2025 | Issuer Paid | | |
| 7 PAYEE | (a) Payee name Southwest Democra | ats | (b) Payee address; P.O. Box 2053 Bellaire , TX 77402 | City, | State, | Zip Code |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE X Political | (See Categories listed at the top | of this schedule) | Membership Fee | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Aus | stin, TX, officeholder living e | xpense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | <u> </u> | e sought | Office held | - | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged \$42.99 | (b) Date of Charge 04/22/2025 | (c) Date(s) Credit Card 05/02/2025 | Issuer Paid | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | Great American Co | okie Co | 3175 W Holcombe B | lvd | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Description Court Celebration | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Aus | stin, TX, officeholder living e | xpense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | |
| PAYMENT | (a) Amount Charged \$68.76 | (b) Date of Charge 05/02/2025 | (c) Date(s) Credit Card 06/02/2025 | Issuer Paid | | |
| PAYEE | (a) Payee name H-E-B | 1 | (b) Payee address; 5225 Buffalo Speedv Houston, TX 77005 | City, vay | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | · · · · · · · · · · · · · · · · · · · | (b) Description Adoption Day Food | | | |
| Non-Political | Check if Aus | stin, TX, officeholder living e | xpense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | 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 Instruction Guide explains how to complete this form. | | | | | | | | | |
|---|---|--|----------------------------------|-----------------------------------|---|---------------------------|------------|--------------|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) | | |
| | Sch: 4/6 Rpt: 8/13 | Shapiro, Leah (The | Honorable) | | | 00081757 | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | | | |
| 6 | PAYMENT | (a) Amount Charged \$125.00 | (b) Date of Charge 05/14/2025 | (c) Date(s) 06/02/20 | Credit Card Issue 25 | r Paid | | | | |
| 7 | PAYEE | (a) Payee name Gulf Coast Area La | bor Federation | (b) Payee 2506 Sut Houston. | | City, | State, | Zip Code | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Event Expense | of this schedule) | (b) Descrip | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living exp | ense | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| | PAYMENT | (a) Amount Charged \$97.94 | (b) Date of Charge 06/06/2025 | (c) Date(s) 06/30/20 | Credit Card Issue 25 | r Paid | | | | |
| | PAYEE | (a) Payee name H-E-B | | | address; falo Speedway TX 77005 | City, | State, | Zip Code | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Description | otion | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living exp | ense | | | |
| e | 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 06/14/2025 | (c) Date(s) 06/30/20 | Credit Card Issue 25 | r Paid | | | | |
| | PAYEE | (a) Payee name SW Democrats | | (b) Payee PO Box 2 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 | | | | | | |
| L | Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living exp | ense | | | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| ı | | | | | | | | | | |

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: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commis | sion Filers) |
| Sch: 5/6 Rpt: 9/13 | Shapiro, Leah (The | Honorable) | | | 00081757 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$57.18 | (b) Date of Charge 02/25/2025 | (c) Date(s) 03/02/20 |) Credit Card Issuel 25 | r Paid | | |
| 7 PAYEE | (a) Payee name Taco Cabana | | (b) Payee 3905 Kirl | | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | otion | | | |
| X Political | Food/Beverage Expe | | Court Bre | eakiasi | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | 1 | 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 \$350.00 | (b) Date of Charge 06/03/2025 | (c) Date(s) 06/30/20 |) Credit Card Issue 25 | r Paid | | |
| PAYEE | (a) Payee name Texas Center for th | e Judiciary | (b) Payee 1210 Sai Suite 800 Austin, T | n Antonio) | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Fees | of this schedule) | (b) Descrip Training | otion | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 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 05/14/2025 | (c) Date(s) 06/02/20 |) Credit Card Issuer 25 | r 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, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - Gift/Award: | rage Expense s/Memorials Expense | Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not list | |
|---|--|-------------------------------------|--|---|-----------------|
| | • | | ow to complete this form. | (* | , |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Com | mission Filers) |
| Sch: 6/6 Rpt: 10/13 | Shapiro, Leah (The | Honorable) | | 00081757 | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD | \$ | |
| 6 PAYMENT | (a) Amount Charged \$30.28 | (b) Date of Charge 06/12/2025 | (c) Date(s) Credit Card 06/30/2025 | ssuer Paid | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, Stat | e, Zip Code |
| | HC Brands | | 2021 S. Augustine R | oad | |
| | | | Jacksonville, FL 3220 | 07 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | |
| X Political | Advertising Expense | , | Name tag | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule 1 | T. Check if Aus | tin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Of | fice sought | Office held | |
| | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Food/Beverage Expense I Gift/Awards/Memorials Expense I | Polling Ex Printing Ex | | | 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 ho | ow to co | mplete this form. | | |
| 1 | Total pages Schedule G: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 1/3 Rpt: 11/13 | | Shapiro, Leah (The Honorable) | | | | 00081757 |
| 4 | Date | 5 | Payee name | | | <u> </u> | |
| | 01/02/2025 | | Chase Bank- Cardmember Service | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | de | | |
| | \$236.02 | | PO Box 1432 | | | | |
| | Reimbursement from political contributions intended | | Charlotte, NC 28201 | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sched | ule) | (b) Description | CI | neck if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | | Credit Card Payment | | | Cl | neck if Austin, TX, officeholder living expense |
| | EXI ENDITORE | | | | December 2024 | pay | ment |
| | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Cai | ndidate/Officeholder name | | Office sought | | Office held |
| | Date | | Payee name | | | | |
| | 02/02/2025 | | Chase Bank- Cardmember Service | | | | |
| | Amount (\$) | \vdash | Payee address; City; State; | Zin Co | de | | |
| | \$50.00 | | PO Box 1432 | _,, -,- | | | |
| | Reimbursement from political contributions intended | | Charlotte, NC 28201 | | | | |
| | PURPOSE | T | Category (See Categories listed at the top of this sched | ule) | Description | CI | neck if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | | Credit Card Payment | | | CI | neck if Austin, TX, officeholder living expense |
| | EXI ENDITORE | | | | January Expense | es | |
| | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Cai | ndidate/Officeholder name | | Office sought | | Office held |
| | Date | | Payee name | | | | |
| | 03/02/2025 | | Chase Bank- Cardmember Service | | | | |
| | Amount (\$) | \vdash | Payee address; City; State; | Zip Co | de | | |
| | \$123.06 | | PO Box 1432 | - | | | |
| | Reimbursement from | | | | | | |
| | X political contributions intended | | Charlotte, NC 28201 | | | | |
| | PURPOSE | \vdash | Category (See Categories listed at the top of this sched | ula) | Description | 7 ci | neck if travel outside of Texas. Complete Schedule T. |
| | OF | | Credit Card Payment | uic) | Description | = | neck if Austin, TX, officeholder living expense |
| | EXPENDITURE | | Stock Sara Faymon | | February Expens | - ses | |
| | | | | | , , | | |
| | Complete ONLY if direct | L Cai | ndidate/Officeholder name | | Office sought | | Office held |
| | expenditure to benefit C/OH | | | | | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contra | Tra Tra act Labor OT | ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above) | | | |
|---|--|---|----------------------------|--|--|--|--|
| | | The Instruction Guide explains how to complete the | s form. | | | | |
| 1 | Total pages Schedule G: | 2 FILER NAME | 3 Fil | er ID (Ethics Commission Filers) | | | |
| | Sch: 2/3 Rpt: 12/13 | Shapiro, Leah (The Honorable) | 00 | 0081757 | | | |
| 4 | Date | 5 Payee name | I | | | | |
| | 04/02/2025 | Chase Bank- Cardmember Service | | | | | |
| 6 | | | | | | | |
| 0 | Amount (\$) | 1 3 | | | | | |
| | \$10.00 | PO Box 1432 | | | | | |
| | X Reimbursement from political contributions | | | | | | |
| | intended | Charlotte, NC 28201 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Design | cription | if travel outside of Texas. Complete Schedule T. | | | |
| | OF EXPENDITURE | Credit Card Payment | Check | c if Austin, TX, officeholder living expense | | | |
| | EXI ENDITORE | March e | xpenses | | | | |
| | | | | | | | |
| 9 | | Candidate/Officeholder name Office | sought | Office held | | | |
| | expenditure to benefit C/OH | | | | | | |
| | C/OH | | | | | | |
| | Date | Payee name | | | | | |
| | 05/02/2025 | Chase Bank- Cardmember Service | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$163.45 PO Box 1432 | | | | | | |
| | Reimbursement from | | | | | | |
| | x political contributions intended | Charlotte, NC 28201 | | | | | |
| | | | | | | | |
| | PURPOSE OF | | • = | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense | | | |
| | EXPENDITURE | Credit Card Payment | ш | Augun, 17, oncender living expense | | | |
| | | April Ex | penses | | | | |
| | | | | | | | |
| | Complete ONLY if direct expenditure to benefit | Candidate/Officeholder name Office | sought | Office held | | | |
| | C/OH | | | | | | |
| H | Data | B | | | | | |
| | Date | Payee name | | | | | |
| | 06/02/2025 | Chase Bank- Cardmember Service | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$203.76 | PO Box 1432 | | | | | |
| | Reimbursement from political contributions | | | | | | |
| | x political contributions intended | Charlotte, NC 28201 | | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedule) Desi | cription | s if travel outside of Texas. Complete Schedule T. | | | |
| | OF | Credit Card Payment | Check | if Austin, TX, officeholder living expense | | | |
| | EXPENDITURE | May Ex | oenses | | | | |
| | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office | sought | Office held | | | |
| | expenditure to benefit | | J | | | | |
| L | C/OH | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 13/13 Shapiro, Leah (The Honorable) 00081757 Date Payee name 06/30/2025 Chase Bank- Cardmember Service 6 Amount (\$) Payee address; State; Zip Code City; PO Box 1432 \$488.22 Reimbursement from political contributions intended Х Charlotte, NC 28201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** June expenses Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH