

**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: 49 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Leah | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Shapiro | SUFFIX | Date Received ELECTRONICALLY FILED 01/13/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked | | |
| | REDACTED PER 254.0313, GOVT CODE | | | 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 |
| | REDACTED PER 254.0313, GOVT CODE | | | | | |
| 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 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month Day Year 03/03/2026 | | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 315 Harris | | | 12 OFFICE SOUGHT (if known) District Judge District 315 | | |

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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| | | | | | | | | | | | | | | | |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME | Shapiro, Leah (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00081757 | | | | | | | | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | 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) | | \$ 30,183.84 | | | | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 19,054.31 | | | | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 42,502.25 | | | | | | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | | | | | | | | | | | | |
| 17 AFFIDAVIT | | | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | | |
| <p>The Honorable Leah Shapiro _____ Signature of Candidate or Officeholder</p> | | | | | | | | | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | | | | | | | |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> | | | | | | | | | | | | | | | |
| Signature of officer administering oath | | Printed name of officer administering oath | | | | | | | | | | | | | |
| | | Title of officer administering oath | | | | | | | | | | | | | |

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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|---|--|
| 18 FILER NAME | 19 Filer ID (Ethics Commission Filers) 00081757 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 28,336.00 | |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 1,847.84 | |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ | |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 6,523.53 | |
| 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 \$ 6,265.39 | |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 6,265.39 | |
| 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 \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/18 Rpt: 4/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Jerry Michael | 7 Amount of Contribution (\$) \$2,000.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77018 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Office Of Jerry Acosta | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akins, Jessica (Ms.) Contributor address; City; State; Zip Code Houston, CO 77042 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Jessica Akins Attorney at Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloome, Susan Contributor address; City; State; Zip Code Houston, TX 77004 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Susan Bloome Attorney At Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/18 Rpt: 5/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 12/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, Joseph 6 Contributor address; City; State; Zip Code Spring, TX 77389 | 7 Amount of Contribution (\$) \$1,000.00 |
| | | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Joseph Cannon Attorney At Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/29/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, William Contributor address; City; State; Zip Code Houston, TX 77098 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Connolly & Shireman | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/24/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, James Contributor address; City; State; Zip Code Houston, TX 77002 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm James Cooper Attorney At Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/18 Rpt: 6/49 | |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 | |
| 4 Date 10/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Michael | 7 Amount of Contribution (\$) \$1,000.00 | |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77029 | | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney | |
| 10 Contributor's employer/law firm Michael Craig Attorney At Law | | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 11/07/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crocker, Ronald Contributor address; City; State; Zip Code Houston, TX 77009 | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Retired | | Contributor's Job Title Retired | |
| Contributor's employer/law firm Retired | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 10/29/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuocci, Matthew Contributor address; City; State; Zip Code Houston, TX 77027 | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Broker | | Contributor's Job Title Broker | |
| Contributor's employer/law firm Self Employed | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/18 Rpt: 7/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter, Matthew 6 Contributor address; City; State; Zip Code Huntsville, TX 77304 | 7 Amount of Contribution (\$) \$500.00 |
| | | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Matt Dexter Attorney At Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Michael Contributor address; City; State; Zip Code Houston, TX 77056 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Kherkher Garcia | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/31/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estopinal, Megan Contributor address; City; State; Zip Code Houston, TX 77006 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Director | | Contributor's Job Title Director |
| Contributor's employer/law firm Josh Pazda Gallery | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/18 Rpt: 8/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 11/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Brian 6 Contributor address; City; State; Zip Code Houston, TX 77025 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title attorney |
| 10 Contributor's employer/law firm Brian Fischer Attorney At Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/07/2025 Contributor address; City; State; Zip Code Houston, TX 77019 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Carlos Garcia Attorney at Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/29/2025 Contributor address; City; State; Zip Code Houston, TX 77098 | | Amount of Contribution (\$) \$50.00 |
| Contributor's Principal Occupation Project Manager | | Contributor's Job Title Project Manager |
| Contributor's employer/law firm Harris County | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/18 Rpt: 9/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Spencer | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Humble, TX 77396 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Vinas & Graham | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/11/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graul, Kathryn Kelly |
| Contributor address; City; State; Zip Code Dickinson, TX 77539 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Kelly Graul Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/29/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, David |
| Contributor address; City; State; Zip Code Katy, TX 77449 | | Amount of Contribution (\$) \$10.00 |
| Contributor's Principal Occupation Managing Partner | | Contributor's Job Title Managing Partner |
| Contributor's employer/law firm Trenton Hoyt LLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 7/18 Rpt: 10/49 | |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 | |
| 4 Date 10/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Monica (Mrs.) | 7 Amount of Contribution (\$) \$250.00 | |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77007 | | |
| 8 Contributor's Principal Occupation Analyst | | 9 Contributor's Job Title Analyst | |
| 10 Contributor's employer/law firm British Petroleum | | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 11/07/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Chaun Contributor address; City; State; Zip Code Sugar Land, TX 77479 | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Chaun Hubbard Law | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 11/07/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaldis, Dorothy Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Homemaker | | Contributor's Job Title N/A | |
| Contributor's employer/law firm N/A | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 8/18 Rpt: 11/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 11/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozel, Brian 6 Contributor address; City; State; Zip Code Pearland, TX 77584 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation Sales | | 9 Contributor's Job Title Sales |
| 10 Contributor's employer/law firm Advance Technology Lubricant | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/07/2025 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loper Law P.C. 6 Contributor address; City; State; Zip Code Houston, TX 77008 | | 7 Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/07/2025 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loper, Robert "Bob" 6 Contributor address; City; State; Zip Code Houston, TX 77008 | | 7 Amount of Contribution (\$) \$200.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Loper Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 9/18 Rpt: 12/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 11/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maisel, John 6 Contributor address; City; State; Zip Code Houston, TX 77002 | 7 Amount of Contribution (\$) \$1,500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm John Maisel Attorney At Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matlock, Teresa Contributor address; City; State; Zip Code Houston, TX 77008 | | Amount of Contribution (\$) \$75.00 |
| Contributor's Principal Occupation Retired | | Contributor's Job Title Retired |
| Contributor's employer/law firm Retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Kathryn Contributor address; City; State; Zip Code Houston, TX 77006 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Consultant | | Contributor's Job Title Consultant |
| Contributor's employer/law firm Katheryn McNeil- Self | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 10/18 Rpt: 13/49 | |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 | |
| 4 Date 10/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Mandy (Mrs.) | 7 Amount of Contribution (\$) \$200.00 | |
| | 6 Contributor address; City; State; Zip Code Katy, TX 77949 | | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney | |
| 10 Contributor's employer/law firm Mandy Miller Attorney At Law | | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 11/02/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Daryl Contributor address; City; State; Zip Code Houston, TX 77098 | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm AZA | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 10/25/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neilsberg, Laura Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Laura Neilsber Attorney at Law | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 11/18 Rpt: 14/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Mitchel 6 Contributor address; City; State; Zip Code Houston, TX 77008 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Office of Mitchel Nelson | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/29/2025 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nix, Kevin 6 Contributor address; City; State; Zip Code Houston, TX 77006 | | 7 Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Communications | | Contributor's Job Title N/A |
| Contributor's employer/law firm Self | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/26/2025 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olive, Kenneth 6 Contributor address; City; State; Zip Code Houston, TX 77096 | | 7 Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Precinct 4 | | Contributor's Job Title County Senior Adviser |
| Contributor's employer/law firm Harris County Pct. 4 | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 12/18 Rpt: 15/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 12/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olive, Kenneth 6 Contributor address; City; State; Zip Code Houston, TX 77096 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Contributor's Principal Occupation Precinct 4 | | 9 Contributor's Job Title County Senior Director |
| 10 Contributor's employer/law firm Harris County Pct. 4 | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahman, Dana Contributor address; City; State; Zip Code Houston, TX 77057 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Dana Rahman Attorney at Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/31/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Jennifer Contributor address; City; State; Zip Code Friendswood, TX 77546 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Jennifer Rich Attorney at Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 13/18 Rpt: 16/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 11/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riskind, Miriam 6 Contributor address; City; State; Zip Code Houston, TX 77008 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Miriam Riskind Attorney at Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/29/2025 Contributor address; City; State; Zip Code Houston, TX 77008 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Retired |
| Contributor's employer/law firm Retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/29/2025 Contributor address; City; State; Zip Code Houston, TX 77005 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Jo Anne Schaffer Attorney | | Law firm of contributor's spouse (if any) Miles Mediation |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 14/18 Rpt: 17/49 | |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 | |
| 4 Date 11/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Ira 6 Contributor address; City; State; Zip Code Georgetown, TX 78628 | 7 Amount of Contribution (\$) \$5,000.00 | |
| 8 Contributor's Principal Occupation Retired | | 9 Contributor's Job Title Retired | |
| 10 Contributor's employer/law firm Retired | | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 10/29/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Matthew Contributor address; City; State; Zip Code Houston, TX 77008 | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Law Office of Matthew Sharp | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 11/07/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Patricia Contributor address; City; State; Zip Code Houston, TX 77009 | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Retired | | Contributor's Job Title Retired | |
| Contributor's employer/law firm Retired | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 15/18 Rpt: 18/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shook, Kit 6 Contributor address; City; State; Zip Code Houston, TX 77006 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Contributor's Principal Occupation Retired | | 9 Contributor's Job Title Retired |
| 10 Contributor's employer/law firm Retired | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Katherine Contributor address; City; State; Zip Code Houston, TX 77006 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Precinct 1 | | Contributor's Job Title Chief Operator |
| Contributor's employer/law firm Harris County Pct. 1 | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/29/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, Jon Contributor address; City; State; Zip Code Houston, TX 77008 | | Amount of Contribution (\$) \$1,001.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of Jonathon Stephenson | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 16/18 Rpt: 19/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Still, Craig 6 Contributor address; City; State; Zip Code Houston, TX 77002 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation Lawyer | | 9 Contributor's Job Title Lawyer |
| 10 Contributor's employer/law firm Public Defender's Office | | 11 Law firm of contributor's spouse (if any) Natalie Schultz Attorney At Law |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/29/2025 Contributor address; City; State; Zip Code Houston, TX 77079 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Retired | | Contributor's Job Title Retired |
| Contributor's employer/law firm Retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/30/2025 Contributor address; City; State; Zip Code Bellaire, TX 77401 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Lisa Shapiro Strauss Attorney at Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 17/18 Rpt: 20/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 11/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Allen 6 Contributor address; City; State; Zip Code Houston, TX 77002 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Office of Allen Tanner | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/29/2025 Contributor's Principal Occupation Attorney | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuhina, Sharma Contributor address; City; State; Zip Code Bellaire, TX 77401 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office Of Sharma Tuhina | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/05/2025 Contributor's Principal Occupation Attorney | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Windham, Terrance Contributor address; City; State; Zip Code Houston, TX 77071 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Terrance Windham Attorney at Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A(J)1**

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 18/18 Rpt: 21/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Eugene 6 Contributor address; City; State; Zip Code Houston, TX 77081 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Pagel Davis and Hill | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | | |
|---|--|--|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | <p>1 Total pages Schedule A2: Sch: 1/3 Rpt: 22/49</p> |
| <p>2 FILER NAME Shapiro, Leah (The Honorable)</p> | | | | <p>3 Filer ID (Ethics Commission Filers) 00081757</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | | | \$ |
| <p>5 Date 10/22/2025</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargis, Thomas</p> | | | <p>8 Amount of contribution (\$) \$122.80</p> <p>9 In-kind contribution description Dessert Gallery Cookies</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| | <p>7 Contributor address; City; State; Zip Code Houston, TX 77005</p> | | | |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | | | <p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>12 Contributor's principal occupation (FOR JUDICIAL) Director</p> | | | | <p>13 Contributor's job title (FOR JUDICIAL) (See instructions) Director</p> |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL) Harris County</p> | | | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date 10/28/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargis, Thomas</p> | | | <p>Amount of contribution (\$) \$179.85</p> <p>In-kind contribution description Kroger- Fundraiser Decorations</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| | <p>Contributor address; City; State; Zip Code Houston, TX 77005</p> | | | |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>Contributor's principal occupation (FOR JUDICIAL) Director</p> | | | | <p>Contributor's job title (FOR JUDICIAL) (See instructions) Director</p> |
| <p>Contributor's employer/law firm (FOR JUDICIAL) Director</p> | | | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL) Harris County</p> |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date 10/29/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loper, Brad</p> | | | <p>Amount of contribution (\$) \$265.19</p> <p>In-kind contribution description CM Food for fundraiser</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| | <p>Contributor address; City; State; Zip Code Houston, TX 77008</p> | | | |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p> | | | | <p>Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p> |
| <p>Contributor's employer/law firm (FOR JUDICIAL) Loper Law</p> | | | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | | |
|---|---|--|---|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | <p>1 Total pages Schedule A2: Sch: 2/3 Rpt: 23/49</p> |
| <p>2 FILER NAME Shapiro, Leah (The Honorable)</p> | | | | <p>3 Filer ID (Ethics Commission Filers) 00081757</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | | | \$ |
| <p>5 Date 10/29/2025</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loper, Brad</p> | | <p>8 Amount of contribution (\$) \$310.00</p> | <p>9 In-kind contribution description Fundraiser- Starduster</p> |
| | <p>7 Contributor address; City; State; Zip Code Houston, TX 77008</p> | | | <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | | <p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p> | |
| <p>12 Contributor's principal occupation (FOR JUDICIAL) Attorney</p> | | | <p>13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p> | |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL) Loper Law</p> | | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date 11/06/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Next Level Justice</p> | | <p>Amount of contribution (\$) \$350.00</p> | <p>In-kind contribution description Assistance with website</p> |
| | <p>Contributor address; City; State; Zip Code Spring, TX 77388</p> | | | <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> | |
| <p>Contributor's principal occupation (FOR JUDICIAL)</p> | | | <p>Contributor's job title (FOR JUDICIAL) (See instructions)</p> | |
| <p>Contributor's employer/law firm (FOR JUDICIAL)</p> | | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date 10/29/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, William Wes</p> | | <p>Amount of contribution (\$) \$310.00</p> | <p>In-kind contribution description</p> |
| | <p>Contributor address; City; State; Zip Code Houston, TX 77007</p> | | | <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> | |
| <p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p> | | | <p>Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p> | |
| <p>Contributor's employer/law firm (FOR JUDICIAL) Wes Rucker Law</p> | | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 3/3 Rpt: 24/49 |
| 2 FILER NAME Shapiro, Leah (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ |
| 5 Date 10/29/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephenson, Jon 7 Contributor address; City; State; Zip Code Houston, TX 77008 | 8 Amount of contribution (\$) 9 In-kind contribution description \$310.00 Fundraiser Host-Starduster <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) Attorney | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney |
| 14 Contributor's employer/law firm (FOR JUDICIAL) Law Office Of John Stephenson | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: Sch: 1/6 Rpt: 25/49 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 12/26/2025 | 5 Payee name Chaote, Evan | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code Greenbriar Houston, TX 77098 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition and Strategy Consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/08/2025 | Payee name Harris County Democratic Party | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot Application Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/15/2025 | Payee name Harris County Democratic Party | |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate CC |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: Sch: 2/6 Rpt: 26/49 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 09/30/2025 | 5 Payee name Raise the Money | |
| 6 Amount (\$) \$37.35 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/06/2025 | Payee name Raise the Money | |
| Amount (\$) \$5.15 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/07/2025 | Payee name Raise the Money | |
| Amount (\$) \$12.50 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: Sch: 3/6 Rpt: 27/49 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/29/2025 | 5 Payee name Raise the Money | |
| 6 Amount (\$) \$37.25 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/21/2025 | Payee name Raise the Money | |
| Amount (\$) \$49.25 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/24/2025 | Payee name Raise the Money | |
| Amount (\$) \$24.75 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: Sch: 4/6 Rpt: 28/49 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 10/29/2025 | 5 Payee name Raise the Money | |
| 6 Amount (\$) \$24.75 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/31/2025 | Payee name Raise the Money | |
| Amount (\$) \$263.19 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/02/2025 | Payee name Raise the Money | |
| Amount (\$) \$101.24 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: Sch: 5/6 Rpt: 29/49 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 11/03/2025 | 5 Payee name Raise the Money | |
| 6 Amount (\$) \$131.10 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/04/2025 | Payee name Raise the Money | |
| Amount (\$) \$12.50 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/11/2025 | Payee name Raise the Money | |
| Amount (\$) \$24.75 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: Sch: 6/6 Rpt: 30/49 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 12/14/2025 | 5 Payee name Raise the Money | |
| 6 Amount (\$) \$24.75 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/23/2025 | Payee name Raise the Money | |
| Amount (\$) \$12.50 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/29/2025 | Payee name Raise the Money | |
| Amount (\$) \$12.50 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee |
| 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: 1/17 Rpt: 31/49 | 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 \$20.00 | (b) Date of Charge 07/22/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Area 5 Democrats | | (b) Payee address; City, State, Zip Code 3800 Spencer, Suite L Pasadena, TX 77504 |
| 8 PURPOSE OF EXPENDITURE | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$40.00 | (b) Date of Charge 07/23/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Spring Branch Democrats | | (b) Payee address; City, State, Zip Code PO Box 550161 Houston, TX 77055 |
| PURPOSE OF EXPENDITURE | (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 09/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Southwest Democrats | | (b) Payee address; City, State, Zip Code P.O. Box 2053 Bellaire , TX 77402 |
| PURPOSE OF EXPENDITURE | (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 | 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: 2/17 Rpt: 32/49 | 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 \$10.00 | (b) Date of Charge 07/14/2025 | (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 <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 Fee |
| | | | (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 \$100.56 | (b) Date of Charge 07/17/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Chick Fil A | | (b) Payee address; City, State, Zip Code 2715 Southwest FW Houston, TX 77098 |
| 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$82.94 | (b) Date of Charge 07/24/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Milk & Cookies | | (b) Payee address; City, State, Zip Code 3636 Rice Blvd Houston, TX 77005 |
| 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 Specialty Court Event |
| | | | (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: 3/17 Rpt: 33/49 | 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 \$255.00 | (b) Date of Charge 08/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name National Association of Women | | (b) Payee address; City, State, Zip Code P.O. Box 3363 Warrenton, VA 20188 |
| 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 <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 08/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| 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 \$70.00 | (b) Date of Charge 09/07/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Competitive Edge Outreach | | (b) Payee address; City, State, Zip Code 7373 Ardmore Houston, TX 77054 |
| 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 Pct. Chair Event Luby's Restaurant (South P.O) /Fiesta en Guadaljra Restaurant (Irvington Blvd) |
| | | | (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: 4/17 Rpt: 34/49 | 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 \$500.00 | (b) Date of Charge 11/12/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name LGBT Caucus | | (b) Payee address; City, State, Zip Code P.O. Box 66664 Houston, TX 77266 |
| 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) Event Expense | | (b) Description Tickets for Brunch |
| (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 \$71.62 | (b) Date of Charge 11/21/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 410 Terry Ave. North Seattle, WA 98109 |
| 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 National Adoption Decorations |
| (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 \$50.00 | (b) Date of Charge 12/01/2025 | (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 |

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: 5/17 Rpt: 35/49 | 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 \$30.00 | (b) Date of Charge 12/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Harris County Tejano | | (b) Payee address; City, State, Zip Code P.O.Box 30008 Houston, TX 77249 |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$93.80 | (b) Date of Charge 12/07/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Constant Contact | | (b) Payee address; City, State, Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451 |
| 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) Description Email Service |
| | | | (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 \$23.75 | (b) Date of Charge 12/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name QR Code Generator | | (b) Payee address; City, State, Zip Code 407 Cubes 1 Dublin Sandyford Ireland |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | | (b) Description QR for fundraising |
| | | | (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: 6/17 Rpt: 36/49 | 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 \$52.99 | (b) Date of Charge 12/12/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name FedEx Office | | (b) Payee address; City, State, Zip Code 2455 Rice Boulevard Houston, TX 77005 |
| 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) Printing Expense | | (b) Description Print out petitions of opponent |
| (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 \$100.00 | (b) Date of Charge 12/15/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Meyerland Area Democrats Club | | (b) Payee address; City, State, Zip Code P.O. Box 310061 Houston, TX 77231 |
| 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 Event Sponsor |
| (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 \$24.18 | (b) Date of Charge 12/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name GoDaddy Operating Company, | | (b) Payee address; City, State, Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284 |
| 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) Description Website |
| (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: 7/17 Rpt: 37/49 | 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 \$15.00 | (b) Date of Charge 12/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Harris County Democratic Party | | (b) Payee address; City, State, Zip Code 3302 Canal St Houston, TX 77003 |
| 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 Sustaining Member fee |
| | | | (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 \$12.19 | (b) Date of Charge 12/16/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name GoDaddy Operating Company, | | (b) Payee address; City, State, Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284 |
| 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) Description Website |
| | | | (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 \$1,777.51 | (b) Date of Charge 12/17/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Treebeards | | (b) Payee address; City, State, Zip Code 1100 Louisiana Houston, TX 77002 |
| 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 Staff Holiday Party and Retirement Party |
| | | | (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: 8/17 Rpt: 38/49 | 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 \$75.00 | (b) Date of Charge 12/29/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Mexican American Bar | | (b) Payee address; City, State, Zip Code P.O. Box 303 Houston, TX 77001 |
| 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 <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 10/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| 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 \$102.21 | (b) Date of Charge 10/31/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name GoDaddy Operating Company, | | (b) Payee address; City, State, Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284 |
| 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) Description Website |
| | | | (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: 9/17 Rpt: 39/49 | 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 \$23.75 | (b) Date of Charge 11/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name QR Code Generator | | (b) Payee address; City, State, Zip Code 407 Cubes 1 Dublin Sandyford Ireland |
| 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) Solicitation/Fundraising Expense | | (b) Description QR coder for fundraising |
| (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 11/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| 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 \$103.75 | (b) Date of Charge 11/21/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Harris County Democratic Party | | (b) Payee address; City, State, Zip Code 3302 Canal St Houston, TX 77003 |
| 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 HCDP Turkey fundraiser for Thanksgiving |
| (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: 10/17 Rpt: 40/49 | 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 \$40.00 | (b) Date of Charge 11/29/2025 | (c) Date(s) Credit Card Issuer Paid |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$59.78 | (b) Date of Charge 12/02/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Nothing Bunt Cakes | | (b) Payee address; City, State, Zip Code 5115 Buffalo Speedway Houston, TX 77005 |
| 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 Staff Birthday |
| | | | (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 \$23.75 | (b) Date of Charge 10/13/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name QR Code Generator | | (b) Payee address; City, State, Zip Code 407 Cubes 1 Dublin Sandyford Ireland |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | | (b) Description QR Code for fundraising |
| | | | (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 | 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: 11/17 Rpt: 41/49 | 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 \$31.45 | (b) Date of Charge 10/20/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Kirby Ice House | | (b) Payee address; City, State, Zip Code 3333 Eastside 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 Petition Signature event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$12.34 | (b) Date of Charge 10/24/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name ParkWhiz, Inc | | (b) Payee address; City, State, Zip Code 208 S Jefferson St, Chicago, IL 60661 |
| 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 Parking fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$44.01 | (b) Date of Charge 10/28/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Office Depot #2346 | | (b) Payee address; City, State, Zip Code 1013 W UNIVERSITY Georgetown, TX 78628 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | | (b) Description Nametags/ Markers/ Supplies for fundraiser |
| 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: 12/17 Rpt: 42/49 | 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 \$49.43 | (b) Date of Charge 11/08/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Constant Contact | | (b) Payee address; City, State, Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451 |
| 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) Advertising Expense | | (b) Description Email blasts for updates and fundraising |
| | | | (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 \$49.95 | (b) Date of Charge 11/10/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name FedEx Office | | (b) Payee address; City, State, Zip Code 2455 Rice Boulevard Houston, TX 77005 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description Petition Copies |
| | | | (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 \$50.00 | (b) Date of Charge 11/13/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Bayou Blue Democrats | | (b) Payee address; City, State, Zip Code 5000 Westheimer Houston, TX 77098 |
| 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: 13/17 Rpt: 43/49 | 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 \$73.46 | (b) Date of Charge 11/19/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name H-E-B | | (b) Payee address; City, State, Zip Code 5225 Buffalo Speedway Houston, TX 77005 |
| 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 Fruit trays for adoption day |
| (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 \$243.17 | (b) Date of Charge 11/25/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Aladdin Mediterranean | | (b) Payee address; City, State, Zip Code 912 Westheimer Rd Houston, TX 77006 |
| 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 Volunteer/ Staff Dinner for HCDP |
| (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 \$250.00 | (b) Date of Charge 11/29/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Houston Black American | | (b) Payee address; City, State, Zip Code PO BOX 202116 Houston, TX 77252 |
| 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 Event Sponsor |
| (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: 14/17 Rpt: 44/49 | 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 \$10.00 | (b) Date of Charge 12/14/2025 | (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 <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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$167.40 | (b) Date of Charge 11/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Spectrum Catering Concession | | (b) Payee address; City, State, Zip Code 27328 Spectrum Way Oak Ridge North, TX 77385 |
| 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 Concession food for youth and staff at field trip |
| | | | (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 \$70.00 | (b) Date of Charge 12/13/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Moeller's Bakery | | (b) Payee address; City, State, Zip Code 4201 Bellaire Blvd Houston, TX 77025 |
| 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 Retirement cake for staff |
| | | | (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 | 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: 15/17 Rpt: 45/49 | 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 \$100.00 | (b) Date of Charge 12/13/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Harris County Young Democrats | | (b) Payee address; City, State, Zip Code P.O. Box 131672 Houston, TX 77219 |
| 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 Event Sponsor |
| | (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 \$100.00 | (b) Date of Charge 12/14/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Houston Black American | | (b) Payee address; City, State, Zip Code PO BOX 202116 Houston, TX 77252 |
| 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 \$305.27 | (b) Date of Charge 10/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Sectrum Catering and | | (b) Payee address; City, State, Zip Code 27328 Spectrum Way Oak Ridge North, TX 77385 |
| 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 Stags Concession for juvenile Field trip |
| | (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: 16/17 Rpt: 46/49 | 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 \$346.63 | (b) Date of Charge 12/15/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Amazon- Mrkt US | | (b) Payee address; City, State, Zip Code 410 Terry Seattle, WA 98109 |
| 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) Event Expense | | (b) Description Juvenile Detention Center Celebration- Stockings and Socks |
| (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 \$204.67 | (b) Date of Charge 12/18/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Square Space | | (b) Payee address; City, State, Zip Code 225 Varick Street New York, NY 10014 |
| 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) Description Website Host |
| (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 \$250.00 | (b) Date of Charge 11/07/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Area 5 Democrats | | (b) Payee address; City, State, Zip Code 3800 Spencer, Suite L Pasadena, TX 77504 |
| 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) Description Event Sponsor |
| (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: | 2 FILER NAME Sch: 17/17 Rpt: 47/49 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 \$87.12 | (b) Date of Charge 10/27/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Amazon- Mrkt US | | (b) Payee address; City, State, Zip Code 410 Terry Seattle, WA 98109 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Decorations and plates for fundraiser/ adoption day |
| | (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 \$22.71 | (b) Date of Charge 12/07/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Amazon- Mrkt US | | (b) Payee address; City, State, Zip Code 410 Terry Seattle, WA 98109 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Adoption Decorations |
| | (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 |

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 | 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 |
| Credit Card Payment | 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 G: Sch: 1/2 Rpt: 48/49 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 08/02/2025 | 5 Payee name Shapiro, Leah | |
| 6 Amount (\$) \$253.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O. Box272352 Houston, TX 77277 | |
| 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 Expenses |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 09/02/2025 | Payee name Shapiro, Leah | |
| Amount (\$) \$265.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box272352 Houston, TX 77277 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 10/02/2025 | Payee name Shapiro, Leah | |
| Amount (\$) \$80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box272352 HOUSTON, TX 77277 | |
| 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 <u>ONLY</u> 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.

| | | |
|--|---|--|
| 1 Total pages Schedule G: Sch: 2/2 Rpt: 49/49 | 2 FILER NAME Shapiro, Leah (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081757 |
| 4 Date 11/02/2025 | 5 Payee name Shapiro, Leah | |
| 6 Amount (\$) \$616.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE | |
| 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 Expenses |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 12/02/2025 | Payee name Shapiro, Leah | |
| Amount (\$) \$1,882.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 12/31/2025 | Payee name Shapiro, Leah | |
| Amount (\$) \$3,168.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 272352 Houston, TX 77277 | |
| 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 December expenses |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |