CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete t	this form.	1 Filer ID (Ethics Comm 00080065		2 Total pages 1	filed: 158
3 CANDIDATE /	MS / MRS / MR FIF	RST		MI		USE ONLY
OFFICEHOLDER	The Honorable Vie	ctoria				USE ONLT
NAME					Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME LA	ST		SUFFIX	07/17/2023	
	Ne	eave Criado				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU		/.	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	PO Box 472773	$\pi, \text{ or }$,	ZI CODE		
MAILING	PO B0x 472773				Receipt #	Amount
ADDRESS						
Change of Address	Garland, TX 75047				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS/MRS/MR FIR	ST		MI		
TREASURER	Mr. Te					
NAME		u				
	NICKNAME LAS			SUFFIX		
	Lyc	on				
6 CAMPAIGN	STREET ADDRESS (NO PO BO)		AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	18601 Lyndon B Johnson Fwy	y., Ste. 525				
(Residence or Business)						
(Residence of Business)	Mesquite, TX 75150					
7 CAMPAIGN	AREA CODE PHONE N	UMBER E	XTENSION			
TREASURER PHONE	(972) 279-6571					
_						
8 REPORT			_		_	
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (of	ampaign treasurer
	X July 15	8th day before e		Exceeded modified	Final Report (At	
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	тн	ROUGH	06/30/2023		
	01/01/2025			00/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
IU ELECTION	Month Day Year		imary		Other	
	Month Day Tea		initial y			
		Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative District	107				
				1		
		<u> </u>	0 04 0 - 6			
		GO T	O PAGE 2			
Forms provided by Te	exas Ethics Commission	www.eth	iics.state.tx.u	S	Vers	ion V3.5.1.a18ea2ca

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 158

13 C / OH NAME	14 Filer ID (1 00080065	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 1,250.00				
EXPENDITURE TOTALS	\$ 0.00							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 40,933.45				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 930.27				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT				-				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Honora	ble Victoria Neave Cri	iado				
		Signature of	f Candidate or Officehold	der				
AFFIX NOT	TARY STAMP / SEAL ABO	DVE						
Sworn to and subsc	ribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath				
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us		/ersion V3.5.1.a18ea2ca				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 158 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Neave Criado, Victoria (The Honorable) 00080065 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 1,250.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 5,000.00 X \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 40,933.45 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/158 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Neave Criado, Victoria (The Honorable) 00080065 5 Full name of contributor Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 7 06/30/2023 \$250.00 Campos, Lorena 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Campos Consulting Group LLC Principal Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Sidley Austin LLP Good Government Fund 06/27/2023 \$1,000.00 Contributor address; City; State; Zip Code New York, NY 10019 Principal occupation / Job title (See Instructions) Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/158
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Neave Criado, Victoria (The Honorable)	00080065
⁴ TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:) UA Plumbers & Steamfitters Local No. 100 7 Pledgor Address; City; State; Zip Code	8 Amount of 9 In-kind description pledge (\$) (If applicable) \$5,000.00
06/30/2023	
Garland, TX 75041	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	ictions)

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gir nmittee Le	od/Beverage Expens ft/Awards/Memorials gal Services	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e 'Contract Labor		Transportation Travel in Distric Travel Out of D		9
The Instruction Guide explains how to complete this form.								(=				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission File	ers)
	Sch: 1/153 Rpt: 6/158		Neave Criado	, Victoria (The	Honorable	e)				00080065		
4	Date	5	Payee name									
	01/26/2023		7-Eleven									
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de					
	\$35.26		1500 Corsical	na Hwy								
			Hillsboro, TX	76645								
8	PURPOSE	(a)					(h)	Description				
Ŭ	OF	(4)	Category (See) Travel Out of		ie top of this sch	edule)	()	· ·	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			District				Check if Austin	, тх,	officeholder livin	g expense	
								Fuel				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	02/20/2023		7-Eleven									
	Amount (\$)		Payee address:	City;	State:	Zip Co	de					
	\$32.97		21735 I-35	0.0,	Olulo,	, <u></u> .p ee						
	402.01		21100100									
			West, TX 766	91								
	PURPOSE OF EXPENDITURE	(a)	Category _{(See 0} Travel Out of		e top of this sch	edule)				de of Texas. Cor officeholder livin	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Office	holder name	C	Dffice sou	ght			Office h	eld	
	Date		Payee name									
	04/23/2023		7-Eleven									
-	Amount (\$)	-	Payee address;	City;	State	Zip Co	de					
	\$20.04		5950 S R L TI		,	,p						
	+_0.0.1											
			Dallas, TX 75	232								
	PURPOSE OF	(a)	Category (See		e top of this sch	edule)	(b)	Description				
	EXPENDITURE		Travel Out of	District							nplete Schedule T.	
									, IX,	officeholder livin	y expense	
		Ļ	Sandidate Office -	holdor name						Office	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	noluer name	C	Office sou	JUL			Office h	eiu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Overhead/Rental Expense Transportation Equipm Expense Polling Expense Travel in District norials Expense Printing Expense Travel Out of District						
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
	Sch: 2/153 Rpt: 7/158		Neave Criado, Victoria (The Honorable))			00080065			
4	Date 03/26/2023		Payee name Abbott's Travel Center							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$46.71 1197 I-35 Abbott, TX 76621									
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	01/02/2023		Access Self Storage							
	Amount (\$) Payee address; City; State; Zip Code \$125.00 3241 S Buckner									
	PURPOSE		Dallas, TX 75227		(b) Description					
	OF		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	dule)	Check if travel	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense t			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	02/01/2023		Access Self Storage							
	Amount (\$) \$125.00		Payee address; City; State; 3241 S Buckner	Zip Co	le					
			Dallas, TX 75227							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense t			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)						
-	Sch: 3/153 Rpt: 8/158	Neave Criado, Victoria (The Honorable)	00080065						
4	Date 03/03/2023	Payee name Access Self Storage							
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 3241 S Buckner Dallas, TX 75227							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Storage unit rent								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/01/2023	Access Self Storage							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$125.00	3241 S Buckner Dallas, TX 75227							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense nt						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/01/2023	Access Self Storage							
	Amount (\$) \$125.00	Payee address; City; State; Zip Code 3241 S Buckner							
		Dallas, TX 75227							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense nt						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 4/153 Rpt: 9/158	Neave Criado, Victoria (The Honorable)	00080065						
4	Date 06/01/2023	Payee name Access Self Storage							
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 3241 S Buckner Dallas, TX 75227							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage unit rent								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/29/2023	Ali gyro halal							
	Amount (\$) \$25.32	Payee address; City; State; Zip Code 318 E 5th St. Austin, TX 78701							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/09/2023	Amazon.com							
	Amount (\$) \$6.47	Payee address; City; State; Zip Code 410 Terry Ave. N							
		Seattle, WA 98109							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gif/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 5/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065						
4	Date 05/03/2023	Payee name Amazon.com							
6	Amount (\$)	Payee address; City; State; Zip Code							
•	\$91.15	\$91.15 410 Terry Ave. N							
		Seattle, WA 98109							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Supplies								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/01/2023	Amazon.com							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$32.46	410 Terry Ave. N Seattle, WA 98109							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Dallas Pride Parade						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/27/2023	American Airlines							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$30.00	1 Skyview Dr							
		Fort Worth, TX 76155							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)							
1	Total pages Schedule F1:	3 Filer ID (Ethics Commission Filers)								
-	Sch: 6/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065							
4	Date 03/23/2023	Payee name American Airlines								
6	Amount (\$) \$30.00	Payee address; City; State; Zip Code 1 Skyview Dr Fort Worth, TX 76155								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Baggage fee										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/16/2023	American Airlines								
	Amount (\$) \$30.00	Payee address;City;State;Zip Code1 Skyview Dr								
		Fort Worth, TX 76155								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/11/2023	American Airlines								
	Amount (\$) \$616.90	Payee address;City;State;Zip Code1 Skyview Dr								
		Fort Worth, TX 76155								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense /ashington, DC for White House							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transportation Equ Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						
1	Total pages Schedule F1:	2				-	3	Filer ID	(Ethics Commission Filers)
-	Sch: 7/153 Rpt:		Neave Criado, Victoria	(The Honorable	e)			00080065	
4	Date 06/12/2023	5	Payee name American Airlines						
_		<u> </u>			7. 0				
6	Amount (\$) 7 Payee address; City; State; Zip Code \$567.79 1 Skyview Dr Fort Worth, TX 76155								
•	DUDDOSE		Catagoni			b) Decerimtics			
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Airfare R/T to NY for Nat'l Assoc. of Latino Electer Appointed Officials Conference 								expense ssoc. of Latino Elected &	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder na	ne C	Office soug	ht		Office he	eld
	Date		Payee name						
	06/06/2023		Ascension Coffee						
	Amount (\$)		Payee address; City;	State:	Zip Coc	e			
	\$45.97		9353 Garland Rd Dallas, TX 75218						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categories lis} Food/Beverage Expen		edule)			e of Texas. Com officeholder living	plete Schedule T. J expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ne C	Office soug	ht		Office he	eld
	Date		Payee name						
	01/08/2023		At Home						
	Amount (\$)	\vdash	Payee address; City;	State:	; Zip Coc	e			
	\$137.32		5151 US-290						
			Austin, TX 78735						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories lis Office Overhead/Renta		edule)	Check if Austin	n, TX, o	officeholder living	plete Schedule T. gexpense pr for Austin Capitol
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ne C	Office soug	ht		Office he	eld

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schodula F1:				1000 10 001		2	Filer ID	(Ethics Commission Filers)
L.	Sch: 8/153 Rpt:	° I							
4	Date	5 Payee name							
	01/27/2023	Auntie Ar							
6	Amount (\$) \$3.59								
8	PURPOSE	Catagony				(b) Decoription			
U	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	0	office soug	ht		Office he	eld
	Date	Payee nar	ne						
	01/17/2023	Austin Ai	rport F&B						
	Amount (\$)	Payee add	Iress; City;	State;	Zip Co	le			
	\$38.40	3600 Pre Austin, T	sidential Blvd X 78719						
	PURPOSE OF EXPENDITURE		(See Categories listed at the verage Expense	top of this sche	edule)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	0	office soug	ht		Office he	eld
	Date	Payee nar	ne						
	04/07/2023	Austin Ai	rport F&B						
	Amount (\$)	Payee add	Iress; City;	State;	Zip Co	le			
	\$12.47	3600 Pre	sidential Blvd						
		Austin, T	X 78719						
	PURPOSE OF EXPENDITURE		(See Categories listed at the rerage Expense	top of this sche	edule)			ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	0	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 9/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065		
4	Date	5	^D ayee name						
	06/14/2023		B.C.P. Beaumont Rainbow Room						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le				
	\$100.00		P.O. Box 5974						
			Beaumont, TX 77726						
8	PURPOSE	(a) (Category (See Categories listed at the top of this sch	adula)	(b) Description				
Ĩ	OF		Gift/Awards/Memorials Expense	iedule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense		
					Gift for Spea	ker	of the House		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
	01/03/2023		Bank of America						
_	Amount (\$)		Payee address; City; State;	; Zip Co	le				
	\$1,202.93		P.O. Box 15284	,p					
	+=,======								
		,	Wilmington, DE 19850						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Accounting/Banking	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ht		Office held		
	Date		Payee name						
	01/03/2023		Bank of America						
	Amount (\$)		Payee address; City; State;	; Zip Co	le				
	\$20.00		P.O. Box 15284	,p					
	+=0100								
		,	Wilmington, DE 19850						
	PURPOSE OF		Category (See Categories listed at the top of this sch	iedule)	(b) Description				
	EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.		
					Bank fees	, IX	, officeholder living expense		
					DUIN ICCS				
	Complete ONIL V if direct	Ľ	andidata/Office helder in a ma		ht		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	Office sou	i i i		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)		
1	Sch: 10/153 Rpt:		Neave Criado, Victoria (The Honorable	e)		3	00080065		
4	Date	5	Payee name						
	02/02/2023		Bank of America						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode				
	\$43.51		P.O. Box 15284						
			Wilmington, DE 19850						
8	PURPOSE	<u> </u>	-		(b) Description				
°	OF		Category (See Categories listed at the top of this sch Accounting/Banking	iedule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Accounting/Banking				officeholder living expense		
					Bank fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıght		Office held		
	Date		Payee name						
	03/02/2023		Bank of America						
_	Amount (\$)	├	Payee address; City; State	; Zip Co	ode				
	\$27.50		P.O. Box 15284	, zip cu	Jue				
	φ27.50		P.O. B0X 13264						
			Wilmington, DE 19850						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Accounting/Banking	nedule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	l ight		Office held		
	Date		Payee name						
	04/03/2023		Bank of America						
	Amount (\$)		Payee address; City; State	; Zip Co	nde				
	\$27.50		P.O. Box 15284	, 20 00					
	ψ21.30		1.0. 00x 13204						
			Wilmington, DE 19850						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct		Candidate/Officeholder name 0	Office sou	ight		Office held		
	expenditure to benefit C/OI				~				
-									

			EXPENDITURE	CATEGORIE	ES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	c P Rpense P S	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	FILER NAME 3					Filer ID	(Ethics Commission Filers)	
	Sch: 11/153 Rpt:		Criado, Victoria (The F	Honorable)				00080065	
4	Date	Payee na	ame				I		
	05/01/2023		America						
6	Amount (\$) \$27.50	Payee ac P.O. Bo Wilming		State; 2	Zip Cod	9			
8	PURPOSE OF EXPENDITURE		' (See Categories listed at the ing/Banking	top of this schedu	ule) (ide of Texas. Compl , officeholder living e	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offi	ice soug	nt		Office hel	d
	Date	Payee na	ime						
	06/02/2023	Bank of	America						
Amount (\$)Payee address;City;State;Zip Code\$27.50P.O. Box 15284									
	PURPOSE OF EXPENDITURE	Category	ton, DE 19850 ' (See Categories listed at the ting/Banking	top of this schedu	ule) (ide of Texas. Compl , officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offi	ice soug	nt		Office hel	d
	Date	Payee na	ime						
	02/27/2023	Braum's	1						
	Amount (\$) \$7.34	Payee ac 219 NW		State; 2	Zip Cod	9			
		Hillsbord	o, TX 76645						
	PURPOSE OF EXPENDITURE		' (See Categories listed at the everage Expense	top of this schedu	ule) (ide of Texas. Compl , officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offi	ice soug	nt		Office hel	d

			EXPENDITURE CATEGOR	RIES FOF	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 12/153 Rpt:		Neave Criado, Victoria (The Honorable	e)				00080065		
4	Date	5	Payee name							
	04/17/2023		Burger King							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$6.70	7105 N Interstate Hwy 35								
			Apt 35							
			Austin, TX 78752							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF		Food/Beverage Expense	cuuic)	. ,		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE						, TX,	officeholder living expense		
						Meal				
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	02/23/2023		CEFCO Convenience Store							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$28.66		215 S George Kacir Dr							
			West, TX 76691							
	PURPOSE	(a)	Category (See Categories listed at the top of this schu	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District	,				de of Texas. Complete Schedule T.		
							, TX,	officeholder living expense		
						Fuel				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt			Office held		
	expenditure to benefit C/Oł		candidate/Oncendider name	Jince sou	gnt			Office field		
		-								
	Date		Payee name							
	03/09/2023		CEFCO Convenience Store							
	Amount (\$)		, , , ,	Zip Co	de					
	\$31.31		215 S George Kacir Dr							
			West, TX 76691							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T. officeholder living expense		
						Fuel	, .,,			
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	ght			Office held		
	expenditure to benefit C/OI	H								

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 13/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065
4	Date	5	Payee name			1	
	04/15/2023		CEFCO Convenience Store				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$32.35		215 S George Kacir Dr				
			West, TX 76691				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
	OF		Travel Out of District	cuuic)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					n, TX	, officeholder living expense
					Fuel		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Jht		Office held
	Date		Payee name				
	05/21/2023		CEFCO Convenience Store				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$38.69		215 S George Kacir Dr				
			J				
			West, TX 76691				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıht		Office held
	Date		Payee name				
	01/10/2023		Capitol Gift Shop				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$12.65		1400 Congress Ave				
			E1 006				
			Autin, TX 78701				
_	DUDDOCE						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense Ditol Office
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	ıht		Office held
	expenditure to benefit C/Oł				,		
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 14/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065		
4	Date	5	Payee name			I			
	03/29/2023		Capitol Gift Shop						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$18.40		1400 Congress Ave	•					
			E1 006						
			Autin, TX 78701						
8	PURPOSE	(a)			(b) Description				
ľ	OF	(",	Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	dule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, ТХ	, officeholder living expense		
					Capitol gifts f	or	school kids on Capitol Tour		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	lht		Office held		
	Date		Payee name						
	04/19/2023		Capitol Gift Shop						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$6.77		1400 Congress Ave						
			E1 006						
			Autin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Gift/Awards/Memorials Expense	,			ide of Texas. Complete Schedule T.		
						, TX	, officeholder living expense		
					Cards				
	Complete ONLY if direct		Candidate/Officeholder name O	ffice sou	lht		Office held		
	expenditure to benefit C/OF				int		Once neu		
	Date	_	Payloa nama						
	01/09/2023		Payee name Capitol Grill						
	Amount (\$)		•	Zip Co	10				
	\$45.90		1400 Congress Ave	Zip Cu	ie				
	φ+0.50								
			Austin, TX 78701						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Meal	, 17	, uncertoider hving expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		

			EXPENDITURE CATEGO	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	-ILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 15/153 Rpt:		Neave Criado, Victoria (The Honorabl	e)			00080065
4	Date	5	Payee name				
	03/23/2023		Capitol Grill				
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	le		
	\$12.73		1400 Congress Ave				
			Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.
					Meal	I, I A,	, officeholder living expense
					Wear		
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	Jht		Office held
	Date		Payee name				
	04/10/2023		Capitol Grill				
	Amount (\$)		Payee address; City; State	e; Zip Co	le		
	\$5.41		1400 Congress Ave	·			
		,	Austin, TX 78701				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Food/Beverage Expense	hedule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office sou	Jht		Office held
	Date		Payee name				
	04/19/2023		CashStar				
	Amount (\$)		Payee address; City; State	e; Zip Co	le		
	\$50.00		25 Pearl St				
			Portland, ME 04101				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Gift/Awards/Memorials Expense	hedule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense rd
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ıht		Office held

		EXPENDITURE CATEGORIES F	OR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	FeesOfficeFood/Beverage ExpensePollingGift/Awards/Memorials ExpensePrinting	epayment/Reimbursement Sverhead/Rental Expense Expense Expense sWages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	LER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 16/153 Rpt:	eave Criado, Victoria (The Honorable)		00080065				
4	Date	ayee name						
	01/09/2023	entral Market						
6	Amount (\$) \$75.22	Payee address; City; State; Zip Code 4001 N Lamar Blvd Austin, TX 78756						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ood/Beverage Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense apitol Office				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office s	bught	Office held				
	Date	ayee name						
	01/06/2023	ircle K						
	Amount (\$) Payee address; City; State; Zip Code \$45.40 5520 S General Bruce Dr Temple, TX 76502							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ravel Out of District		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held				
	Date	ayee name						
	01/16/2023	ircle K						
	Amount (\$) \$40.49	ayee address; City; State; Zip 21 I 35 Hwy Nw	Code					
		illsboro, TX 76645						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name Office s	bught	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement rrhead/Rental Expense pense xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 6	FILER NAME 3			Filer ID (Ethics Commission Filers)						
	Sch: 17/153 Rpt:	1	Neave Criado, Victoria (The Honora	ble)			00080065					
4	Date	5 F	Payee name									
	01/23/2023		Circle K									
6	Amount (\$)	7 F	Payee address; City; Sta	ate; Zip Co	de							
	\$49.08		221 I 35 Hwy Nw									
		I	Hillsboro, TX 76645									
8	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b) Description							
	EXPENDITURE	-	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel									
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held					
	Date	F	Payee name									
	01/06/2023		City Park Valet									
	Amount (\$)	F	Payee address; City; Sta	ate; Zip Co	de							
	\$15.60		7604 Ashleaf Cove									
			Austin, TX 78759									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Event Expense	schedule)			de of Texas. Complete Schedule T. officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held					
	Date	F	Payee name									
	01/16/2023		Courtyard Austin									
	Amount (\$)	F	Payee address; City; Sta	ate; Zip Co	de							
	\$373.98	3	800 E 4th St									
			Austin, TX 78701									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)			de of Texas. Complete Schedule T. officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held					

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)
-	Sch: 18/153 Rpt:	-	Neave Criado, Victoria (The Honorable	e)			00080065
4	Date	5	Payee name				
	01/25/2023		Courtyard Austin				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$278.00		300 E 4th St				
			Austin, TX 78701				
8	PURPOSE		Category (See Categories listed at the top of this sche		(b) Description		
ľ	OF	(,	Office Overhead/Rental Expense	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				X Check if Austin	, тх	, officeholder living expense
					Lodging		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	01/26/2023		Courtyard Austin				
	Amount (\$)	-	-	Zip Co	de		
				Zip Cu	ue		
	\$68.00		300 E 4th St				
			Austin, TX 78701				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.
					Lodging	, IX	, officeholder living expense
					Louging		
	Operation ONITY if all a st		Candidate/Officeholder name C	N.C			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	gnt		Office held
		_					
	Date		Payee name				
	02/06/2023		Courtyard Austin				
	Amount (\$)			Zip Co	de		
	\$805.75		300 E 4th St				
			Austin, TX 78701				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF		Office Overhead/Rental Expense	ouulo)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					, TX	, officeholder living expense
					Lodging		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	H					

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME		·	3	Filer ID (Ethics Commission Filers)	
	Sch: 19/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065	
4	Date	5	Payee name	,				
-	01/29/2023		Courtyard South Padre					
6	Amount (\$)	7		Zip Co	le			
\$10.66 6700 Padre Blvd								
			South Padre, TX 78597					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense	,	Check if travel		ide of Texas. Complete Schedule T.	
	EXPENDITORE						, officeholder living expense	
					Coffee at RG	SV I	_egislative Tour	
			Candidate/Officeholder name O	Office sou				
9	Complete ONLY if direct expenditure to benefit C/OF	Office held						
⊨	Date		Payee name					
	01/29/2023		DFW Airport Parking					
-				Zip Co	10			
	Amount (\$)			Zip Co	le			
	\$54.00		2400 Aviation Dr					
			DFW Airport, TX 75261					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
						ı, TX	, officeholder living expense	
					Parking			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Int		Office held	
	Date		Payee name					
	02/17/2023		Early Childhood Caucus					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$250.00		P.O. Box 12411					
			San Antonio, TX 78212					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.	
						ı, TX	, officeholder living expense	
					Dues			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held	
	superioratione to benefit C/OI	•						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 20/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065	
4	Date	5	Payee name					
	03/31/2023		El Pulpo Restaurant					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$50.17		2829 W Northwest Hwy					
			Dallas, TX 75220					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description			
	OF	ľ	Food/Beverage Expense	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		5		Check if Austir	, ТХ	, officeholder living expense	
					Meal			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held	
	Date		Payee name					
	03/06/2023		Gator Stop 3					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$38.21		16075 N Interstate 35 Frontage Rd	•				
			Elm Mott, TX 76640					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.	
	EXPENDITORE					, ТХ	, officeholder living expense	
					Fuel			
			Condidate (Office helder recent				Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Int		Office held	
		_						
	Date		Payee name					
	05/26/2023		Hallmark Shop					
	Amount (\$)			Zip Co	le			
	\$203.40		9828 Great Hills Trl					
			Ste 600					
			Austin, TX 78759					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense Committee member gifts	
						30	Sommittee member yits	
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name O	office soug	iht		Office held	
	expenditure to benefit C/OI							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Imittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · · ·				Filer ID (Ethics Commission Filers)	_	
	Sch: 21/153 Rpt:		Neave Criado, Victoria (The H	onorable	e)			00080065	
4	Date	5	Payee name						
	02/01/2023		Holiday Inn						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le			
	\$188.51		805 Neches St						
			Austin, TX 78701						
8	PURPOSE	<u> </u>				(b) Description			—
ľ	OF		Category (See Categories listed at the to Office Overhead/Rental Exper		iedule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Once Overnead/Kental Exper	130				, officeholder living expense	
						Lodging			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	Jht		Office held	
	Date		Payee name						-
	06/14/2023		JW Marriott						
	Amount (\$)		Payee address; City;	Stato:	; Zip Co	10			_
	.,				, zip cu	le			
	\$598.30		1331 Pennsylvania Avenue N	/V					
			Washington, DC 20004						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Travel Out of District	pp of this sch	edule)			side of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Dffice sou	Jht		Office held	
	Date		Payee name						=
	02/16/2023		Jack in the Box						
-	Amount (\$)		Payee address; City;	State [.]	; Zip Co	10			
	\$11.55		1525 I-35	State,	, zip co				
	ψ11.00		1323 1-35						
			Bellmead, TX 76705						
	PURPOSE		Category (See Categories listed at the to	p of this sch	iedule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	<u>с</u>	Office sou	iht		Office held	—
	expenditure to benefit C/OF				2.1100 3000	,			

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
Ļ		-	The Instruction Guid	e explains i	now to con	nplete this form.	1_				
1	Total pages Schedule F1: Sch: 22/153 Rpt:		FILER NAME Neave Criado, Victoria (The F	Ionorable	e)		3	Filer ID (Ethics Commission Filers) 00080065			
4	Date	5	Payee name								
	01/09/2023		JuiceLand								
6	Amount (\$) \$9.47		7 Payee address; City; State; Zip Code 120 E 4th St Austin, TX 78701								
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if Value outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Drinks Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office soug	Jht		Office held			
	Date		Payee name								
	03/16/2023		Legislative Study Group								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de					
	\$500.00		PO Box 12943 Austin, TX 78711								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Fees	top of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	Jht		Office held			
	Date		Payee name								
	03/20/2023		Legislative Study Group								
	Amount (\$) \$500.00		Payee address; City; PO Box 12943	State;	; Zip Coo	de					
			Austin, TX 78711								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Fees	top of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office soug	Jht		Office held			

			EXPENDITURE	CATEGOR	RIES FOR E	3OX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E e Legal Services The Instruction Gui	Expense	Office Overh Polling Exper Printing Expe Salaries/Wag	ense Jes/Contract Labor	ר ר ר	Fravel in District Fravel Out of Dis	quipment & Related Expens	se		
1	Total pages Schedule F1:	2 511		(Ethics Commission Fi	ilors)							
1	Sch: 23/153 Rpt:		FILER NAME 3 Filer ID (Ethics Commission File Neave Criado, Victoria (The Honorable) 00080065									
4	Date	5 Pay	ee name				•					
	01/19/2023		on, Albert									
6	Amount (\$) \$340.00	808	Payee address; City; State; Zip Code 8088 Flaxen Austin, TX 70747									
8	PURPOSE	(a) Cat	egory (See Categories listed at the	e top of this sche	edule) (k) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refrigerator for Capitol Office										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	0	office sough	t		Office he	ld			
	Date	Pay	ee name									
	06/24/2023	Los	Rancheros									
	Amount (\$)	Pay	ee address; City;	State;	Zip Code)						
	\$72.39		61 Ferguson Rd las, TX 75228									
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the d/Beverage Expense	e top of this sche	edule) (k			e of Texas. Comp fficeholder living	olete Schedule T. expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	0	office sough	it		Office he	ld			
	Date	Pav	ee name									
	03/30/2023	Lov										
	Amount (\$) \$32.62	-	ee address; City; 1 Corsicana Hwy	State;	Zip Code)						
		Hill	sboro, TX 76645									
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the vel Out of District	e top of this sche	edule) (k			e of Texas. Comp fficeholder living	olete Schedule T. expense			
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder name	0	Office sough	it		Office he	ld			

			EXPENDITURE CA	TEGOR	RIES FOF	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense gift/Awards/Memorials Expense Printing Expense			pense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)				
1	Sch: 24/153 Rpt:		Neave Criado, Victoria (The Hon	orable	e)			00080065				
4	Date		Payee name				•					
	05/01/2023		Love's									
6	Amount (\$) \$44.15		Payee address; City; State; Zip Code 1610 Cotton Gin Rd Troy, TX 76579									
8	PURPOSE	(a)	Category (See Categories listed at the top o	of this sche	edule)	(b) Description						
	OF EXPENDITURE	Travel Out of District										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	С	Office sou	ght		Office held				
	Date		Payee name									
	01/07/2023		Marshalls									
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$177.94		1201 Barbara Jordan Blvd Austin, TX 78723									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Office Overhead/Rental Expense		edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense Stin Capitol Office				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office held				
	Date		Payee name									
	01/25/2023		McDonald's									
	Amount (\$) \$2.79		Payee address; City; 310 N Interstate Hwy 35	State;	Zip Co	de						
			Round Rock, TX 78664									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Food/Beverage Expense	of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held				

			EXPE	NDITURE CATEG	ORIES FOF	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Travel in District Travel Out of Dis	quipment & Related Expense						
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 25/153 Rpt:			oria (The Honorat	ole)			00080065				
4	Date 03/16/2023	-	Payee name McDonald's									
6	Amount (\$) \$8.22	1601	Payee address; City; State; Zip Code 1601 E 6th Ave									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder	name	Office sou	ght		Office he	eld			
	Date	Payee	name									
	02/13/2023	NAAG	CP Garland Un	it 6256								
	Amount (\$) \$263.48		address; C Austin St	ity; Sta	te; Zip Co	de						
	PURPOSE OF EXPENDITURE	a) Categ	nd, TX 75040 ory (See Categorie t Expense	is listed at the top of this s	schedule)		n, TX,	de of Texas. Com , officeholder living 2nd Annual \	expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder	name	Office sou	ght		Office he	eld			
	Date	Payee	name									
	01/01/2023	NGP										
	Amount (\$) \$341.12	1445 Ste. 2	New York Ave	NW	te; Zip Co	de						
	PURPOSE OF EXPENDITURE		ory (See Categorie 2 Overhead/Re	is listed at the top of this s intal Expense	schedule)		n, TX,	de of Texas. Com , officeholder living :ription				
	Complete ONLY if direct expenditure to benefit C/OF	Candida	ate/Officeholder	name	Office sou	ght		Office he	əld			

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 26/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065										
4	Date 02/01/2023	Payee name NGP VAN										
6	Amount (\$) \$341.12	Payee address;City;State;Zip Code1445 New York Ave NW										
		Ste. 200 Washington, DC 20005										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database subscription												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	03/01/2023	NGP VAN										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$341.12	1445 New York Ave NW										
		Ste. 200										
		Washington, DC 20005										
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ubscription									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
-	Date	Payee name										
	04/01/2023	NGP VAN										
	Amount (\$) \$341.12	Payee address;City;State;Zip Code1445 New York Ave NWSte. 200Washington, DC 20005										
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ubscription									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E:	kpense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor	Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not li		quipment & Related Expense			
1	Total pages Schedule F1:	2 FILE	R NAME				(Ethics Commission Filers)					
	Sch: 27/153 Rpt:	Nea	ve Criado, Victoria (The I	Honorable))			00080065				
4	Date	5 Paye	ee name									
	05/01/2023	NG	NGP VAN									
6	Amount (\$)	7 Paye	ee address; City;	State;	Zip Coo	e						
	\$341.12	144	5 New York Ave NW									
		Ste.	Ste. 200									
		Was	Washington, DC 20005									
8	PURPOSE	(a) Cate	gory (See Categories listed at the	top of this scho	dulo)	b) Description						
-	OF		ce Overhead/Rental Expe		uule)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE							, officeholder living	j expense			
		Database subscription										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	Of	ffice soug	ht		Office he	eld			
	Date	Paye	ee name									
	03/29/2023	Nati	onal Hispanic Caucus of	State Legis	slators							
	Amount (\$)	Paye	ee address; City;	State;	Zip Coo	е						
	\$100.00	144	4 I St NW									
		Suit	e 900									
		Was	shington, DC 20005									
_	PURPOSE	(a) Cate	gory (See Categories listed at the	ton of this sche	dule)	b) Description						
	OF EXPENDITURE	Fee	e e (5		uulo)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITORE						ı, TX	, officeholder living	g expense			
						Dues						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	O	ffice soug	nt		Office he	eld			
	Date		ee name									
	01/07/2023		erry's Burger Stand									
	Amount (\$)	-	ee address; City;	State;	Zip Coo	е						
	\$5.14	851	5 Burnet Rd									
		Aus	tin, TX 78757									
	PURPOSE	(a) Cate	gory (See Categories listed at the	top of this schee	dule)	b) Description						
	OF EXPENDITURE	Foo	d/Beverage Expense					ide of Texas. Com				
	-					Meal	η, TX,	, officeholder living	j expense			
						mean						
-	Complete ONLY if direct	Candi	date/Officeholder name	01	ffice soug	ht		Office he				
	expenditure to benefit C/OI				3049							
-												

			EXPENDITURE CATEGOR	RIES FOF	BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 28/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065					
4	Date	5	5 Payee name									
	01/06/2023		PARKRECEIPTS.COM									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$7.00		850 Central Pkwy E									
			Suite 130									
			Plano, TX 75074									
8	PURPOSE	(2)			(b) Description							
ľ	OF	(4)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense					
					Parking for m	iee	ting					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ght		Office held					
	Date		Payee name									
	01/12/2023		Petroluem Wholesale									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$30.59		1221 N Pecan St									
			Abbott, TX 76621									
_	PURPOSE	(2)			(b) Description							
	OF	(4)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense					
					Fuel							
	Complete ONLY if direct		Candidate/Officeholder name C	office sou	ght		Office held					
	expenditure to benefit C/OI	1										
	Date		Payee name									
	01/12/2023		Petroluem Wholesale									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$19.37		1221 N Pecan St									
			Abbott, TX 76621									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Travel Out of District	,			ide of Texas. Complete Schedule T.					
						, TX,	, officeholder living expense					
					Fuel							
	0 1.4 0.000											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	gnt		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpens xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 29/153 Rpt:		Neave Criado, Victoria (The Honorabl	00080065							
4	Date	5	Payee name				I				
	03/02/2023		Petroluem Wholesale								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
-	\$27.18		1221 N Pecan St	, 1							
		Abbott, TX 76621									
_	DUDDOOF	(-)			(a.)						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description	outei	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District					, officeholder living expense			
						Fuel	,	,			
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Ight			Office held			
	expenditure to benefit C/OI	H									
	Date		Payee name								
	04/29/2023		Petroluem Wholesale								
_	Amount (\$)		Payee address; City; State	e; Zip Co	ode						
	\$38.61		1221 N Pecan St	-, _, _ ,							
	400.01										
			Abbott, TX 76621								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description					
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense			
						Fuel	, 17,	, unceriolder living expense			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office held			
	expenditure to benefit C/Oł			Chiec Soc	igin						
_	Date		Pavee name								
	04/22/2023		Pilot Travel Center								
	Amount (\$)			e; Zip Co	ohe						
	\$55.47		8055 I-35	з, zip сс	Jue						
	ψ55.47		00001-00								
			Debisson TV 70700								
			Robinson, TX 76706		1						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description					
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense			
						Fuel	, 17,	, uncertoider inving expense			
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou	l Iabt			Office held			
	expenditure to benefit C/OI			Since SUL	gill						
_											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Ro Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense		se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 30/153 Rpt:		Neave Criado, Victoria (The Honora	ble)				00080065				
4	Date 03/09/2023		Payee name Popeyes									
6	Amount (\$) \$12.98		Payee address; City; State; Zip Code 1005 E Central Ave Belton, TX 76513									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office held				
	Date		Payee name									
	01/14/2023		ReadyRefresh									
	Amount (\$) \$47.98		4718 Mountain Creek Pkwy	ate; Zip	Code							
	PURPOSE OF EXPENDITURE	(a)	Dallas, TX 75236 Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense I office				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office held				
	Date		Payee name									
	02/07/2023		ReadyRefresh									
	Amount (\$) \$5.83		Payee address; City; Sta 4718 Mountain Creek Pkwy	ate; Zip	Code							
			Dallas, TX 75236									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense I office				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	· · ·			5	Filer ID (Ethics Commission Filers)					
	Sch: 31/153 Rpt:	2	Neave Criado, Victoria (The Honorable	e)			00080065					
4	Date	5	Payee name									
	03/07/2023		ReadyRefresh									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de							
	\$117.82		4718 Mountain Creek Pkwy									
			Dallas, TX 75236									
8	PURPOSE	(a)			(b) Description							
ľ	OF	(",	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE						, officeholder living expense					
					Water for Ca	pitc	ol office					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	Jht		Office held					
	Date		Payee name									
	04/06/2023		ReadyRefresh									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$55.95		4718 Mountain Creek Pkwy	·								
			Dallas, TX 75236									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense					
					Water for Ca	pitc	ol office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held					
	Date		Payee name									
	05/08/2023		ReadyRefresh									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$61.87		4718 Mountain Creek Pkwy									
			Dallas, TX 75236									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Water for Capitol office										
						Pitt						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Jht		Office held					
	F											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expe Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form	ISE Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)								
-	Sch: 32/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065								
4	4 Date 5 Payee name										
06/06/2023 ReadyRefresh											
6 Amount (\$) 7 Payee address; City; State; Zip Code \$61.87 4718 Mountain Creek Pkwy Dallas, TX 75236											
8	PURPOSE	Category (See Categories listed at the tap of this schedule) (b) Description	n								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water for Capitol office											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/12/2023	Residence Inn									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,062.07	300 E 4th St Austin, TX 78701									
	PURPOSE OF EXPENDITURE	 (b) Description Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule X Check if Austin, TX, officeholder living expense Lodging 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/12/2023	Residence Inn									
	Amount (\$) \$60.75	Payee address; City; State; Zip Code 300 E 4th St									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE		n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	/ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Travel in District Travel Out of Distr	upment & Related Expense		
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 33/153 Rpt:		riado, Victoria (The F	Honorable	e)			00080065			
4	Date 01/07/2023	Payee na Ross	Payee name Ross								
6	Amount (\$) \$121.28	Payee ad 7112 Ed Austin, T	Bluestein Blvd	State;	Zip Coo	le					
8	PURPOSE OF EXPENDITURE		(See Categories listed at the /erhead/Rental Expe		edule)	Check if Austin	n, TX,	ide of Texas. Compl , officeholder living e stin Capitol Of	xpense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	C	Office soug	ht		Office held	d		
	Date	Payee na	me								
	01/18/2023	STOP &	START								
	Amount (\$) \$47.79	Payee ad 1201 S F	iles St	State;	Zip Coo	le					
	PURPOSE OF EXPENDITURE		(See Categories listed at the ut of District	top of this sche	edule)			ide of Texas. Compl , officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	C	Office soug	ht		Office hel	d		
	Date	Payee na	me								
	02/06/2023	Shell									
	Amount (\$) \$53.30	Payee ad County F		State;	Zip Coo	le					
		Hillsboro	, TX 76645								
	PURPOSE OF EXPENDITURE		(See Categories listed at the ut of District	top of this sche	edule)			ide of Texas. Compl , officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	C	Office soug	ht		Office held	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E: nittee Legal Services The Instruction Guid	xpense	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)			
-	Sch: 34/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065									
4	Date 02/09/2023		Payee name Shell								
6 Amount (\$) \$40.21 7 Payee address; City; State; Zip Code County Rd 4260 Hillsboro, TX 76645											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Fuel Check if Austin, TX, officeholder living expense Fuel											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			
	Date	F	Payee name								
	03/16/2023		Shell								
	Amount (\$) \$35.28	2	Payee address; City; 200 S I- 35 Service Rd Red Oak, TX 75154	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Fravel Out of District	top of this sch	edule)			side of Texas. Complete Schedule T. <, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H					Office held				
	Date	F	Payee name								
	01/23/2023		Soup Peddler								
	Amount (\$) \$9.94		Payee address; City; L112 N Lamar Blvd	State;	Zip Co	de					
			Austin, TX 78703								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)			side of Texas. Complete Schedule T. K, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)							
1	Total pages Schedule F1:	PILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 35/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065							
4	Date 01/29/2023	Payee name Southwest Airlines								
6	Amount (\$) \$343.98	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense arlingen RGV Legislative Tour							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/17/2023	Southwest Airlines								
	Amount (\$) \$188.97	Payee address; City; State; Zip Code 2702 Love Field Dr								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ston							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/11/2023	Spirit Airlines								
	Amount (\$) \$205.89	Payee address; City; State; Zip Code 2800 Executive Way								
		Miramar, FL 33025								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense shington, DC for White House Invitation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committe	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria	nse s Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	/ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILI	FILER NAME 3					Filer ID (Ethics Commission Filers)			
	Sch: 36/153 Rpt:		ave Criado, Victoria (Th	e Honorable	e)			00080065			
4	Date 02/08/2023		ee name rbucks								
6	Amount (\$) \$12.18	501	ee address; City; . W 15th St stin, TX 78701	State;	; Zip Coo	le					
8	PURPOSE OF EXPENDITURE		egory (See Categories listed at od/Beverage Expense	the top of this sch	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office souç	ht		Office held			
	Date	Pay	ee name								
	05/07/2023	Sta	rbucks								
	Amount (\$) \$5.66	501	ee address; City; . W 15th St stin, TX 78701	State;	; Zip Coo	le					
	PURPOSE OF EXPENDITURE		egory (See Categories listed at od/Beverage Expense	the top of this sch	edule)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	С	Office sou	ht		Office held			
	Date	Pay	ee name								
	01/25/2023	Su	gar Mama's Bakeshop								
	Amount (\$) \$51.96		ee address; City; 5 S 1st St	State;	; Zip Coo	le					
		Aus	stin, TX 78704								
	PURPOSE OF EXPENDITURE		egory (See Categories listed at /Awards/Memorials Ex		edule)		ı, ТХ,	de of Texas. Complete Schedule T. , officeholder living expense CS			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	С	Office sou	ht		Office held			
					_						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · · ·	Filer ID (Ethics Commission Filers)							
1	Sch: 37/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065				
4	Date	5	Payee name								
	02/06/2023	· ·	TA Hillsboro Travel Center								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$12.98		160 US-77								
			Hillsboro, TX 76645								
8	PURPOSE				(b) Description						
ľ	OF		Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		i ood/Develage Expense		Check if Austin	, TX	, officeholder living expense				
					Snacks						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Iht		Office held				
	Date		Payee name								
	01/18/2023		Taco Cabana								
_	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$11.21		15002 FM1825	210 00							
	Ψ11.21		13002 1 101023								
			Pflugerville, TX 78660								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H					Office held				
	Date		Payee name								
	01/29/2023		Tailwind Concessions								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$25.10		3002 Heritage Way								
			Harlingen, TX 78550								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ıht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME		-	Filer ID (Ethics Commission Filers)					
	Sch: 38/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065				
4	Date		Payee name	,							
-	01/29/2023		Tailwind Concessions								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$18.39		3002 Heritage Way								
			Harlingen, TX 78550								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense	,		outs	ide of Texas. Complete Schedule T.				
	EXPENDITORE					n, TX	, officeholder living expense				
					Meal						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	office sou	Jht		Office held				
⊨	Date		Payee name								
	01/18/2023		Taquerias Arandinas								
_				7:0 00							
	Amount (\$)			Zip Co	le						
	\$45.22		2110 E Riverside Dr								
			Austin, TX 78741								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
					Meal	I, IA					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	5					Office held				
F	Date		Payee name								
	06/22/2023		Taxi Service								
-	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$50.40		11908 Anderson Mill Rd	p 00							
	400 110										
			Austin, TX 78726								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.				
Check if Austin, 1X, officeholder living expense											
					Ground trans	po	Italion				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 39/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065								
4	Date 04/17/2023	Payee name Taxi vis Square									
6	6 Amount (\$) \$48.00 \$48.00 Suite 600 San Francisco, CA 94103 7 Payee address; City; State; Zip Code										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	03/20/2023	Texas House LGBTQ Caucus									
	Amount (\$) \$400.00	Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/15/2023	The Hamilton									
	Amount (\$) \$72.64	Payee address;City;State; Zip Code600 14th St NW									
		Washington, TX 20005									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Laboi	se	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 40/153 Rpt:		Neave Criado, Victoria (The Honorable) 00080065								
4	Date 06/15/2023		Payee name The Smith Cafe								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$57.41 901 F St NW Washington, DC 20004											
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scher Food/Beverage Expense	dule)		avel outs	side of Texas. Complete Schedule T. , officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	ght		Office held				
	Date		Payee name								
	01/18/2023		The Stephen F Austin								
	Amount (\$) Payee address; City; State; Zip Code \$20.00 701 Congress Ave										
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scheer Travel Out of District	dule)		avel outs Justin, TX	side of Texas. Complete Schedule T. 4, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	ght		Office held				
	Date		Payee name								
	02/13/2023		Tiger Mart								
	Amount (\$) \$39.45		Payee address; City; State; 301 I-35 NW	Zip Co	de						
			Hillsboro, TX 76645								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schee Travel Out of District	dule)		avel outs	side of Texas. Complete Schedule T. K, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ov Polling E Printing E Salaries/	verhea xpense Expense Wages	se s/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 explain	s now to co	omple	ete this form.	3			
1	Total pages Schedule F1:	2		Filer ID (Ethics Commission Filers)						
	Sch: 41/153 Rpt:		Neave Criado, Victoria (The Honorab	eave Criado, Victoria (The Honorable) 00080065						
4	Date	5	Payee name							
	02/27/2023		Tiger Mart							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode					
	\$38.00		301 I-35 NW							
			Hillsboro, TX 76645							
8	PURPOSE	(a)			(h)	Description				
ľ	OF	(4)	Category (See Categories listed at the top of this so Travel Out of District	chedule)			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense		
						Fuel				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	03/13/2023		Tiger Mart							
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode					
	\$37.11		301 I-35 NW	o,p o	040					
	\$01.11									
			Hillsboro, TX 76645							
	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel 							
	Complete ONLY if direct		Candidate/Officeholder name	Office sou				Office held		
	expenditure to benefit C/OI			Once so	ugint			Once neid		
	Date		Payee name							
	04/09/2023	L	Tiger Mart							
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode					
	\$27.46		301 I-35 NW							
			Hillsboro, TX 76645							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description		de ef Teuros, Convertedo Colocidado T		
	EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T. officeholder living expense		
						Fuel	, 17,			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Ove Polling Ex Printing Ex Salaries/W	rhead pense pense 'ages/	e Contract Labor		Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Sabadula E1:	5	· · · · · · · · · · · · · · · · · · ·							
T	Total pages Schedule F1: Sch: 42/153 Rpt:		Neave Criado, Victoria (The Honorable) 00080065							(Ethics Commission Filers)
4	Date	5	5 Payee name							
	05/20/2023		Tiger Mart							
6	Amount (\$) \$27.84	7	Payee address; City; 301 I-35 NW	State;	; Zip Co	de				
			Hillsboro, TX 76645							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District						de of Texas. Compl officeholder living e	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	С	Office sou	ght			Office hel	d
	Date		Payee name							
	06/14/2023		Tony Cheng							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$71.82		619 H St NW							
			Washington, DC 20001							
	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal 							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH						Office hel	d	
	Date		Payee name							
	01/06/2023		Uber Eats							
	Amount (\$) \$22.85		Payee address; City; 1455 Market St. #400 San Francisco, PA 94103	State;	; Zip Co	de				
	PURPOSE					(h)	Decoription			
	OF		Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)				de of Texas. Compl officeholder living e	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 43/153 Rpt:		e Criado, Victoria (The Honorable	e)			00080065			
4	Date 02/15/2023	Payee Uber									
6 Amount (\$) 7 Payee address; City; State; Zip Code \$39.69 1455 Market St. #400 San Francisco, PA 94103											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Meal Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	e (Office sou	ht		Office he	eld		
	Date	Payee	e name								
	02/15/2023	Uber	Eats								
	Amount (\$) \$8.80	1455 #400	address; City; Market St. Francisco, PA 9410		; Zip Co	le					
	PURPOSE OF EXPENDITURE		ory (See Categories listed /Beverage Expense		iedule)			ide of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	e (Office sou	ht		Office he	eld		
	Date	Payee	e name								
	02/23/2023	Uber	Eats								
	Amount (\$) \$38.82	1455 #400	e address; City; Market St. Francisco, PA 9410		; Zip Co	le					
	PURPOSE OF EXPENDITURE		ory (See Categories listed /Beverage Expense		iedule)			ide of Texas. Com , officeholder living	plete Schedule T. g expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	e (Dffice sou	ht		Office he	eld		

		EXPENDITURE CATE	GORIES FOR BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor tins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)										
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)										
	Sch: 44/153 Rpt:	eave Criado, Victoria (The Honora	able)	00080065										
4	Date 03/14/2023	ayee name ber Eats												
6	6 Amount (\$) \$27.92 \$27.92 7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103													
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Meal Meal														
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held										
	Date	ayee name												
	03/19/2023	ber Eats												
Amount (\$) Payee address; City; State; Zip Code \$29.62 1455 Market St. #400 San Francisco, PA 94103 San Francisco, PA 94103														
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of thi bod/Beverage Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held										
	Date	ayee name												
	04/07/2023	ber Eats												
	Amount (\$) \$22.31	ayee address; City; S 155 Market St. 100 an Francisco, PA 94103	tate; Zip Code											
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of thi bod/Beverage Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense										
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 45/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065								
4	Date 05/06/2023	Payee name Uber Eats									
6	Amount (\$) \$31.44	Payee address;City;State;Zip Code1455 Market St.#400San Francisco, PA 94103									
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/05/2023	Uber Pass									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$9.99	1455 Market St. #400 San Francisco, PA 94103									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ription								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/05/2023	Uber Pass									
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ription								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpor Food/Beverage Expense Polling Expense Travel in - Gift/Awards/Memorials Expense Printing Expense Travel O						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 46/153 Rpt:		eave Criado, Victoria (The H	onorable	e)			00080065				
4	Date	5 Pa	Payee name									
	01/10/2023	U	ber Trip									
6	Amount (\$) 7 Payee address; City; State; Zip Code \$24.45 Market St. #400 San Francisco, PA 94103											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder name	C	Office soug	ht		Office held				
		-										
	Date	Pa	ayee name									
	01/10/2023	U	Uber Trip									
	Amount (\$)	Pa	ayee address; City;	State;	Zip Co	le						
	\$9.81	14	1455 Market St.									
			400 an Francisco, PA 94103									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to avel Out of District	p of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office held				
	Date	Pa	ayee name									
	01/10/2023	U	ber Trip									
	Amount (\$) \$5.00	14 #4	ayee address; City; 155 Market St. 100 an Francisco, PA 94103	State;	Zip Coo	le						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to avel Out of District	p of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office sou	ht		Office held				

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 47/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065					
4	Date	5	Payee name									
	01/11/2023		Uber Trip									
6	Amount (\$) \$22.73 7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	jht		Office held					
	Date		Payee name									
	01/11/2023		Uber Trip									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$11.00		1455 Market St.									
			#400 San Francisco, PA 94103									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense 'tation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	Office sou	ht Office held							
	Date		Payee name									
	01/11/2023		Uber Trip									
	Amount (\$) \$10.97		Payee address; City; State; 1455 Market St. #400 San Francisco, PA 94103	Zip Co	de							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense tation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	Office sou	Jht		Office held					

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 48/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065					
4	Date	5	Payee name									
	01/11/2023		Uber Trip									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$7.38 1455 Market St. #400 San Francisco, PA 94103											
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
OF Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held					
	Date		Payee name									
	01/12/2023		Uber Trip									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$11.74		1455 Market St.									
			#400									
			San Francisco, PA 94103									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Jht		Office held						
	Date		Payee name									
	01/12/2023		Uber Trip									
	Amount (\$) \$3.00		Payee address; City; State; 1455 Market St. #400 San Francisco, PA 94103	Zip Co	de							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense 'tation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held					

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 49/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065				
4	Date 01/17/2023		Payee name Uber Trip								
6			•	Zin Co	40						
σ	Amount (\$) 7 Payee address; City; State; Zip Code \$14.47 1455 Market St. #400 San Francisco, PA 94103										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	Iffice sou	Jht		Office held				
	Date		Payee name								
	01/17/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$3.00		1455 Market St.								
			#400								
			San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense 'tation				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	nt Office held						
	Date		Payee name								
	01/17/2023		Uber Trip								
	Amount (\$) \$12.85		Payee address; City; State; 1455 Market St. #400 San Francisco, PA 94103	Zip Co	de						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense 'tation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held				

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 50/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065				
4	Date 01/18/2023		Payee name Uber Trip								
6	Amount (\$)		•	Zin Co	10						
U	Amount (\$) 7 Payee address; City; State; Zip Code \$19.39 1455 Market St. #400 San Francisco, PA 94103										
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Travel Out of District Check if Austin, TX, officeholder living expense Ground transportation											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	01/21/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$64.30		1455 Market St.								
			#400								
			San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense tation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht	t Office held					
	Date		Payee name								
	01/21/2023		Uber Trip								
	Amount (\$) \$53.15		Payee address; City; State; 1455 Market St. #400 San Francisco, PA 94103	Zip Co	de						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense 'tation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	jht		Office held				

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)				
-	Sch: 51/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065				
4	Date	5	Payee name								
	01/21/2023		Uber Trip								
6	Amount (\$)	mount (\$) 7 Payee address; City; State; Zip Code									
	\$3.00		1455 Market St.								
			#400								
			San Francisco, PA 94103								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description						
-	OF		Travel Out of District	euule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE						officeholder living expense				
					Ground trans	ро	rtation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	01/24/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$15.76		1455 Market St.								
			#400								
			San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Ground transportation 								
	Complete ONLY if direct expenditure to benefit C/OF	I Candidate/Officeholder name Office sought H				Office held					
	Date		Payee name								
	01/24/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$10.50		1455 Market St.								
			#400								
			San Francisco, PA 94103								
_	PURPOSE	(a)			(b) Description						
	OF	(4)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	·	outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin Ground trans		officeholder living expense rtation				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held				

			EXPENDITURE CATEGOR	RIES FOR	8 BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)				
	Sch: 52/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065				
4	Date	5	Payee name								
	01/24/2023		Uber Trip								
6	Amount (\$)	nt (\$) 7 Payee address; City; State; Zip Code									
	\$6.22		1455 Market St.								
			#400								
			San Francisco, PA 94103								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.				
					Ground trans		, officeholder living expense				
					Ground trans	shoi	lation				
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held				
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	01/25/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$13.12		1455 Market St.								
			#400								
			San Francisco, PA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.				
					Check if Austin, TX, officeholder living expense Ground transportation						
					Ground trans	pol	lation				
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht		Office held				
	expenditure to benefit C/OI				jir.						
-	Date		Payee name								
	01/25/2023		Uber Trip								
-	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$8.23		1455 Market St.	•							
			#400								
			San Francisco, PA 94103								
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description						
	OF		Travel Out of District	euule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE						, officeholder living expense				
					Ground trans	pol	rtation				
					_						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
		-									

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contrac	Expense et Labor		Travel in District Travel Out of Distri	uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 53/153 Rpt:		Neave Criado, Victoria (The Honorabl	e)				00080065	``````````````````````````````````````			
4	Date 01/28/2023	5	Payee name Uber Trip									
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	nde							
ľ	\$108.37	ľ	1455 Market St.	5, Zip Oc								
	\$100.01		#400									
			San Francisco, PA 94103									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b) Descr							
	EXPENDITURE		Travel Out of District					de of Texas. Compl officeholder living e				
						nd trans			skpende			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held Office held									d			
	Date		Payee name									
	01/28/2023		Uber Trip									
	Amount (\$)			e; Zip Co	de							
	\$58.73		1455 Market St.	o, <u>—</u> p oc								
	\$00.10		#400									
			San Francisco, PA 94103									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b) Descr	•	outoi	de of Texas. Compl	oto Sobodulo T			
	EXPENDITURE		Travel Out of District					officeholder living e				
						nd trans						
							•					
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office hel	d			
	expenditure to benefit C/OI	H										
	Date		Payee name									
	01/28/2023		Uber Trip									
	Amount (\$)		Payee address; City; State	e; Zip Co	de							
	\$3.00		1455 Market St.									
			#400									
			San Francisco, PA 94103									
_	PURPOSE	(₂)			(h) Decer	intion						
	OF	(a)	Category (See Categories listed at the top of this so Travel Out of District	hedule)	(b) Descr	•	outsi	de of Texas. Compl	ete Schedule T.			
	EXPENDITURE		Travel Out of District					officeholder living e				
						nd trans						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office hel	d			
⊢												

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)				
-	Sch: 54/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065				
4	Date 01/29/2023	5	Payee name Uber Trip								
6		-	•	Zip Co	do						
0	Amount (\$) \$80.38	ľ	1455 Market St.	Zip Cu	ue						
	ψ00.50										
			#400								
			San Francisco, PA 94103								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T. , officeholder living expense				
					Ground trans						
						•					
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held											
	Date		Payee name								
	01/29/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$38.76		1455 Market St.	·							
			#400								
			San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	ide of Texas. Complete Schedule T. c, officeholder living expense rtation							
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	01/30/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$45.21		1455 Market St.								
			#400								
			San Francisco, PA 94103								
	PURPOSE		Category (See Categories listed at the top of this sche		(b) Description						
	OF		Travel Out of District	edule)	·	outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin Ground trans		, officeholder living expense rtation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				

		E	EXPENDITURE CA	TEGORIES FO	R BC	DX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Ever Fees Food Gift// Imittee Lega	nt Expense	Loan Rej Office Ov Polling E Ise Printing I Salaries/	paymer verheac xpense Expens Wages	ht/Reimbursement d/Rental Expense e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)			
	Sch: 55/153 Rpt:		Victoria (The Hoi	norable)				00080065				
4	Date	Payee name	Payee name									
	01/30/2023	Uber Trip										
6	Amount (\$) 7 Payee address; City; State; Zip Code \$42.78 1455 Market St. #400 San Francisco, PA 94103 San Francisco, PA 94103											
8	PURPOSE	Category (See Ca	tenories listed at the ton	of this schedule)	(b)	Description						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeh	older name	Office so	ught			Office he	eld			
	Date	Payee name										
	01/30/2023	Uber Trip										
	Amount (\$)	Payee address;	City;	State; Zip C	ode							
	\$8.56	1455 Market St.										
		#400										
		San Francisco,	PA 94103									
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. On the control of the cont					officeholder living					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office he	eld			
	Date	Payee name										
	01/30/2023	Uber Trip										
	Amount (\$) \$7.75	Payee address; 1455 Market St #400 San Francisco,		State; Zip C	ode							
	PURPOSE OF EXPENDITURE	Category _{(See Ca} Travel Out of D	itegories listed at the top	of this schedule)	(b)		, TX,	de of Texas. Com officeholder living tation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeh	older name	Office so	ught			Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 56/153 Rpt:		Neave Criado, Victoria (The Honorable	e)		ľ	00080065			
4	Date	5	Payee name							
	02/04/2023		Uber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$9.04		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Ground trans	po	rtation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	02/07/2023		Uber Trip							
Amount (\$) Payee address; City; State; Zip Code										
	\$26.28 1455 Market St.									
			#400							
			San Francisco, PA 94103							
	DUDDOCE			T	(4)					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Ground trans	po	rtation			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	H								
_	Date		Payee name							
	02/07/2023		Uber Trip							
-	Amount (\$)		•	Zip Co	he					
	\$13.56		1455 Market St.	210 00						
	\$10.00		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
						1. 5.				
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name C	Office sou	nht		Office held			
	expenditure to benefit C/Oł				y		0			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)			
	Sch: 57/153 Rpt:		Neave Criado, Victoria (The Honorable	00080065						
4	Date	5	Payee name							
	02/07/2023		Uber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$13.30		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
					Ground trans		, officeholder living expense			
					Ground trans	shoi	lation			
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt		Office held			
5	expenditure to benefit C/OF				Jin		Onice neid			
	Date		Payee name							
	02/07/2023		Uber Trip							
Amount (\$) Payee address; City; State; Zip Code										
\$9.81 1455 Market St.										
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District	ŕ			ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Ground trans	spoi	nalion			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt		Office held			
	expenditure to benefit C/OF				giit.		Onice neid			
_	Date		Payee name							
	02/07/2023		Uber Trip							
	Amount (\$)		•	Zip Co	he					
	\$8.80		1455 Market St.	210 00						
	\$0.00		#400							
			San Francisco, PA 94103							
	PURPOSE	(0)			(b) Description					
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Traver Out of District				, officeholder living expense			
					Ground trans	pol	rtation			
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OF	-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpense Wages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 58/153 Rpt:		Neave Criado, Victoria (The Honoral	00080065						
4	Date	5	Payee name							
	02/08/2023		Uber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$27.57		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schodulo)	(b)	Description				
	OF		Travel Out of District	soliculic)			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE							officeholder living expense		
						Ground trans	por	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	02/08/2023		Uber Trip							
Amount (\$) Payee address; City; State; Zip Code										
\$15.44 1455 Market St.										
			#400							
			San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this : Travel Out of District	schedule)			, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	02/08/2023		Uber Trip							
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode					
	\$14.90		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE		Category (See Categories listed at the top of this		(b)	Description				
	OF		Travel Out of District	schedule)	()		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Ground trans		officeholder living expense tation		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)		
-	Sch: 59/153 Rpt:		Neave Criado, Victoria (The Honorable						
4	Date	5	Payee name						
	02/08/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$5.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)			(b) Description				
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					Ground trans	ро	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	02/09/2023		Uber Trip						
Amount (\$) Payee address; City; State; Zip Code									
	\$15.30 1455 Market St.								
			#400						
			San Francisco, PA 94103						
	DUDDOCE				(h)				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District				, officeholder living expense		
					Ground trans	pol	rtation		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OI	H							
_	Date		Payee name						
	02/09/2023		Uber Trip						
-	Amount (\$)		•	Zip Co	1e				
	\$5.94		1455 Market St.	210 00					
	40.0 +		#400						
			San Francisco, PA 94103						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense		
					Ground trans				
						100			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	tht		Office held		
	expenditure to benefit C/OI				<u>, , , , , , , , , , , , , , , , , , , </u>				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 60/153 Rpt:		Neave Criado, Victoria (The Honorab	le)			00080065				
4	Date 02/11/2023		Payee name								
_			Uber Trip								
6	Amount (\$) \$65.99										
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught		Office held				
	Date	F	Payee name								
	02/11/2023	ι	Jber Trip								
Amount (\$) Payee address; City; State; Zip Code											
			400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Travel Out of District	chedule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense rtation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught		Office held				
	Date	F	Payee name								
	02/11/2023	ι	Jber Trip								
	Amount (\$) \$3.00	1 #	Payee address; City; Stat .455 Market St. #400 San Francisco, PA 94103	e; Zip Co	ode						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s ravel Out of District	chedule)		, тх,	de of Texas. Complete Schedule T. . officeholder living expense rtation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 61/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065				
4	Date 02/13/2023		Payee name Uber Trip								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$12.49	\$12.49 1455 Market St. #400									
			San Francisco, PA 94103								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	02/13/2023	1	Uber Trip								
	Amount (\$)										
	\$10.72		1455 Market St.								
		Ŧ	#400								
		:	San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Travel Out of District	nedule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense tation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	02/13/2023		Uber Trip								
	Amount (\$) \$8.66	:	Payee address; City; State 1455 Market St. #400 San Francisco, PA 94103	; Zip Co	de						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if Austin, TX, officeholder living expense Ground transportation Check if Austin, TX, officeholder living expense Ground transportation										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 62/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065			
4	Date	5	Payee name							
	02/13/2023		Uber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$5.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description					
Ĩ	OF	(,	Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Ground trans	pol	rtation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	02/14/2023		Uber Trip							
Amount (\$) Payee address; City; State; Zip Code										
	\$24.25 1455 Market St.									
			#400							
			San Francisco, PA 94103							
	BUBBOCE		-	T						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Ground trans	spoi	rtation			
	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	ght		Office held			
	expenditure to benefit C/OF	H								
_	Date		Payee name							
	02/14/2023		Uber Trip							
-	Amount (\$)		•	Zip Co	1e					
	\$15.54		1455 Market St.	210 00						
	\$10.04		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	Office sou	tht		Office held			
	expenditure to benefit C/OF				<u>, , , , , , , , , , , , , , , , , , , </u>					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Trai Food/Beverage Expense Polling Expense Trai - Gift/Awards/Memorials Expense Printing Expense Trai					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 63/153 Rpt:		eave Criado, Victoria (The Ho	norable)			00080065			
4	Date 02/14/2023		ayee name ber Trip								
6											
0	\$15.01	7 Payee address; City; State; Zip Code \$15.01 1455 Market St. #400 San Francisco, PA 94103 San Francisco, PA 94103									
8	DURDOSE					(b) Decoription					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation								, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0)ffice souç	ht		Office held			
	Date	Pa	ayee name								
02/14/2023 Uber Trip											
Amount (\$) Payee address; City; State; Zip Code											
\$12.59 1455 Market St.											
		#4	400								
		S	an Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ravel Out of District	of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF						Office held				
	Date	P	ayee name								
	02/15/2023	U	ber Trip								
	Amount (\$) \$11.06	14 #4	ayee address; City; 455 Market St. 400 an Francisco, PA 94103	State;	Zip Coo	le					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ravel Out of District	of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 64/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065			
4	Date	5	Payee name							
	02/15/2023		Uber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$6.83		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description					
Ĩ	OF	(,	Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	I, TX	, officeholder living expense			
					Ground trans	pol	rtation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	02/16/2023		Uber Trip							
	Amount (\$) Payee address; City; State; Zip Code									
	\$10.21 1455 Market St.									
			#400							
			San Francisco, PA 94103							
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
	OF		Travel Out of District	cuuic)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Ground trans	pol	rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held			
-	Date		Payee name							
	02/16/2023		Uber Trip							
	Amount (\$)			Zip Co						
	\$6.87		1455 Market St.	210 00						
	φ0.01		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
						,p01				
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	tht		Office held			
	expenditure to benefit C/OI				gint					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 65/153 Rpt:		Neave Criado, Victoria (The Honorable	00080065						
4	Date	5	Payee name							
	02/21/2023		Uber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$7.49		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Ground trans	pol	rtation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	02/22/2023		Uber Trip							
Amount (\$) Payee address; City; State; Zip Code										
	\$21.86 1455 Market St.									
			#400							
			San Francisco, PA 94103							
	DUDDOCE	(-)		T	(1-)					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Ground trans	pol	rtation			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	H								
_	Date		Payee name							
	02/22/2023		Uber Trip							
-	Amount (\$)		•	Zip Co	de					
	\$16.72		1455 Market St.	210 00						
	\$10.1Z		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
						1				
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name C	Office sou	aht		Office held			
	expenditure to benefit C/Oł				···*		0			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 66/153 Rpt:	2	Neave Criado, Victoria (The Honorable) 00080065							
4	Date	5	Payee name							
	02/22/2023		Uber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$10.49		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District	ouulo)	Check if travel		ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Ground trans	spoi	rtation			
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	02/22/2023		Uber Trip							
Amount (\$) Payee address; City; State; Zip Code										
\$9.24 1455 Market St.										
			#400							
			San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held			
	Date		Payee name							
	02/22/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$4.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description					
	OF	(,	Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin Ground trans		, officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)			
	Sch: 67/153 Rpt:		Neave Criado, Victoria (The Honorable) 00080065							
4	Date	5	Payee name							
	02/23/2023		Uber Trip							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$10.65		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T.			
					Ground trans		, officeholder living expense rtation			
						.001				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held										
	Date		Payee name							
	02/23/2023		Uber Trip							
Amount (\$) Payee address; City; State; Zip Code										
	\$9.72		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held			
	Date		Payee name							
	02/28/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$6.72		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 68/153 Rpt:	2	Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	02/28/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$6.72		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)			(b) Description				
ľ	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Have out of District				, officeholder living expense		
					Ground trans	spoi	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held		
	Date		Payee name						
	02/28/2023		Uber Trip						
-	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$6.58		1455 Market St.						
	\$0.00		#400						
			San Francisco, PA 94103						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense		
					Ground trans				
						1			
	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	aht		Office held		
	expenditure to benefit C/OI	H							
_	Date		Payee name						
	02/28/2023		Uber Trip						
				Zin Co	40				
	Amount (\$) \$3.00			Zip Co	le				
	φ3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.		
					Ground trans		, officeholder living expense		
					Ground traffs	νμυ			
		Ľ	Condidate/Officeholder	fieo con	vh+		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	JIIL		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)		
-	Sch: 69/153 Rpt:		Neave Criado, Victoria (The Honorable)		ľ	00080065		
4	Date	5	Payee name						
	02/28/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description				
-	OF		Travel Out of District	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE						officeholder living expense		
					Ground trans	ро	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		
	Date		Payee name						
	02/28/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$2.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, тх	de of Texas. Complete Schedule T. , officeholder living expense r tation		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held		
	Date		Payee name						
	03/01/2023		Uber Trip						
-	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$11.33		1455 Market St.	•					
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)			(b) Description				
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	·	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					, тх	officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)		
-	Sch: 70/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	03/01/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$8.25		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)			(b) Description				
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					Ground trans	pol	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	03/01/2023		Uber Trip						
_	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$5.70		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)			(b) Description				
	OF	(,	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense		
					Ground trans	pol	rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	yht		Office held		
_		-							
	Date		Payee name						
	03/01/2023		Uber Trip						
	Amount (\$)			Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Ground trans	pol	nauon		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 71/153 Rpt:	2	Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	03/02/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$19.91		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)			(b) Description				
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	I, TX	, officeholder living expense		
					Ground trans	po	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ght		Office held		
	Date		Payee name						
	03/02/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$14.92		1455 Market St.	•					
			#400						
			San Francisco, PA 94103						
	DUDDOCE	(-)	-	T	(4)				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District				, officeholder living expense		
					Ground trans	po	rtation		
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	ght		Office held		
	expenditure to benefit C/OF	H							
	Date		Payee name						
	03/02/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$10.49		1455 Market St.	•					
			#400						
			San Francisco, PA 94103						
	BUBBOOF	(-)			(h) = 1 + 1				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District				, officeholder living expense		
					Ground trans				
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OF								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)		
	Sch: 72/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065		
4	Date 03/02/2023	5	Payee name Uber Trip						
6	Amount (\$)	7	•	Zip Co	de				
-	\$6.35	-	1455 Market St.	, _,,					
			#400						
			San Francisco, PA 94103						
	DUDDOCE				(b) p				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch Travel Out of District	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Traver Out of District				, officeholder living expense		
					Ground trans	ро	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	03/04/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	hedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	0					Office held		
	Date		Payee name						
	03/06/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$10.49		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)			(b) Description				
	OF	(<i>a</i>)	Category (See Categories listed at the top of this sch Travel Out of District	edule)	Check if travel	, тх	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OI	H							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 73/153 Rpt:	2	Neave Criado, Victoria (The Honorable	00080065					
4	Date	5	Payee name						
	03/06/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$7.49		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edube)	(b) Description				
	OF EXPENDITURE		Travel Out of District	,		outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE						officeholder living expense		
					Ground trans	ро	rtation		
_					1				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	gnt		Office held		
	Date		Payee name						
	03/07/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$9.89		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T.		
	_/			officeholder living expense					
					Ground trans	poi	lation		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ht		Office held		
	expenditure to benefit C/OI				jin				
-	Date		Payee name						
	03/07/2023		Uber Trip						
-	Amount (\$)			Zip Co	de				
	\$7.36		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)			(b) Description				
	OF	(,	Category (See Categories listed at the top of this sche Travel Out of District	edule)	·	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	officeholder living expense		
					Ground trans	ро	rtation		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OI	1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)		
-	Sch: 74/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	03/07/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$4.37		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District	suulo)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE						officeholder living expense		
					Ground trans	ро	rtation		
_					1				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	gnt		Office held		
	Date		Payee name						
	03/07/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, тх	de of Texas. Complete Schedule T. officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held		
	Date		Payee name						
	03/07/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description				
	OF		Travel Out of District	euule)	·	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin Ground trans		officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 75/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065		
4	Date 03/07/2023	5	Payee name Uber Trip						
6	Amount (\$)	7		Zip Co	de				
ľ	\$3.00	ľ	1455 Market St.	Zip Co	ue				
	ψ5.00								
			#400						
			San Francisco, PA 94103						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.		
					Ground trans		, officeholder living expense rtation		
					Cround trans	φu	Tation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
-	Date		Payee name						
	03/07/2023		Uber Trip						
			•						
	Amount (\$)			Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Ground trans	po	rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
-	Date		Payoo namo						
	03/07/2023		Payee name Uber Trip						
			-	Zin Co	da				
	Amount (\$)			Zip Co	ue				
	\$8.22		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Ground trans	ho	παιιση		
_									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			·	3	Filer ID (Ethics Commission Filers)		
	Sch: 76/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	03/08/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$10.26		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.		
	-				Ground trans		, officeholder living expense		
					Ground trans	pol			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	03/08/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$9.96		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.		
					Ground trans		, officeholder living expense rtation		
						por			
_	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	aht		Office held		
	expenditure to benefit C/OF	H							
	Date		Payee name						
	03/08/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$7.49		1455 Market St.	·					
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description				
	OF		Travel Out of District	euule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					Ground trans	pol	rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
		-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 77/153 Rpt:	2	Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	03/08/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)			(b) Description				
ľ	OF	(,	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	officeholder living expense		
					Ground trans	ро	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		
	Date		Payee name						
	03/08/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, тх	de of Texas. Complete Schedule T. officeholder living expense r tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held		
	Date		Payee name						
	03/08/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(₂)		<u> </u>	(b) Description				
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District			, тх	officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 78/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	03/08/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)			(b) Description				
ľ	OF	(,	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	officeholder living expense		
					Ground trans	ро	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held		
	Date		Payee name						
	03/08/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, тх	de of Texas. Complete Schedule T. , officeholder living expense r tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held		
	Date		Payee name						
	03/08/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(2)		<u> </u>	(b) Description				
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District			, тх	officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)		
1	Sch: 79/153 Rpt:	2	Neave Criado, Victoria (The Honorable	00080065					
4	Date	5	Payee name						
	03/08/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District	suulo)	Check if travel		de of Texas. Complete Schedule T.		
	EXPENDITORE						officeholder living expense		
					Ground trans	poi	rtation		
				NfC					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	03/08/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense r tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H					Office held		
	Date		Payee name						
	03/08/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description				
	OF		Travel Out of District	euule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin Ground trans		officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 80/153 Rpt:	2	Neave Criado, Victoria (The Honorable) 00080065							
4	Date	5	Payee name							
	03/08/2023		Uber Trip							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	(~)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Ground trans	pol	rtation			
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held									
	Date		Payee name							
	03/09/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$14.14		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)			(b) Description					
	OF	(,	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Ground trans	pol	rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office held			
_	Data	<u> </u>								
	Date 03/09/2023		Payee name Uber Trip							
				7. 0						
	Amount (\$)			Zip Co	de					
	\$7.49		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	_				
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
					Ground trans		, officeholder living expense			
						יטקי				
	Complete ONLV if direct	Ļ	Candidate/Officeholder name C	Office sou	abt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			mice sou	JIIL		Onice neid			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			·	3	Filer ID (Ethics Commission Filers)			
	Sch: 81/153 Rpt:		Neave Criado, Victoria (The Honorable	00080065						
4	Date	5	Payee name							
	03/09/2023		Uber Trip							
6	Amount (\$)	\$) 7 Payee address; City; State; Zip Code								
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
	_/				Ground trans		, officeholder living expense			
					Ground trans	ho	lation			
9	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	abt		Office held			
5	expenditure to benefit C/OF				jin		Onice neid			
	Date		Payee name							
	03/11/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District	ŕ			ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Ground trans	ho	lation			
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ht		Office held			
	expenditure to benefit C/Oł				jin					
_	Date		Payee name							
	03/13/2023		Uber Trip							
	Amount (\$)		•	Zip Co	he					
	\$19.70		1455 Market St.	210 00						
	410.10		#400							
			San Francisco, PA 94103							
	PURPOSE	(2)			(b) Description					
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Ground trans	ро	rtation			
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ght		Office held			
	expenditure to benefit C/OI	-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 82/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065			
4	Date 03/14/2023		Payee name Uber Trip							
6	Amount (\$)		·	; Zip Co	10					
Ŭ	\$12.90									
8	PURPOSE	(a)	Category (See Categories listed at the top of this set	(aluba	(b) Description					
	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (Office sou	Jht		Office held			
	Date		Payee name							
	03/14/2023		Uber Trip							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$10.39		1455 Market St.							
		;	#400							
			San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Travel Out of District	iedule)		, TX,	de of Texas. Complete Schedule T. , officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	jht		Office held			
	Date		Payee name							
	03/14/2023		Uber Trip							
	Amount (\$) \$3.00	;	Payee address; City; State 1455 Market St. #400 San Francisco, PA 94103	; Zip Co	de					
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (Office sou	jht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex	pense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FII	ER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 83/153 Rpt:		eave Criado, Victoria (The F	00080065						
4	Date 03/14/2023		yee name Der Trip							
6	Amount (\$)		•	Stato:	Zin Cor					
0	\$3.00	\$3.00 1455 Market St. #400								
		Sa	an Francisco, PA 94103							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ht		Office held		
	Date	Pa	yee name							
	03/15/2023	Uk	per Trip							
	Amount (\$)	Pa	yee address; City;	State;	Zip Co	le				
	\$15.79	14	55 Market St.							
		#4	.00							
		Sa	an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the f avel Out of District	top of this sch	edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pa	yee name							
	03/15/2023	Uk	ber Trip							
	Amount (\$) \$13.47	14 #4	yee address; City; 55 Market St. 00 an Francisco, PA 94103	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE	OF Travel Out of District								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	С	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe ittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 84/153 Rpt:		eave Criado, Victoria (The Ho	onorable	e)			00080065		
4	Date 03/15/2023		ayee name ber Trip							
6			•	Stato:	Zin Cor					
0	\$12.42	7 Payee address; City; State; Zip Code 12 1455 Market St. #400 San Francisco, PA 94103 San Francisco, PA 94103								
8	PURPOSE	(a) C	ategory (See Categories listed at the top	n of this sch	adula)	(b) Description				
	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office soug	ht		Office held		
	Date	Р	ayee name							
	03/15/2023	U	ber Trip							
	Amount (\$)	Р	ayee address; City;	State;	Zip Co	le				
	\$3.00	1	455 Market St.							
		#	400							
		S	an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ravel Out of District	p of this sche	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF						Office held			
	Date	Р	ayee name							
	03/16/2023	U	ber Trip							
	Amount (\$) \$12.40	1 #	ayee address; City; 455 Market St. 400 an Francisco, PA 94103	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 85/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065				
4	Date		Payee name								
	03/16/2023		Uber Trip								
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code \$3.00 1455 Market St. #400 San Francisco, PA 94103 San Francisco, PA 94103									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held				
	Date		Payee name								
	03/16/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$3.00		1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense tation				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ıht		Office held				
	Date		Payee name								
	03/18/2023		Uber Trip								
	Amount (\$) \$46.11		Payee address; City; State; 1455 Market St. #400 San Francisco, PA 94103	Zip Co	le						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 86/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065			
4	Date 03/18/2023		Payee name Uber Trip							
_			•							
6	Amount (\$) \$9.22									
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)			de of Texas. Complete Schedule T. officeholder living expense			
					Ground trans					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	jht		Office held			
	Date		Payee name							
	03/18/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T. officeholder living expense			
					Ground trans					
					-					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held			
	Date		Payee name							
	03/18/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District			, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)				
-	Sch: 87/153 Rpt:	2	Neave Criado, Victoria (The Honorable	e)			00080065				
4	Date	5	Payee name								
	03/20/2023		Uber Trip								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$10.00		1455 Market St.								
			#400								
			San Francisco, PA 94103								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District	,	Check if travel		ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					Ground trans	spoi	rtation				
_					1						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt		Office held				
	Date		Payee name								
	03/20/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
\$7.06 1455 Market St.											
			#400								
			San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense rtation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held				
	Date		Payee name								
	03/20/2023		Uber Trip								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$5.31		1455 Market St.								
			#400								
			San Francisco, PA 94103								
	PURPOSE	(a)			(b) Description						
	OF	(4)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	·	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin Ground trans		, officeholder living expense rtation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 88/153 Rpt:		Neave Criado, Victoria (The Honorable	00080065						
4	Date	5	Payee name							
	03/21/2023		Uber Trip							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$7.38		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Ground trans	spoi	rtation			
9	9 Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	03/22/2023		Uber Trip							
_	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$11.72 1455 Market St.									
	<i><i>4</i></i>1111		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
						1				
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	aht		Office held			
	expenditure to benefit C/OI	H								
_	Date		Payee name							
	03/22/2023		Uber Trip							
				Zin Co	do					
	Amount (\$) \$5.00			Zip Co	ue					
	φ5.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Ground trans	νμυ				
		Ľ	Condidate/Officeholder)ffico con	xh+		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	· · ·		· · · · · · · · · · · · · · · · · · ·	3	Filer ID (Ethics Commission Filers)			
-	Sch: 89/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065			
4	Date	5	Payee name							
	03/23/2023		Uber Trip							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$31.17		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this scl	nedule)	(b) Description					
	OF EXPENDITURE		Travel Out of District	,	Check if travel		ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Ground trans	spoi	rtation			
_				o."						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt		Office held			
	Date		Payee name							
	03/23/2023		Uber Trip							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
\$15.74 1455 Market St.										
			#400							
			San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	nedule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense rtation			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	03/23/2023		Uber Trip							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$15.72		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this scl	nedule)	(b) Description					
	OF		Travel Out of District	leuule)	·	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin Ground trans		, officeholder living expense rtation			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 90/153 Rpt:		Neave Criado, Victoria (The Honorable	00080065						
4	Date	5	Payee name							
	03/23/2023		Uber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Have out of District				, officeholder living expense			
					Ground trans	spoi	rtation			
9	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held									
	Date		Payee name							
	03/27/2023		Uber Trip							
_	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$12.54 1455 Market St.									
	\$1210 T		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
						1				
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	aht		Office held			
	expenditure to benefit C/OI				<u>, , , , , , , , , , , , , , , , , , , </u>					
_	Date	1								
	03/28/2023		Payee name Uber Trip							
				7:0 00						
	Amount (\$)			Zip Co	le					
	\$12.49		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Ground trans	νμυ				
	Complete ONUV 5 dive of	Ļ	Condidate/Office helder as me	fier cr	vh+		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 91/153 Rpt:		Neave Criado, Victoria (The Honorable	00080065						
4	Date	5	Payee name							
	03/28/2023		Uber Trip							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$8.65		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Ground trans	pol	rtation			
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held									
	Date		Payee name							
	03/29/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$16.43 1455 Market St.									
			#400							
			San Francisco, PA 94103							
_	PURPOSE	(0)			(b) Description					
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Tavel Out of District				, officeholder living expense			
					Ground trans	spoi	rtation			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	03/29/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$15.04		1455 Market St.	2.p 00						
	\$10.04		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	tht		Office held			
	expenditure to benefit C/OI				<u>, , , , , , , , , , , , , , , , , , , </u>					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Eve Fee Foo Gift nmittee Leg	ent Expense	Loan R Office (Polling nse Printing Salarie	epayme Dverhea Expens Expen S/Wage	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 92/153 Rpt:		, Victoria (The Ho	norable)				00080065	
4	Date 03/29/2023	Payee name Uber Trip							
6	Amount (\$) \$14.69	7 Payee address; City; State; Zip Code 69 1455 Market St. #400 San Francisco, PA 94103 San Francisco, PA 94103							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officel	nolder name	Office s	ought			Office he	eld
	Date	Payee name							
	03/29/2023	Uber Trip							
	Amount (\$)	Payee address;	City;	State; Zip (Code				
	\$5.00	1455 Market S #400 San Francisco							
	PURPOSE OF EXPENDITURE	Category _{(See C} Travel Out of I	Categories listed at the top District	of this schedule)	(b)		ı, TX,	de of Texas. Com officeholder living tation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officel	nolder name	Office s	ought			Office he	eld
	Date	Payee name							
	03/30/2023	Uber Trip							
	Amount (\$) \$17.29	Payee address; 1455 Market S #400 San Francisco		State; Zip (Code				
	PURPOSE OF EXPENDITURE	Category _{(See C} Travel Out of I	Categories listed at the top District	of this schedule)	(b)		I, TX,	de of Texas. Com officeholder living tation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officel	nolder name	Office s	ought			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 93/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065		
4	Date 03/30/2023		Payee name Uber Trip						
6			•	Zin Co	10				
U	\$11.50								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	03/30/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$10.21		1455 Market St.						
	#400								
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	jht		Office held		
	Date		Payee name						
	03/30/2023		Uber Trip						
	Amount (\$) \$3.00		Payee address; City; State; 1455 Market St. #400 San Francisco, PA 94103	Zip Co	de				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense 'tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 94/153 Rpt:	2	Neave Criado, Victoria (The Honorable)			00080065	
4	Date	5	Payee name					
	04/02/2023		Uber Trip					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$3.00		1455 Market St.					
			#400					
			San Francisco, PA 94103					
8	PURPOSE	(a)			(b) Description			
ľ	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Have out of District				, officeholder living expense	
					Ground trans	po	rtation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght		Office held	
	Date		Payee name					
	04/03/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$57.43		1455 Market St.					
	#400							
			San Francisco, PA 94103					
	DUDDOCE			T	(4)			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District				, officeholder living expense	
					Ground trans	po	rtation	
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght		Office held	
	expenditure to benefit C/OI	H						
	Date		Payee name					
	04/03/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$11.65		1455 Market St.	1				
			#400					
			San Francisco, PA 94103					
	BUBBOOF	(-)			(h) = 1 + 1			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District				, officeholder living expense	
					Ground trans			
	Complete ONLY if direct	L(Candidate/Officeholder name O	office sou	ght		Office held	
	expenditure to benefit C/OI				-			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
	Sch: 95/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065						
4	Date 04/04/2023	Payee name Uber Trip							
6	Amount (\$) \$14.05	 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/04/2023	Uber Trip							
	Amount (\$) \$10.52	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Portation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/04/2023	Uber Trip							
	Amount (\$) \$10.49	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense :portation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)	
-	Sch: 96/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065	
4	Date	5	Payee name					
	04/04/2023		Uber Trip					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$9.59		1455 Market St.					
			#400					
			San Francisco, PA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description			
-	OF		Travel Out of District	edule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin	, TX	officeholder living expense	
					Ground trans	ро	rtation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	04/04/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$7.69		1455 Market St.					
	#400							
			San Francisco, PA 94103					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, тх	de of Texas. Complete Schedule T. officeholder living expense rtation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held	
	Date		Payee name					
	04/05/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$12.96		1455 Market St.					
			#400					
			San Francisco, PA 94103					
_	PURPOSE	(a)			(b) Description			
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	·	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					, тх	officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 97/153 Rpt:	2	Neave Criado, Victoria (The Honorable)			00080065	
4	Date	5	Payee name					
	04/05/2023		Uber Trip					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$8.29		1455 Market St.					
			#400					
			San Francisco, PA 94103					
8	PURPOSE	(a)			(b) Description			
ľ	OF	(,	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin	, TX	officeholder living expense	
					Ground trans	ро	rtation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held	
	Date		Payee name					
	04/05/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$3.00		1455 Market St.					
	#400							
			San Francisco, PA 94103					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, тх	de of Texas. Complete Schedule T. officeholder living expense r tation	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held	
	Date		Payee name					
	04/06/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$12.36		1455 Market St.	•				
			#400					
			San Francisco, PA 94103					
	PURPOSE	(0)		<u> </u>	(b) Description			
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District			, тх	officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)	
-	Sch: 98/153 Rpt:	_	Neave Criado, Victoria (The Honorable)			00080065	
4	Date	5	Payee name					
	04/06/2023		Uber Trip					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$3.00		1455 Market St.					
			#400					
			San Francisco, PA 94103					
8	PURPOSE	(a)			(b) Description			
ľ	OF	(~)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense	
					Ground trans	pol	rtation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	04/07/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$33.95		1455 Market St.	•				
	#400							
			San Francisco, PA 94103					
_	PURPOSE	(0)	-		(b) Description			
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District				, officeholder living expense	
					Ground trans	spoi	rtation	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held	
	expenditure to benefit C/OF	4						
	Date		Payee name					
	04/07/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$12.45		1455 Market St.					
	+==::0		#400					
			San Francisco, PA 94103					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	ide of Toylog, Complete Celedule T	
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense	
					Ground trans			
						1		
-	Complete ONLY if direct	L	Candidate/Officeholder name C)ffice sou	nht		Office held	
	expenditure to benefit C/OF				y .		0	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense bense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 99/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065			
4	Date	5	Payee name							
	04/07/2023		Uber Trip							
6	Amount (\$) \$3.00	7	Payee address; City; State; Zip Code 1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T.			
							officeholder living expense			
					Ground trans	poi	rtation			
_					1					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held			
	Date		Payee name							
	04/10/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$11.45		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description					
	OF		Travel Out of District	suulo)	·	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE						officeholder living expense			
					Ground trans	роі	rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held			
	Date		Payee name							
	04/10/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$6.79		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description					
	OF	(,	Travel Out of District	edule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense			
					Ground trans	роі	rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Polling Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 100/153 Rpt:	leave Criado, Victoria (The Honorable)	00080065						
4	Date	Payee name							
	04/11/2023	Jber Trip							
6	Amount (\$) \$12.18	 7 Payee address; City; State; Zip Code 3 1455 Market St. #400 San Francisco, PA 94103 							
8	8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description 0F EXPENDITURE Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sou	ught Office held						
	Date	Payee name							
	04/11/2023	Jber Trip							
	Amount (\$)	Payee address; City; State; Zip Co	ode						
	\$3.00	455 Market St. 400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sou	ught Office held						
	Date	ayee name							
	04/12/2023	Jber Trip							
	Amount (\$) \$12.64	Payee address; City; State; Zip Co 455 Market St. 400 Gan Francisco, PA 94103	ode						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ravel Out of District	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name Office sou	ught Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 101/153 Rpt:		Neave Criado, Victoria (The Honorable))			00080065	
4	Date	5	Payee name					
	04/12/2023		Uber Trip					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$3.00		1455 Market St.					
			#400					
			San Francisco, PA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T.	
					Ground trans		officeholder living expense	
					Cround trans	poi		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	Jht		Office held	
	Date		Payee name					
	04/13/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$15.27		1455 Market St.					
			#400					
			San Francisco, PA 94103					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. , officeholder living expense r tation	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	yht		Office held	
	Date		Payee name					
	04/13/2023		Uber Trip					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$14.61		1455 Market St.					
			#400					
			San Francisco, PA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District			, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation	
	Complete ONLY if direct expenditure to benefit C/OF		candidate/Officeholder name O	office sou	yht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 102/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065						
4	Date 04/13/2023	5 Payee name Uber Trip							
6	Amount (\$) \$13.26	 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 							
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense Drtation						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/13/2023	Uber Trip							
	Amount (\$) \$7.49	Payee address; City; State; Zip Code 1455 Market St.							
		#400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense Drtation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/13/2023	Uber Trip							
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense Drtation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 103/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	04/13/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	aluba)	(b) Description				
	OF		Travel Out of District	cuule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE						officeholder living expense		
					Ground trans	ро	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held		
	Date		Payee name						
	04/14/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$37.58		1455 Market St.						
	#400								
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, тх	de of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held		
	Date		Payee name						
	04/14/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$19.81		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description				
	OF		Travel Out of District	edule)	·	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin Ground trans		, officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage B Gift/Awards/Men hittee Legal Services	Loan Office Expense Pollin norials Expense Printi	Repaymer Overheac g Expense ng Expens es/Wages	nt/Reimbursement I/Rental Expense e /Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	ILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 104/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065							
4	Date 04/14/2023	Payee name Uber Trip							
6			Stata: Zin	Codo					
0	Amount (\$) \$14.54	 7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nam	ne Office	sought			Office he	ld	
	Date	ayee name							
	04/14/2023	Iber Trip							
	Amount (\$)	ayee address; City;	State; Zip	Code					
	\$10.13	455 Market St.							
		400 San Francisco, PA 941	03						
	PURPOSE OF EXPENDITURE	ategory (See Categories liste ravel Out of District	ed at the top of this schedule)	(b)		, тх,	de of Texas. Comp officeholder living tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nam	ne Office	sought			Office he	ld	
	Date	ayee name							
	04/14/2023	Iber Trip							
	Amount (\$) \$3.00	ayee address; City; 455 Market St. 400 San Francisco, PA 941	State; Zip 03	Code					
	PURPOSE OF EXPENDITURE	Category (See Categories liste Travel Out of District	ed at the top of this schedule)	(b)		, тх,	de of Texas. Comp officeholder living tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nam	ne Office	sought			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Se Office Ov Se Polling Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 105/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065							
4	Date	ayee name							
	04/15/2023	ber Trip							
6	Amount (\$) \$19.46	 Payee address; City; State; Zip Code 1455 Market St. #400 							
		an Francisco, PA 94103							
	DUDDOCE								
8	PURPOSE OF EXPENDITURE	Travel Out of District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ıght	Office held				
	Date	ayee name							
	04/15/2023	ber Trip							
	Amount (\$)	ayee address; City;	State; Zip Co	ode					
	\$7.51	455 Market St.							
		400							
		an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at t ravel Out of District	he top of this schedule)		outside of Texas. Complete Schedule T. a, TX, officeholder living expense sportation				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ıght	Office held				
	Date	ayee name							
	04/15/2023	ber Trip							
	Amount (\$) \$5.31	ayee address; City; 455 Market St. 400 an Francisco, PA 94103	State; Zip Co	ode					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at t ravel Out of District	he top of this schedule)		outside of Texas. Complete Schedule T. h, TX, officeholder living expense sportation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ıght	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 106/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065
4	Date	5	Payee name				
	04/17/2023		Uber Trip				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$16.84		1455 Market St.				
			#400				
			San Francisco, PA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District	····,	Check if travel		ide of Texas. Complete Schedule T.
							, officeholder living expense
					Ground trans	spoi	rtation
_			See didate (Office helder norma				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Ju		Office held
	Date		Payee name				
	04/18/2023		Uber Trip				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$10.37		1455 Market St.				
			#400				
			San Francisco, PA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.
					Ground trans		, officeholder living expense
					Cround trans	pol	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht		Office held
	expenditure to benefit C/OF				<u>.</u>		
	Date		Payee name				
	04/18/2023		Uber Trip				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$7.49		1455 Market St.				
			#400				
			San Francisco, PA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District	,	Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					Ground trans	spoi	rtation
	Complete ONU V Staller et	Ĺ	Condidate/Office/selder.com		~h+		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · · ·						
	Sch: 107/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065		
4	Date	5	Payee name						
	04/18/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District	,			de of Texas. Complete Schedule T.		
							officeholder living expense		
					Ground trans	poi	rtation		
_	Complete ONIL V if direct		Candidate/Officeholder name O	ffing only	. ht		Office held		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officendider hame O	office sou	JIIL		Onice held		
	Date		Payee name						
	04/18/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)			de of Texas. Complete Schedule T. officeholder living expense		
					Ground trans	роі	rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ŋht		Office held		
	Date		Payee name						
	04/19/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$19.47		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District	,		outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE						officeholder living expense		
					Ground trans	роі	rtation		
	0								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin	Repayment/Reimbursement e Overhead/Rental Expense 1g Expense ries/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 108/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065							
4	Date 04/19/2023	Payee name Uber Trip							
6			Codo						
U	\$12.76	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
8	PURPOSE		(b) Description						
Ū	OF	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held					
	Date	ayee name							
	04/19/2023	lber Trip							
	Amount (\$)	ayee address; City; State; Zij	Code						
	\$3.00	455 Market St.							
		400							
		an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense sportation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held					
	Date	ayee name							
	04/20/2023	ber Trip							
	Amount (\$) \$12.18	ayee address; City; State; Zij 455 Market St. 400 an Francisco, PA 94103	Code						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Sportation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 109/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065							
4	Date 04/20/2023	5 Payee name Uber Trip							
6	Amount (\$) \$10.66	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/20/2023	Uber Trip							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3.00	1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/21/2023	Uber Trip							
	Amount (\$) \$16.38	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 110/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065							
4	Date 04/21/2023	5 Payee name Uber Trip							
6	Amount (\$) \$14.71	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/21/2023	Uber Trip							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$11.91	1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Portation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/21/2023	Uber Trip							
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Portation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymer erhead kpense xpens Xages	t/Reimbursement I/Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 111/153 Rpt:		Neave Criado, Victoria (The Honorable) 00080065							
4	Date		Payee name							
	04/21/2023	ιι	Jber Trip							
6	Amount (\$) \$3.00	1 #	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght			Office held		
	Date	F	Payee name							
	04/22/2023	ι	Jber Trip							
	Amount (\$)	F	Payee address; City; Sta	ate; Zip Co	ode					
	\$19.30	1	.455 Market St.							
			[#] 400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Travel Out of District	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght			Office held		
	Date	F	Payee name							
	04/24/2023		Jber Trip							
	Amount (\$) \$11.20	1 #	Payee address; City; Sta .455 Market St. 4400 San Francisco, PA 94103	ate; Zip Co	ode					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this ravel Out of District	schedule)	(b)		, тх,	de of Texas. Complete Schedule T. . officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)						
	Sch: 112/153 Rpt:	Neave Criado, Victoria (The Honorable)00080065							
4	Date 04/24/2023	5 Payee name Uber Trip							
6	Amount (\$) \$8.33	 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/24/2023	Uber Trip							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3.00	1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense Ortation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/24/2023	Uber Trip							
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense ortation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Loan Rep Office Ov Polling E: xpense Printing E	ayment/Reimbursement erhead/Rental Expense kpense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 113/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065							
4	Date 04/25/2023	Payee name Uber Trip							
6			State: Zin C						
0	Amount (\$) \$15.56	 7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ıght	Office held				
	Date	ayee name							
	04/25/2023	ber Trip							
	Amount (\$)	ayee address; City;	State; Zip Co	ode					
	\$5.70	455 Market St.							
		400 an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ravel Out of District	e top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense Portation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ight	Office held				
	Date	ayee name							
	04/25/2023	ber Trip							
	Amount (\$) \$3.00	ayee address; City; 455 Market St. 400 an Francisco, PA 94103	State; Zip Co	ode					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ravel Out of District	e top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense :portation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ight	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fee Foc Gift umittee Leg	ent Expense es od/Beverage Expense //Awards/Memorials Exp gal Services ee Instruction Guide	ense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 114/153 Rpt:	Neave Criado, Victoria (The Honorable)00080065							
4	Date 04/26/2023	Payee name							
		Uber Trip	0.1	<u></u>	7. 0				
6	Amount (\$) \$18.19	 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 							
8	PURPOSE	Category (See C	ategories listed at the to	on of this sched	tule)	b) Description			
	OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officer	nolder name	Off	fice soug	ht		Office he	eld
	Date	Payee name							
	04/26/2023	Uber Trip							
	Amount (\$)	Payee address;	City;	State;	Zip Coc	e			
	\$3.00	1455 Market S	St.						
		#400							
		San Francisco	, PA 94103						
	PURPOSE OF EXPENDITURE	Category _{(See C} Travel Out of I	ategories listed at the to District	op of this sched	dule)		n, TX,	de of Texas. Com , officeholder living rtation	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeh	nolder name	Off	fice soug	ht		Office he	eld
	Date	Payee name							
	04/27/2023	Uber Trip							
	Amount (\$) \$12.71	Payee address; 1455 Market S #400 San Francisco		State;	Zip Coo	e			
	PURPOSE OF EXPENDITURE	Category _{(See C} Travel Out of [Categories listed at the to District	pp of this sched	dule)		n, TX,	de of Texas. Com , officeholder living rtation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	nolder name	Off	fice soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Loan Repayment/Reimburs Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La now to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 115/153 Rpt:	Neave Criado, Victoria (The Honorable) 00080065							
4	Date 04/27/2023	Payee name Uber Trip							
6	Amount (\$)	· .	Zin Code						
U	\$11.35	 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 							
8	PURPOSE	ategory (See Categories listed at the tap of this set	(b) Descript	tion					
-	OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held					
	Date	ayee name							
	04/27/2023	ber Trip							
	Amount (\$)	ayee address; City; State;	Zip Code						
	\$3.00	455 Market St.							
		400							
		an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ravel Out of District	Check	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense d transportation					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held					
	Date	ayee name							
	04/28/2023	ber Trip							
	Amount (\$) \$10.48	ayee address; City; State; 455 Market St. 400 an Francisco, PA 94103	Zip Code						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ravel Out of District	Check	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense I transportation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 116/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065							
4	Date 04/28/2023	5 Payee name Uber Trip								
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code \$3.00 1455 Market St. #400 San Francisco, PA 94103								
8	itside of Texas. Complete Schedule T. TX, officeholder living expense ortation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/01/2023	Uber Trip								
	Amount (\$) \$8.93	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense Ortation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/02/2023	Uber Trip								
	Amount (\$) \$11.46	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. TX, officeholder living expense ortation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 117/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065			
4	Date	5	Payee name							
	05/02/2023		Uber Trip							
6	Amount (\$)	Amount (\$) 7 Payee address; City; State; Zip Code								
	\$8.33		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Ground trans	pol	rtation			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office held			
	Date		Payee name							
	05/02/2023		Uber Trip							
_	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.	•						
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description					
	OF		Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Ground trans	pol	rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office held			
_	Data	<u> </u>								
	Date 05/02/2023		Payee name Uber Trip							
				7. 0						
	Amount (\$)			Zip Co	de					
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	_				
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
	-						, officeholder living expense			
					Ground trans	νμυ				
		Ľ	Condidate/Officeholder	fieo con	xh+		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Comr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 118/153 Rpt:		Neave Criado, Victoria (The Ho	norable)			00080065		
4	Date		Payee name							
	05/03/2023		Jber Trip							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$14.73	_	L455 Market St.							
			[‡] 400							
			San Francisco, PA 94103							
8	PURPOSE	(a) (Category (See Categories listed at the top	of this sche	edule)	(b) Description				
	OF EXPENDITURE	٦	Fravel Out of District					de of Texas. Complete Schedule T. , officeholder living expense		
						Ground trans				
							,001			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								Office held		
	Date	F	Payee name							
	05/03/2023	ι	Jber Trip							
Amount (\$) Payee address; City; State; Zip Code										
	\$14.67	1	455 Market St.							
		#	[‡] 400							
		S	San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Fravel Out of District	of this sche	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office held		
	Date	F	Payee name							
	05/03/2023	ι	Jber Trip							
	Amount (\$)	F	Payee address; City;	State;	Zip Co	le				
	\$7.69	1	455 Market St.							
		ŧ	<i>‡</i> 400							
		5	San Francisco, PA 94103							
	PURPOSE	(a) (Category (See Categories listed at the top	of this sche	edule)	(b) Description				
	OF EXPENDITURE		Fravel Out of District			Check if travel	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 119/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065			
4	Date	5	Payee name							
	05/03/2023		Uber Trip							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Ground trans	pol	rtation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	05/04/2023		Uber Trip							
Amount (\$) Payee address; City; State; Zip Code										
	\$12.49		1455 Market St.	•						
			#400							
			San Francisco, PA 94103							
	BUBBOCE			I	(4)					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
					Ground trans	pol	rtation			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OF	H								
_	Date		Payee name							
	05/04/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$8.36		1455 Market St.	p 00						
	40.00		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	tht		Office held			
expenditure to benefit C/OH										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 120/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065			
4	Date 05/04/2023	5	Payee name Uber Trip							
6		7		Zin Co	de					
	6 Amount (\$) 7 Payee address; City; State; Zip Code \$3.00 1455 Market St.									
	φ0.00		#400							
			San Francisco, PA 94103							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
					Ground trans		, officeholder living expense rtation			
						φu				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Office held								
_	Data		Device we we							
	Date		Payee name							
	05/04/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
\$3.00 1455 Market St.										
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District	,	Check if travel	outs	ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Ground trans	ро	rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
_	Date		Payee name							
	05/05/2023		Uber Trip							
-	Amount (\$)			Zip Co	de					
	\$14.66		1455 Market St.	210 00	de					
	φ14.00									
			#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
					Ground trans		, officeholder living expense			
						טקי				
		Ļ	Condidate/Officeholder name	Office car	abt		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yrit		Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 121/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065							
4	Date 05/05/2023	5 Payee name Uber Trip								
6	Amount (\$) \$11.60	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 San Francisco, PA 94103								
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Travel Out of District Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Ground transportation										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/05/2023	Uber Trip								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3.00	1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/06/2023	Uber Trip								
	Amount (\$) \$14.07	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 122/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065							
4	Date 05/06/2023	5 Payee name Uber Trip								
6	Amount (\$) \$10.93	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Ground transportation Image: Check if Austin, TX, officeholder living expense Ground transportation										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/06/2023	Uber Trip								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3.00	1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/08/2023	Uber Trip								
	Amount (\$) \$8.41	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense ortation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 123/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065							
4	Date 05/08/2023									
6	Amount (\$) \$3.00									
8	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. n, TX, officeholder living expense sportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Office held								
	Date	Payee name								
	05/09/2023	Uber Trip								
	Amount (\$) \$8.66	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense sportation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/09/2023	Uber Trip								
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense sportation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 124/153 Rpt:		Neave Criado, Victoria (The Honorable	00080065						
4	Date 05/10/2023		Payee name Uber Trip							
6	Amount (\$) \$13.93	7 Payee address; City; State; Zip Code \$13.93 1455 Market St. #400 San Francisco, PA 94103 San Francisco, PA 94103								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description 							officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	05/10/2023		Uber Trip							
	Amount (\$) \$11.80	-	1455 Market St. #400	; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	San Francisco, PA 94103 Category (See Categories listed at the top of this sch Travel Out of District	iedule)		, TX,	de of Texas. Complete Schedule T. . officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name 0	Office sou	ght		Office held			
	Date		Payee name							
	05/10/2023		Uber Trip							
	Amount (\$) \$8.41	;	Payee address; City; State 1455 Market St. #400 San Francisco, PA 94103	; Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Travel Out of District	iedule)		, TX,	de of Texas. Complete Schedule T. . officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politie Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 125/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065			
4	Date	5	Payee name							
	05/10/2023		Uber Trip							
6	Amount (\$)	(\$) 7 Payee address; City; State; Zip Code								
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Ground trans	pol	rtation			
9	Office held									
	Date		Payee name							
	05/11/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$11.21		1455 Market St.	•						
			#400							
			San Francisco, PA 94103							
_	PURPOSE	(0)			(b) Description					
	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Tavel Out of District				, officeholder living expense			
					Ground trans	spoi	rtation			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	05/11/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.	1						
			#400							
			San Francisco, PA 94103							
	DUDDOOF	(-)			(h) = 1 + 1					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Ground trans					
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	ght		Office held			
expenditure to benefit C/OH										
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 126/153 Rpt:		eave Criado, Victoria (The H	00080065						
4	Date 05/11/2023		Payee name Uber Trip							
6	Amount (\$)		Payee address; City; State; Zip Code							
	\$19.82									
8	PURPOSE	(a) C	ategory (See Categories listed at the to	on of this sch	edule)	(b) Description				
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation							, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	Р	ayee name							
	05/12/2023	U	ber Trip							
	Amount (\$)	Р	ayee address; City;	State;	Zip Co	le				
	\$14.53	1	455 Market St.							
#400										
		S	an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to ravel Out of District	op of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	Р	ayee name							
	05/12/2023	U	ber Trip							
	Amount (\$) \$11.10	1 #	ayee address; City; 455 Market St. 400 an Francisco, PA 94103	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to ravel Out of District	op of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 127/153 Rpt:	N	00080065							
4	Date 05/12/2023	5 Pa								
6			per Trip	Ctoto	Zip Co					
o	Amount (\$) \$3.00									
8	PURPOSE	(a) C		<i></i>		(b) Description				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation						officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ht		Office held		
	Date	Pa	ayee name							
	05/12/2023	U	per Trip							
	Amount (\$)	Pa	ayee address; City;	State;	Zip Co	le				
	\$3.00	14	155 Market St.							
		100								
		Sa	an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to avel Out of District	op of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	Pa	ayee name							
	05/12/2023	U	ber Trip							
	Amount (\$) \$35.25	14 #4	ayee address; City; 155 Market St. 100 an Francisco, PA 94103	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to avel Out of District	op of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense mittee Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contra	l Expense ct Labor		Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not list		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Com	mission Filers)	
	Sch: 128/153 Rpt:		Neave Criado, Victoria (The Honorat	00080065						
4	Date 05/12/2023		^p ayee name Jber Trip							
6				to: Zin Co	do					
0	Amount (\$) \$4.00 \$4.00 7 Payee address; City; State; Zip Code 1455 Market St. #400									
			San Francisco, PA 94103							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if Austin, TX, officeholder living expense Ground transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	05/14/2023	1	Jber Trip							
	Amount (\$)		Payee address; City; Sta	te; Zip Co	de					
	\$54.73	:	1455 Market St.							
		Ŧ	#400							
		:	San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Travel Out of District	schedule)		neck if travel c	TX,	le of Texas. Complete Schedule T officeholder living expense tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	05/15/2023		Jber Trip							
	Amount (\$) \$26.12		Payee address; City; Sta 1455 Market St. #400 San Francisco, PA 94103	te; Zip Cc	ode					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Fravel Out of District	chedule)		neck if travel c	TX,	le of Texas. Complete Schedule 1 officeholder living expense tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gif nmittee Le	ent Expense	Loan Office Pollin nse Printir Salari	Repaym Overhe g Expen g Exper es/Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 129/153 Rpt:		, Victoria (The Ho	norable)				00080065		
4	Date 05/15/2023	Payee name Uber Trip								
6	Amount (\$) \$15.37	\$) 7 Payee address; City; State; Zip Code								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if Austin, TX, officeholder living expense Ground transportation Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office	sought	I		Office he	eld	
	Date	Payee name								
	05/15/2023	Uber Trip								
	Amount (\$)	Payee address;	City;	State; Zip	Code					
	\$13.73	1455 Market S #400 San Francisco								
	PURPOSE OF EXPENDITURE	Category _{(See C} Travel Out of	Categories listed at the top District	of this schedule)	(b)		n, TX,	de of Texas. Com officeholder living tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office	sought	I		Office he	eld	
	Date	Payee name								
	05/15/2023	Uber Trip								
	Amount (\$) \$10.44	Payee address; 1455 Market \$ #400 San Francisco	St.	State; Zip	Code					
	PURPOSE OF EXPENDITURE	Category _{(See C} Travel Out of	Categories listed at the top District	of this schedule)	(b)		n, TX,	de of Texas. Com officeholder living tation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Offices	sought			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ttee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 130/153 Rpt:		eave Criado, Victoria (The H	onorable)			00080065		
4	Date		ayee name							
	05/15/2023	U	ber Trip							
6	6 Amount (\$) \$9.13 7 Payee address; City; State; Zip Code 1455 Market St. #400									
			an Francisco, PA 94103							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation							, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office sou	ht		Office held		
	Date	Pa	ayee name							
	05/15/2023	U	ber Trip							
	Amount (\$)	Pa	ayee address; City;	State;	Zip Co	le				
	\$7.50	14	155 Market St.							
		#4	400							
		S	an Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to avel Out of District	p of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pa	ayee name							
	05/15/2023	U	ber Trip							
	Amount (\$) \$3.00	14 #4	ayee address; City; 155 Market St. 100 an Francisco, PA 94103	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to avel Out of District	p of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	e Expense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 131/153 Rpt:		Criado, Victoria (The	00080065						
4	Date 05/16/2023	Payee n Uber Tr								
6	Amount (\$) \$13.26	#400	ddress; City; arket St. ancisco, PA 94103	State;	Zip Coo	le				
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	0	office soug	ht		Office hel	d	
	Date	Payee n	ame							
	05/16/2023	Uber Tr	ip							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Coo	le				
	\$10.27	#400	arket St. ancisco, PA 94103							
	PURPOSE OF EXPENDITURE		 (See Categories listed at the Dut of District 	e top of this sche	edule)		n, TX	ide of Texas. Compl , officeholder living e rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	0	office soug	ht		Office hel	d	
	Date	Payee n	ame							
	05/16/2023	Uber Tr	ір							
	Amount (\$) \$10.15	#400	ddress; City; arket St. ancisco, PA 94103	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE		 (See Categories listed at the Dut of District 	e top of this sche	edule)		n, TX	ide of Texas. Compl , officeholder living e rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	0	office soug	ht		Office hel	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel in District Travel Out of District OTHER (enter a category not listed above		
1	Total pages Schedule F1:	FILER NAME					3	Filer ID (Ethics Commission	n Filers)	
	Sch: 132/153 Rpt:		lo, Victoria (The F	00080065						
4	Date 05/16/2023	Payee name Uber Trip								
6				Stato:	Zin Cor					
U	6 Amount (\$) \$5.06 7 Payee address; City; State; Zip Code 1455 Market St. #400									
		San Francis	co, PA 94103							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	0	office soug	ht		Office held		
	Date	Payee name								
	05/16/2023	Uber Trip								
	Amount (\$)	Payee addres	s; City;	State;	Zip Co	le				
	\$5.06	1455 Market	t St.							
		#400								
		San Francis	co, PA 94103							
	PURPOSE OF EXPENDITURE	Category _{(See} Travel Out o	e Categories listed at the f District	top of this sche	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	0	office soug	ht		Office held		
	Date	Payee name								
	05/16/2023	Uber Trip								
	Amount (\$) \$3.00	Payee addres 1455 Market #400 San Francise		State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE	Category _{(Sei} Travel Out o	e Categories listed at the f District	top of this sche	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	0	office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME	3	B Filer ID (Ethics Commission Filers)						
	Sch: 133/153 Rpt:	leave Criado, Victoria (The Honorable)		00080065						
4	Date 05/17/2023	ayee name Jber Trip								
6			de							
U	\$14.67									
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sou	ght	Office held						
	Date	Payee name								
	05/17/2023	Jber Trip								
	Amount (\$)	Payee address; City; State; Zip Co	de							
	\$7.48	455 Market St.								
		400								
		San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		itside of Texas. Complete Schedule T. IX, officeholder living expense ortation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sou	ght	Office held						
	Date	ayee name								
	05/17/2023	Jber Trip								
	Amount (\$) \$7.07	Payee address; City; State; Zip Co 455 Market St. 400 Gan Francisco, PA 94103	de							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Itside of Texas. Complete Schedule T. IX, officeholder living expense Ortation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sou	ght	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 134/153 Rpt:		riado, Victoria (The	Honorable)			00080065	
4	Date 05/18/2023	Payee nar Uber Trip							
6	Amount (\$) \$14.10	Payee add 1455 Mai #400 San Fran	-	State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE		(See Categories listed at th ut of District	e top of this sche	edule)		η, TX,	ide of Texas. Com , officeholder livinç rtation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	C	Office soug	ht		Office he	eld
	Date	Payee nar	ne						
	05/18/2023	Uber Trip	I						
	Amount (\$) \$13.75	Payee add 1455 Mai #400 San Fran		State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE		(See Categories listed at th ut of District	e top of this sche	edule)		η, TX,	ide of Texas. Com , officeholder living rtation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	C	Office sou	ht		Office he	eld
	Date	Payee nar	ne						
	05/18/2023	Uber Trip	I						
	Amount (\$) \$7.70	Payee add 1455 Mai #400 San Fran		State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE		(See Categories listed at th ut of District	e top of this sche	edule)		η, TX,	, officeholder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	C	Office sou	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 135/153 Rpt:		Neave Criado, Victoria (The Honorable	00080065						
4	Date 05/18/2023		Payee name Uber Trip							
6			•	Zin Co	10					
0	\$3.00	Amount (\$) 7 Payee address; City; State; Zip Code \$3.00 1455 Market St. #400 San Francisco, PA 94103								
8	PURPOSE	(a)			(b) Description					
Ū	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	05/19/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$10.50		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense rtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	yht		Office held			
	Date		Payee name							
	05/19/2023		Uber Trip							
	Amount (\$) \$11.52	:	Payee address; City; State; 1455 Market St. #400 San Francisco, PA 94103	Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense 'tation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, _ I Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
-	Sch: 136/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065			
4	Date 05/20/2023	5	Payee name Uber Trip							
_		· · · · · · · · · · · · · · · · · · ·								
6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$9.64		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Ground trans	shoi	lation			
_	Osmalata ONII X if dina at									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	gnt		Office held			
	Date		Payee name							
	05/20/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.							
			#400							
			San Francisco, PA 94103							
	DUDDOCE	(0)	-		(h) =					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Ground trans	spoi	rtation			
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ght		Office held			
	expenditure to benefit C/OI	H								
_	Date		Payee name							
	05/20/2023		Uber Trip							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$3.00		1455 Market St.	•						
			#400							
			San Francisco, PA 94103							
	DUDDOCT	(-)								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outei	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Ground trans					
-	Complete ONLY if direct	L(Candidate/Officeholder name O	Office sou	aht		Office held			
	expenditure to benefit C/OI				, ,					
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 137/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065			
4	Date 05/23/2023	5	Payee name Uber Trip							
_		-	·	7:0 00	d a					
6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$14.07		1455 Market St.							
			#400							
			San Francisco, PA 94103							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
					Ground trans		, officeholder living expense			
						φu				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Pavee name							
	05/23/2023		Uber Trip							
			-	Zip Co	do					
	Amount (\$) \$11.37		Payee address; City; State; 1455 Market St.	Zip Cu	ue					
	ΦII.37									
			#400							
			San Francisco, PA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
						μU				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht		Office held			
	expenditure to benefit C/OI				gin					
_	Date		Payee name							
	05/23/2023		Uber Trip							
	Amount (\$)			Zip Co	de					
	\$3.00		1455 Market St.	2.0 00						
	\$0.00		#400							
			San Francisco, PA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Ground trans					
						20				
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	aht		Office held			
	expenditure to benefit C/OI			-mec 300	9					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 138/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065						
4	Date 05/24/2023	5 Payee name Uber Trip							
6	Amount (\$) \$10.88	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/24/2023	Uber Trip							
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market St.							
	\$3.00	#400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/25/2023	Uber Trip							
	Amount (\$) \$14.01	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Supense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 139/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065							
4	Date 05/25/2023	Payee name Uber Trip								
6	Amount (\$) \$11.01	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/25/2023	Uber Trip								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3.00	1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense portation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/26/2023	Uber Trip								
	Amount (\$) \$10.88	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense portation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 140/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065				
4	Date 05/26/2023	Payee name Uber Trip					
6	Amount (\$) \$3.00	 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103 					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Portation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/27/2023	Uber Trip					
	Amount (\$) \$14.54	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103					
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense Portation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/27/2023	Uber Trip					
	Amount (\$) \$11.15	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Portation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 141/153 Rpt:		Neave Criado, Victoria (The Honorable)			00080065
4	Date	5	Payee name				
	05/27/2023		Uber Trip				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$3.00		1455 Market St.				
			#400				
			San Francisco, PA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District	ouulo)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					Ground trans	spoi	rtation
_					1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt		Office held
	Date		Payee name				
	05/28/2023		Uber Trip				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$19.73		1455 Market St.				
			#400				
			San Francisco, PA 94103				
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 				, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	05/28/2023		Uber Trip				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$15.41		1455 Market St.				
			#400				
			San Francisco, PA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District	,		outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin Ground trans		, officeholder living expense rtation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	n Repayment/Reimbursement ze Overhead/Rental Expense ing Expense trig Expense aries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 142/153 Rpt:	leave Criado, Victoria (The Honorable)		00080065			
4	Date 05/28/2023	ayee name Iber Trip					
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$13.47 1455 Market St. #400 San Francisco, PA 94103						
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	e sought	Office held			
	Date	ayee name					
	05/28/2023	lber Trip					
	Amount (\$)	ayee address; City; State; Z	Code				
	\$3.00	455 Market St. 400 an Francisco, PA 94103					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule ravel Out of District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Sportation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	e sought	Office held			
	Date	ayee name					
	05/29/2023	ber Trip					
	Amount (\$) \$25.89	ayee address; City; State; Z 455 Market St. 400 an Francisco, PA 94103	o Code				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule ravel Out of District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense sportation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	e sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 143/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065
4	Date	5	Payee name				
	05/29/2023		Uber Trip				
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de		
	\$16.17		1455 Market St.				
			#400				
			San Francisco, PA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District	ŗ			ide of Texas. Complete Schedule T.
							, officeholder living expense
					Ground trans	spoi	nalion
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	n.h.t		Office held
9	expenditure to benefit C/OF			Jille Sou	Jur		Onice neid
	Date		Payee name				
	05/29/2023		Uber Trip				
	Amount (\$)		Payee address; City; State;	; Zip Co	de		
	\$14.10		1455 Market St.				
			#400				
			San Francisco, PA 94103				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense rtation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
-	Date		Payee name				
	05/29/2023		Uber Trip				
	Amount (\$)		•	; Zip Co	de		
	\$10.26		1455 Market St.	,			
			#400				
			San Francisco, PA 94103				
	PURPOSE				(b) Description		
	OF		Category (See Categories listed at the top of this sch Travel Out of District	iedule)	Check if travel	, TX	ide of Texas. Complete Schedule T. , officeholder living expense
					Ground trans	νμυ	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)				
	Sch: 144/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065				
4	Date 05/30/2023	5 Payee name Uber Trip					
6	Amount (\$) \$11.90	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/30/2023	Uber Trip					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3.00	1455 Market St. #400 San Francisco, PA 94103					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/14/2023	Uber Trip					
	Amount (\$) \$80.21	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, PA 94103					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ortation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME	3	Filer ID (Ethics Commission Filers)			
	Sch: 145/153 Rpt:	leave Criado, Victoria (The Honorable)		00080065			
4	Date 06/14/2023	ayee name Jber Trip					
6			da				
0	6 Amount (\$) \$18.92 \$18.92 \$1455 Market St. #400 San Francisco, PA 94103						
8	PURPOSE	Category (See Categories listed at the tap of this schedule)	(b) Description				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sou	ght	Office held			
	Date	Payee name					
	06/14/2023	Jber Trip					
	Amount (\$)	ayee address; City; State; Zip Co	de				
	\$3.00	455 Market St.					
		400					
		San Francisco, PA 94103					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		side of Texas. Complete Schedule T. X, officeholder living expense Drtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sou	ght	Office held			
	Date	ayee name					
	06/14/2023	Jber Trip					
	Amount (\$) \$9.25	Payee address; City; State; Zip Co 455 Market St. 400 Gan Francisco, PA 94103	de				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		side of Texas. Complete Schedule T. X, officeholder living expense Drtation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sou	ght	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 146/153 Rpt:		Neave Criado, Victoria (The Honorable	e)			00080065		
4	Date	5	Payee name						
	06/15/2023		Uber Trip						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$19.14		1455 Market St.						
			#400						
			San Francisco, PA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description				
	OF		Travel Out of District	cuuic)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					Ground trans	pol	rtation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	06/15/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$12.57		1455 Market St.	•					
			#400						
			San Francisco, PA 94103						
	DUDDOCE	(-)			(1-)				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District				, officeholder living expense		
					Ground trans	spoi	rtation		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ught Office held				
	expenditure to benefit C/OI	H							
	Date		Payee name						
	06/15/2023		Uber Trip						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$3.00		1455 Market St.						
			#400						
			San Francisco, PA 94103						
	PURPOSE	(₂)			(b) Description				
	OF	(a)	Category (See Categories listed at the top of this sch Travel Out of District	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Traver Out of District				, officeholder living expense		
					Ground trans				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OI	H							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 147/153 Rpt:	eave Criado, Victoria (The Honor	able)		00080065			
4	Date 06/16/2023	5 Payee name Uber Trip						
6		•	Statas Zin Cada					
0	6 Amount (\$) \$28.47 \$28.47 \$28.47 \$28.47 \$28.47 \$400 \$28 Francisco, PA 94103							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	1	Office held			
	Date	ayee name						
	06/16/2023	ber Trip						
	Amount (\$)	ayee address; City; S	State; Zip Code					
	\$3.00	455 Market St.						
		400 an Francisco, PA 94103						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th ravel Out of District	nis schedule) (b		outside of Texas. Complete Schedule T. TX, officeholder living expense portation			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	1	Office held			
	Date	ayee name						
	06/22/2023	ber Trip						
	Amount (\$) \$6.86	ayee address; City; S 455 Market St. 400 an Francisco, PA 94103	State; Zip Code					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th ravel Out of District	his schedule) (b		outside of Texas. Complete Schedule T. TX, officeholder living expense portation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	:	Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 148/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065			
4	Date 06/27/2023	Payee name Uber Trip				
6 Amount (\$) 7 Payee address; City; State; Zip Code \$3.00 \$455 Market St. #400 San Francisco, PA 94103						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Ground transportation						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/16/2023	Uber				
	Amount (\$) \$10.66	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense nsportation			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/08/2023	Walmart Supercenter				
	Amount (\$) \$285.50	Payee address;City;State;Zip Code1030 Norwood Park Blvd				
		Austin, TX 78753				
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense upplies for Austin Capitol Office			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contra	I Expense act Labor		Travel in District Travel Out of Dis	quipment & Related Exp	
1	Total pages Schedule F1:	2		- chpiulie				3	Filer ID	(Ethics Commission) Filers)
	Sch: 149/153 Rpt:		Neave Criado, Victoria (The H	onorable	e)				00080065		I Fileis)
4	Date	5	Payee name								
	06/20/2023		Walmart								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$106.09		702 S.W. 8th St.								
			Bentonville, AK 72716								
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	edule)	(b) Desc	ription				
	OF		Food/Beverage Expense		ieuuic)			outsic	de of Texas. Comp	plete Schedule T.	
	EXPENDITURE						heck if Austin,	, тх,	officeholder living	expense	
						Sna	cks for Ca	apit	ol Office		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name								
	06/14/2023		Wendy's DFW Airport								
	Amount (\$)		Payee address; City;	State	; Zip Co	1e					
	\$16.11		2625 N International Pkwy	Olule,	, 20 00						
	Ψ10.11		-								
			Terminal E, Gate 34								
			Dallas, TX 75261								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	nedule)	(b) Desc	ription				
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Comp		
								, тх,	officeholder living	expense	
						Mea	l				
	Complete ONLY if direct		Candidate/Officeholder name		Office sou				Office he	Jd	
	expenditure to benefit C/Oł					Jiit			Onice ne	iu -	
-	Date	Γ	Payee name								
	02/11/2023		Westin Galleria								
	Amount (\$)		Payee address; City;	State	; Zip Co	1e					
	\$52.00		13340 Dallas Pkwy,	Olule,	, 20 00						
	ψ52.00		13540 Dallas I Kwy,								
			Dallas, TX 75240								
	PURPOSE	(a)	Category (See Categories listed at the to	on of this cab		(b) Desc	ription				
	OF	 ``	Event Expense		ieuuie)	· · ·	•	outsic	de of Texas. Comp	plete Schedule T.	
	EXPENDITURE						heck if Austin,	, тх,	officeholder living	expense	
						Dalla	as Bar As	soo	ciation Inaug	guration Gala ex	pense
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 150/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065				
4	Date 03/23/2023	Payee name Westin Hotel					
6	6 Amount (\$) \$8,976.58 7 Payee address; City; State; Zip Code 310 E 5th St Austin, TX 78701						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/19/2023	Westin Hotel					
	Amount (\$) \$4,961.11	Payee address; City; State; Zip Code 310 E 5th St Austin, TX 78701 Austin, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/25/2023	Westin Hotel					
	Amount (\$) \$7,228.64	Payee address;City;State; Zip Code310 E 5th St					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	•			2	Filer ID (Ethics Commission Filers)
1	Sch: 151/153 Rpt:	2	Neave Criado, Victoria (The Honorable))			00080065
4	Date	5	Payee name			<u> </u>	
-	05/15/2023	-	Whisk & Bowl				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$5.41		2400 Aviation Dr				
			Dallas, TX 75261				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	- dud - X	(b) Description		
Ĩ	OF		Food/Beverage Expense	eaule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	I, TX	, officeholder living expense
					Meal		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	Jht		Office held
	Date		Payee name				
	01/01/2023		ZOOM				
_	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$15.98		55 Almaden Blvd				
	\$10.00		Suite 600				
			San Jose, CA 97113				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Virtual meeti		- ·
						3	
	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	ıht		Office held
	expenditure to benefit C/OI	Η		· · · · ·			
_	Date		Payee name				
	02/01/2023		ZOOM				
				Zip Co	10		
	Amount (\$) \$15.98		Payee address; City; State; 55 Almaden Blvd	Zip Cu	Je		
	\$13.90						
			Suite 600				
			San Jose, CA 97113				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.
					Virtual meeti		, officeholder living expense
					virtual meetii	iy :	Subscription
		Ļ	Condidate/Officeholder	fieo com	.bt		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ji it		Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 152/153 Rpt:	Neave Criado, Victoria (The Honorable)	00080065				
4	Date	Payee name					
	03/01/2023	ZOOM					
6	Amount (\$) \$15.98	7 Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600					
		San Jose, CA 97113					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription 					
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	04/01/2023	ZOOM					
	Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600					
		San Jose, CA 97113					
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Virtual meeting subscription		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held							
	Date	Payee name					
	05/01/2023	ZOOM					
	Amount (\$) Payee address; City; State; Zip Code \$17.05 55 Almaden Blvd Suite 600 San Jose, CA 97113						
	PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense meeting subscription				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held						

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)			
Sch: 153/153 Rpt:	Neave Criado, Victoria (The Honorable)		00080065			
4 Date	5 Payee name	•				
06/01/2023	ZOOM					
6 Amount (\$) \$17.05	7 Payee address; City; State; Zip 55 Almaden Blvd Suite 600 San Jose, CA 97113	Ocode				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ide of Texas. Complete Schedule T. , officeholder living expense SUDSCription			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		sought	Office held			
Date	Payee name					
05/29/2023	milk + honey					
Amount (\$)	Payee address; City; State; Zip	Code				
\$250.00	100A Guadalupe St Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		ide of Texas. Complete Schedule T. , officeholder living expense or MALC ED			
Complete ONLY if direct expenditure to benefit C/OF		sought	Office held			