CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	this form.	Filer ID (Ethics Commis	sion Filers)	2 Total page	s filed: 55
3 CANDIDATE /	MS / MRS / MR FIF	RST		MI	OFFIC	E USE ONLY
OFFICEHOLDER NAME	The Honorable Vid	ctoria			Date Received	ICALLY FILED
					07/15/2024	TO ALL I I ILLD
		ST eave Criado		SUFFIX	07/15/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	JITE#; CITY;		ZIP COD	E Date Hand-deliver	ed or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 472773				Receipt #	Amount
Change of Address	Garland, TX 75047				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME		RST stina N.		MI	•	
TW WIL						
	NICKNAME LAS	ST	•••••	SUFFIX		
	Kristi Ka:	stl				
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	A DI EVCE).	ΛD7	/ SUITE #; CI	TY;	STATE; ZIP CODE
TREASURER ADDRESS	4144 N. Central Expy., Ste. 10		Æl* I	730IIL#, CI		STATE, ZIF CODE
(Residence or Business)	Dallas, TX 75204					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (214) 937-4424	UMBER EX	TENSION			
8 REPORT TYPE	January 15	30th day before e	lection	Runoff		r campaign treasurer (officeholder only)
	X July 15	8th day before ele	ection	Exceeded modified reporting limit	Final Report	(Attach C/OH-FR)
9 PERIOD	Month Day Year			Month D	ay Year	
COVERED	02/25/2024	THR	ROUGH	06/30/	2024	
10 ELECTION	ELECTION DATE			ELECTION TYPE	Ξ	
	Month Day Year	Prin	nary	Runoff	Other	
		Ger	neral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUC	GHT (if known)	
	State Representative District 1	107			,	
	1			I		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 55

13 C / OH NAME	Neave Criado, Victor	a (The Honorable)		14 Filer ID 00080065	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions acce These expenditures may I I officeholders are required	have been made without t	he candidate's or off	iceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
Ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGI	N TREASURER NAME			
		COMMITTEE CAMPAIGI	N TREASURER ADDRES	SS		
					1	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRI ES OF LOANS, OR CONT			\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR G	UARANTEES OF LOANS	5)	\$	40,802.00
EXPENDITURE TOTALS						0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	123,178.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MA RIOD	INTAINED AS OF THE LA	AST DAY OF THE	\$	16,451.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OU' TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true a	ar, or affirm, under penalty nd correct and includes al Title 15, Election Code.			
			- L. H	L. N.C. do de Alexandr	O to do	
				ole Victoria Neave Candidate or Officeh		
AFFIX NO	TADV STAMB / SEAL AB	OVE	Signature of	Canadate of Officer	loidei	
	TARY STAMP / SEAL AB					
	cribed before me, by the s			, this the		day
of	, 20, to c	ermy which, withess my ha	ind and Sear of Office.			
Signature of office	cer administering	Printed name of office	cer administering	Title of office	cer administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVLN	3 of 55
-	ER NAM		19 Filer ID	(Ethics	Commission Filers)
		iado, Victoria (The Honorable)	00080065		
		E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	40,802.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		\$			
5.	X	\$	123,178.01		
6.		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
12.	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	608.63

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/55	
2	FILER NAME Neave Criad	o, Victoria (The Honorable)			3	Filer ID (Ethics Commission 00080065	ion Filers)
4	Date 02/28/2024	5 Full name of contributor [Abbott, Ben6 Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)	7	Amount of Contribution (\$)	\$25,000.00
		Garland, TX 75041					
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Ben Abbott & Associates		Amount of Contribution (th)	
	Date 02/28/2024	Full name of contributor [Baez, Salomon Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Dallas, TX 75217		Franksian (Caa Instructions	_		
	Mechanic	pation / Job title (See Instructions)		Employer (See Instructions Employer	•)		
	Date 03/04/2024	Full name of contributor Baez, Salomon Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
		Dallas, TX 75217					
	Principal occu Mechanic	pation / Job title (See Instructions)		Employer (See Instructions Employer	i)		
	Date 02/27/2024	Full name of contributor Chavis, Terrence Contributor address; City; Sta Dallas, TX 75218	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) It Consultant		Employer (See Instructions Oliver Wyman	<u>(</u>		
	Date 02/28/2024	Full name of contributor [Chenault, Ronnie Contributor address; City; Sta Mesquite, TX 75150	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	()		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/55	
2	FILER NAME Neave Criad	o, Victoria (The Honorable)			3	Filer ID (Ethics Commission 00080065	on Filers)
4	Date 02/26/2024	Corey, George	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Washington, DC 20015					
8	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions CGS Financial Services		С	
	Date 02/26/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)		Employer (See Instructions)		
	Partner Jackson Lewis, LLP		,				
	Date Full name of contributor out-of-state PAC (ID#:) DeAces-Martinez, Beatrice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00		
		Highland Park, TX 75205					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/26/2024 Espinoza, Diego Contributor address; City; State; Zip Code Glendale, AZ 85307			Amount of Contribution (\$)	\$50.00		
	Principal occu Representati	pation / Job title (See Instructions) ve		Employer (See Instructions SPR)		
	Date 02/25/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Fuentes Construction)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/55	
2	FILER NAME Neave Criad	o, Victoria (The Honorable)			3	Filer ID (Ethics Commission 00080065	n Filers)
4	Date 02/29/2024	5 Full name of contributorGerhard, Earl6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Chemical En		9	Employer (See Instructions Kelly Services	S)		
	Date 03/04/2024	Full name of contributor Gomez, Jorge Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occupation / Job title (See Instructions) Professor Employer (See Instructions) El Paso Community Coll				e		
	Date 02/28/2024	Full name of contributor Greenidge, Jeanie Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75218 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u>s)</u>		
	Not Employe	,		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:) 02/28/2024 Host, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00	
	Principal occu Teacher	Dallas, TX 75218 pation / Job title (See Instructions)		Employer (See Instructions Jesuit Dallas	<u> </u> S)		
	Date 02/28/2024	Full name of contributor Jones, Bryan Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/55	
2	FILER NAME	a Mistoria (The Hamerahla)			3	Filer ID (Ethics Commission	n Filers)
_		o, Victoria (The Honorable)			L	00080065	
4	Date 02/27/2024	5 Full name of contributor Kumar, Pravin6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Dallas, TX 75209-4815 pation / Job title (See Instructions) la	Employer (See Instructions	(3)		
Ü	Attorney	pation / oob tile (oce moliacions	,	Kirkland & Ellis LLP	,		
	Date 02/27/2024	Full name of contributor Lesly, Susan Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Dringing con	Yuma, AZ 85364 pation / Job title (See Instructions	`	Employer (See Instructions	<u>'</u>		
	Not Employe		,	Employer (See Instructions Not Employed	>)		
			_	Amount of Contribution (\$)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/27/2024 Martinez, Sarah Contributor address; City; State; Zip Code		-	Amount of Contribution (4)	\$100.00		
		Dallas, TX 75227					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney			Law office of Sara Martí	íne	z PC	
	Date 03/01/2024	Full name of contributor Mata, Albert Contributor address; City; St Dallas, TX 75208	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions CG Infinity	5)		
	Date 02/26/2024	Full name of contributor McCarty, Peggy Contributor address; City; St Garland, TX 75041	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Substitute Te	pation / Job title (See Instructions eacher)	Employer (See Instructions Garland ISD	s)		
			·				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/55	
2	FILER NAME Neave Criad	o, Victoria (The Honorable)			3	Filer ID (Ethics Commission 00080065	on Filers)
4	Date 02/29/2024	5 Full name of contributor Morris, Joe6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Canyon Lake, TX 78133 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ü	Not Employe		Ů	Not Employed	,,		
	Date 02/25/2024	Full name of contributor Ocanas, Gilberto Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78258					
	Principal occu Public Affairs	pation / Job title (See Instructions) s Strategist		Employer (See Instructions Ocanas Group	s)		
	Date 02/27/2024	Full name of contributor Rochelle Garza for Texas Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Brownsville , TX 78523 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 03/11/2024	Full name of contributor Rojas, Barbara Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$6.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 03/14/2024	Full name of contributor Rojas, Fernando Contributor address; City; Sta Mesquite, TX 75150	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$6.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/55	
2	FILER NAME Neave Criad	o, Victoria (The Honorable)			3	Filer ID (Ethics Commission 00080065	n Filers)
4	Date 02/28/2024	5 Full name of contributor Ross, Elizabeth6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$20.00
8		Mesquite, TX 75150 pation / Job title (See Instructions)	9	Employer (See Instructions Central market	<u> </u> s)		
	Date 02/28/2024	Full name of contributor Shaw, Shauna Contributor address; City; Sta				Amount of Contribution (\$)	\$10.00
	Principal occupation / Job title (See Instructions) Retired Teacher Employer (See Instructions) Retired		<u>I</u> S)				
	Date 03/04/2024	Full name of contributor Shipp, Bill Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$25.00
		Marana, AZ 85658 pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> s)		
	Not Employed Date Full name of contributor out-of-state PAC (ID#:) 02/26/2024 Sierra, Lorenzo Contributor address; City; State; Zip Code Avondale, TX 85323			Amount of Contribution (\$)	\$100.00		
	Principal occu Marketing	pation / Job title (See Instructions)).	Employer (See Instructions LoSierra Consulting	5)		
	Date 02/26/2024	Full name of contributor Sierra , Lorenzo Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Marketing	pation / Job title (See Instructions)		Employer (See Instructions LoSierra Consulting	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/55	
2	FILER NAME Neave Criad	lo, Victoria (The Honorable)		3	Filer ID (Ethics Commissi 00080065	on Filers)
4	Date 02/27/2024	5 Full name of contributor out-of-state PAC (ID#:_ Suprun, Stephen 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75230				
8	Adjunct	pation / Job title (See Instructions)	9 Employer (See Instructions) Dallas College)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson-Frenk, Mary Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75219				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Thompson Fine Arts)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/27/2024 Vargas, Diana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Mesquite, TX 75181				
	Principal occu Optician	pation / Job title (See Instructions)	Employer (See Instructions LensCrafters)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_ Vaughn, Mara Contributor address; City; State; Zip Code Grapevine, TX 76051)		Amount of Contribution (\$)	\$100.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions UNT Dallas)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Working Families Party Contributor address; City; State; Zip Code Brooklyn, NY 11201)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/44 Rpt: 11/55	Neave Cria	ado, Victoria (The I	Honorable))			00080065		
4	Date	5 Payee name	e							
	03/05/2024	3Eleven K	itchen							
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Cod	e				
	\$40.42	311 N Mar	ket St							
		#100								
		Dallas, TX	75202							
8	PURPOSE	(a) Category (See Categories listed at the	top of this schee	dule) (b) Description				
	OF EXPENDITURE		erage Expense						plete Schedule T.	
						Meal for volu		officeholder living ers	expense	
								- -		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Of	ffice soug	ht		Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	03/05/2024	3Eleven Ki								
	Amount (\$)	Payee addr		State;	Zip Cod	е				
	\$1,224.26	311 N Mar	ket St							
		#100								
		Dallas, TX	75202							
	PURPOSE OF		See Categories listed at the	top of this sched	dule)	b) Description	outo:	to of Toyon Com	plata Sahadula T	
	EXPENDITURE	Food/Beve	erage Expense			<u> </u>		officeholder living	plete Schedule T. I expense	
						Meal for volu				
L										
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office he	eld	
	Date	Payee name	 e							
	02/26/2024	7-ELEVEN	I							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	е				
	\$100.00	1717 North	nwest HWY							
L		Garland, T	X 75041							
	PURPOSE OF		See Categories listed at the	top of this sched	dule)	b) Description				
	EXPENDITURE	Travel In D	District			ш		de of Texas. Com officeholder living	plete Schedule T.	
						Fuel for cam				
						'	-			
	Complete ONLY if direct		ficeholder name	Of	ffice soug	ht		Office he	eld	
L	expenditure to benefit C/O	H								
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nplete tl	his form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 2/44 Rpt: 12/55	Neave Criado, Victoria (The Honorable)		00080065	
4	Date	5 Payee name		•	
	03/08/2024	7-ELEVEN			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de		
	\$23.11	18210 I-35			
		Buda, TX 78610			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De:	scription	
	OF	Travel Out of District		Check if travel outside of Texas. Comple	ete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living e	expense
			Fu	el for campaign volunteer	
L					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ght	Office held	d
	·				
	Date	Payee name			
	03/17/2024	ActBlue Technical Services			
	Amount (\$)	Payee address; City; State; Zip Coc	de		
	\$0.48	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	. (************************************	(b) De	scription	
	OF EXPENDITURE	Fees	닏	Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living e	
				rvice Fee	expense
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held	d
	expenditure to benefit C/OI	1			
	Date	Payee name			
	03/05/2024	ActBlue Technical Services			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$7.71	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE		(b) De:	scription	
	OF	Fees		Check if travel outside of Texas. Comple	ete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living e	expense
			Se	rvice Fee	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ght	Office held	d
	Superiord to belieff 0/01	•			
-	rme provided by Tayas E	thice Commission www.athice state ty us	_	V	(arcian \// 1 0 d279aha0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/44 Rpt: 13/55	2 FILER NAME Neave Criado, Victoria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080065
4	Date 03/03/2024	5 Payee name ActBlue Technical Services
6	Amount (\$) \$161.80	7 Payee address; City; State; Zip Code 366 Summer Street
Ļ		Somerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/25/2024	Payee name ActBlue Technical Services
	Amount (\$) \$207.43	Payee address; City; State; Zip Code 366 Summer Street
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/11/2024	Payee name Adan Cedillo Photography
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 817 Hill St
		Grand Prairie, TX 75050
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Photography
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 4/44 Rpt: 14/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	02/26/2024	Alfaro, Honesty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.00	333 E Greenbrair Ln
		Apt 1406
		Dallas, TX 75203
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign canvassing
		Campaign canvassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/05/2024	Alfaro, Honesty
	Amount (\$)	Payee address; City; State; Zip Code
	\$470.00	333 E Greenbrair Ln
		Apt 1406
		Dallas, TX 75203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Campaign canvassing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/23/2024	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.39	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Supplies for office
		Supplies for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 5/44 Rpt: 15/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/21/2024	American Airlines
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1 Skyview Dr
		Fort Worth, TX 76155
8	PURPOSE OF	(a) 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 Agent fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.01	1 Skyview Dr
		Fort Worth, TX 76155
	PURPOSE 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.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Baggage fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1 Skyview Dr
		Fort Worth, TX 76155
	PURPOSE OF	(a) 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
		Baggage fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/44 Rpt: 16/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	05/03/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$647.20	1 Skyview Dr
		Fort Worth, TX 76155
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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare to White House Cinco de Mayo event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	- CAPONIARCHO LO DONORIO GAOL	•
	Date	Payee name
	05/06/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1 Skyview Dr
l		
l		Fort Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Baggage fee
		Daggage lee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	06/20/2024	American Airlines
⊢	Amount (\$)	
	\$35.00	Payee address; City; State; Zip Code 1 Skyview Dr
	Ψ33.00	1 Skyview Di
l		Fort Worth, TX 76155
	DUDDOOF	
l	PURPOSE 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.
l	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Baggage fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waces/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 7/44 Rpt: 17/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/22/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1 Skyview Dr
		Fort Worth, TX 76155
8	PURPOSE OF	(a) 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 Baggage fee
		Buggage ice
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1 Skyview Dr
		Fort Worth, TX 76155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Baggage fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/18/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1 Skyview Dr
		Fort Worth, TX 76155
	PURPOSE OF	(a) 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
		Baggage fee
		85-85
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/44 Rpt: 18/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	02/26/2024	Andablo, Yanet
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$110.00	3801 Wilder St
		Dallas, TX 75215
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign canvassing
		Campaign canvassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
l	03/05/2024	Andablo, Yanet
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$570.00	3801 Wilder St
	Ψ370.00	3001 Wilder St
l		Dallas, TX 75215
┡	DUDDOCE	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign canvassing
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
l	Date	Payee name
	02/26/2024	Arriaga, Edvin
	Amount (\$)	Payee address; City; State; Zip Code
l	\$520.00	1114 Lonsdale Ave
l		Dallas, TX 75217
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Campaign canvassing
		Gampaign Gamassing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Travel in Di Travel Out (

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 9/44 Rpt: 19/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/05/2024	Arriaga, Edvin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$660.00	1114 Lonsdale Ave
		Dallas, TX 75217
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign canvassing
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/61	<u> </u>
	Date	Payee name
	02/26/2024	Arron, Alejandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	4705 Tremont St
		Apt D
		Dallas, TX 75246
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign canvassing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/05/2024	Arron, Alejandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	4705 Tremont St
		Apt D
		Dallas, TX 75246
	PURPOSE	I a .
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign canvassing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

t/Reimbursement

(Rental Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/44 Rpt: 20/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/24/2024	Atlanta Airport
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.92	6000 N Terminal Pkwy
		Suite 4000
		Atlanta, GA 30320
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Meal
		Medi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	06/18/2024	BELLAGIO-SPAGO
	Amount (\$)	Payee address; City; State; Zip Code
	\$570.35	3600 S Las Vegas Blvd, Las Vegas, NV
	ψο το .σσ	ooo o cas vegas siva, cas vegas, ivv
		Las Vegas, NV 89109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/05/2024	BUC-EE'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.73	4155 N General Bruce Dr
		Temple, TX 76501
	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 Fuel for campaign volunteer
		i del loi campaign voidneer
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3		Filer ID	(Ethics Commission Filers)
	Sch: 11/44 Rpt: 21/55	Neave Criado, Victoria (The Honorable)				00080065	
4	Date	5 Payee name		•			
	03/04/2024	Bank of America					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$28.40	P.O. Box 15284					
		Wilmington, DE 19850					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking		Check if travel outs Check if Austin, TX			
				Bank fees	^, '	onicendider living	елрепое
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1					
Т	Date	Payee name					
	04/01/2024	Bank of America					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$27.51	P.O. Box 15284					
		Wilmington, DE 19850					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking		Check if travel out:			
	ZAI ZAISTONZ			Check if Austin, TX Bank fees	Χ,	officeholder living	expense
				Dank lees			
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	l aht			Office he	eld
	expenditure to benefit C/OI		·9			0000	
_	Date	Payee name					
	05/02/2024	Bank of America					
	Amount (\$)	Payee address; City; State; Zip Co	nde				
	\$27.50	P.O. Box 15284					
		Wilmington, DE 19850					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	Accounting/Banking	(~)	Check if travel outs	sid	le of Texas. Comp	plete Schedule T.
	EXPENDITURE	5 5		Check if Austin, T	Χ,	officeholder living	expense
				Bank fees			
	Operation ONE VIII II	Open lister (Office healthough				Ot ;	1-1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt			Office he	ela
	•						

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made Ry - Giff/Awards/Memor

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		-
1	Total pages Schedule F1:		
	Sch: 12/44 Rpt: 22/55	, , ,	
4	Date	5 Payee name	
L	06/03/2024	Bank of America	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.50	P.O. Box 15284	
		Wilmington, DE 19850	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Bank fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	=
	02/26/2024	Bank of America	
-	Amount (\$)	Payee address; City; State; Zip Code	\dashv
	\$5.00	P.O. Box 15284	
	φυ.00	1.0. DUX 10204	
		NEL CONTROL DE 400E0	
		Wilmington, DE 19850	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Wire Transfer Fee	
		while transier rec	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
	expenditure to benefit C/OI		ļ
L		<u> </u>	=
	Date	Payee name	
	02/29/2024	Bank of America	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	P.O. Box 15284	
		Wilmington, DE 19850	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	٦
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Wire Transfer Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorare to belieff C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/44 Rpt: 23/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/11/2024	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	P.O. Box 15284
		Wilmington, DE 19850
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Wire Transfer Fee
_	Operation ONLY if allowed	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	03/01/2024	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	P.O. Box 15284
		Wilmington, DE 19850
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wire Transfer Fee
		wile mansier rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/05/2024	Payee name Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	P.O. Box 15284
		Wilmington, DE 19850
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wire Transfer Fee
		wile transier i ee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

Repayment/Reimbursement

1 Overhead/Rental Expense

1 Expense

1 Expense

1 Expense

1 Expense

1 Expense

2 Expense

3 Expense

4 Expense

5 Colicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/44 Rpt: 24/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	06/28/2024	Burger King
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.13	4815 W Flamingo Rd
		Las Vegas, NV 89103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal
		Wicti
Ļ	Complete ONII V if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
	04/21/2024	CEFCO
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.78	1600 I-35
		Belton, TX 76513
	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 Fuel for travel to Austin
		Tuch for travel to Austin
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·
L	·	
	Date	Payee name
	06/27/2024	Caesars Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.09	3570 S Las Vegas Blvd
		Paradise, NV 89109
	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
		Water at LULAC National Conference
L	Complete CALLY''	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 15/44 Rpt: 25/55	Neave Criado, Victoria (The Honorable)	00080065		
4	Date	5 Payee name			
	03/05/2024	Campos, Monica			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$260.00	3107 Community Dr			
		Dallas, TX 75220			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.		
		Campaign ca	n, TX, officeholder living expense		
		Campaign Ca	arivassing		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
ľ	expenditure to benefit C/O		Office field		
_	Date	Payee name			
	05/05/2024	Cowboys Club DFW Airport			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.55	Five Cowboys Way #200, Frisco, TX			
	Ψ13.33	1 We Gowboys Way #200,1 11360, 17			
		Ericco TV 75024			
		Frisco, TX 75034			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Travel Out of District	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Traver out or district	n, TX, officeholder living expense		
		Meal			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O				
	Date	Payee name			
	03/07/2024	Cuquita's Restaurant			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$70.48	1957 Northwest Hwy			
		Garland, TX 75041			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.		
	LAFENDITORE	H H .	n, TX, officeholder living expense		
		Meal			
	Complete ONL V if direct	Condidate/Officeholder name Office cought	Office hold		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 16/44 Rpt: 26/55	2 FILER NAME Neave Criado, Victoria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080065
4	Date 03/09/2024	5 Payee name Cuquita's Restaurant
6	Amount (\$) \$72.40	7 Payee address; City; State; Zip Code 1957 Northwest Hwy
		Garland, TX 75041
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/05/2024	Payee name Dallas Fort Worth International Airport
	Amount (\$) \$22.07	Payee address; City; State; Zip Code 2400 Aviation Dr, Dallas, TX
		Dallas, TX 75261
	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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/06/2024	Payee name Domino's Pizza
	Amount (\$) \$61.00	Payee address; City; State; Zip Code 9185 Bruton Rd, Dallas, TX
		Dallas, TX 75227
	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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 17/44 Rpt: 27/55	FILER NAME Neave Criado, Victoria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080065
4	Date 02/26/2024	Payee name Edwards and Patterson Signs	
6	Amount (\$) \$1,368.87	7 Payee address; City; State; Zip Code 203 S Beltline Rd Irving, TX 75069	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Yard sign decals
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/07/2024	Payee name Edwards and Patterson Signs	
	Amount (\$) \$1,840.25	Payee address; City; State; Zip Code 203 S Beltline Rd	
	PURPOSE OF EXPENDITURE	Irving, TX 75069 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Yard sign decals
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/18/2024	Payee name Einstein Bros. Bagels	
	Amount (\$) \$20.85	Payee address; City; State; Zip Code 2040 International Pkwy A11	
		Dallas, TX 75261	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	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	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 18/44 Rpt: 28/55	Neave Criado, Victoria (The Honorable)	00080065	
4	Date	5 Payee name		
	02/27/2024	FedEx OfficeMax		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$229.79	2415 N Haskell Ave.		
		Dallas, TX 75204		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.	
	EXI ENDITORE		n, TX, officeholder living expense	
		Sponsor boa	id for event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI		Office Held	
_	Date	David and the second se		
	03/11/2024	Payee name Four Rivers. LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$5,000.00	2101 Autumn Trail		
		0.1.1.77.75040		
		Garland, TX 75040		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autaida of Tayan Campleta Cabadula T	
	EXPENDITURE	Consuming Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
			sulting Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/06/2024	Gator Stop 3		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$34.54	16075 I 35 N Frontage Rd		
		Elm Mott, TX 76640		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE		outside of Texas. Complete Schedule T.	
	EXI ENDITORE		n, TX, officeholder living expense	
		ruei ioi caiii	paign volunteer	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	Office field	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

nse Travel in District ense Travel Out of Dis ges/Contract Labor OTHER (enter a

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/44 Rpt: 29/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/05/2024	Harrison, Michaela
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$540.00	2602 Andover Ln
		Mansfield, TX 76084
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign canvassing
		Campaig. Canvassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/17/2024	Hootsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,266.40	5 East 8th Ave
	+ =,=00.10	5 <u></u>
		Vancouver BC V5T1R6 Canada
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Software Subscription
	Complete ONLY if direct	Condidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Data	
	Date 04/19/2024	Payee name Hyatt Regency
		, , ,
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.97	208 Barton Springs Rd
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel published at Taylor Camplete Schedule T
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Pollin ense Printi	g Expens ng Expen			Travel in Distric	
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 20/44 Rpt: 30/55	Neave Cria	ido, Victoria (The H	onorable)				00080065	
4	Date	5 Payee name	<u> </u>				<u> </u>		
-	06/01/2024	Jimenez, S							
_				Ot-t 71-	01-				
6	Amount (\$)	7 Payee addre		State; Zip	Code				
	\$1,000.00	408 Pearly	тор ка						
		Cloop Hois	ubto TV 75154						
8	PURPOSE		jhts, TX 75154		(h)	Description			
	OF		See Categories listed at the to ages/Contract Labo		(5)		outs	ide of Texas. Cor	nplete Schedule T.
	EXPENDITURE	Salaries/ W	ages/contract Labo	'1				, officeholder livin	
						Campaign aid	de		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	 sought			Office h	neld
	expenditure to benefit C/OI	Н							
	Date	Payee name	?						
	04/16/2024	Jones, Joe	Earl						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$180.00	7617 Fergi	uson Rd						
		#2009							
			75220						
		Dallas, TX	75228						
	PURPOSE OF	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Salaries/W	ages/Contract Labo	r				ide of Texas. Cor , officeholder livin	nplete Schedule T.
						Campaign ca			ig expense
						Campaign ca	A11V	assing	
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	cought			Office h	old
	expenditure to benefit C/O		icenoider name	Office	sougni			Office I	leiu
		ı							
	Date	Payee name							
	06/01/2024	Leal, Azha	lia						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$5,000.00	3120 Lawn	view Ave						
		Dallas, TX	75227						
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF		ages/Contract Labo				outs	ide of Texas. Cor	mplete Schedule T.
	EXPENDITURE		3			_		, officeholder livin	g expense
						Call time aide	е		
	Complete ONLY if direct		ficeholder name	Office	sought			Office h	eld
	expenditure to benefit C/OI	H							
	me provided by Tevas F	thios Commiss	ion MANAGA	othics state	24.110				Version V// 1 0 d278aha(

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made By - Gift/Awards/Memori

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/44 Rpt: 31/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	06/01/2024	Long, Shannon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1009 Ashland Dr
		Mesquite, TX 75149
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Campaign aide
		Sampaigh aide
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	03/21/2024	MAS Strategy Group LLC
_	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	3700 Cole Ave.
	Ψ2,000.00	
		Apt. 231
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Finance Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/01/2024	MAS Strategy Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	3700 Cole Ave.
	Ψ1,000.00	Apt. 231
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Finance Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		
Great Sara r ayment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 22/44 Rpt: 32/55	Neave Criado, Victoria (The Honorable) 00080065	
4 Date	5 Payee name	
03/01/2024	Mariachi Arraigo de America	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$425.00	5222 Barcelona Dr	
	Garland, TX 75043	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Music for campaign event	
	The state of the s	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/Oł	H	
Date	Payee name	
06/20/2024	Marriott's Grand Chateau	
Amount (\$)	Payee address; City; State; Zip Code	
\$272.12	75 E Harmon Ave	
	Las Vegas, NV 89109	
PURPOSE OF	(a) 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	
	Staff lodging for the National Association of Latino	
	Elected & Appointed Officials annual conference	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	н	
Date	Payee name	_
02/26/2024	Message Audience Presentation, Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$14,331.41	2400 S. 4th St	
, , , , , , , , , , , , , , , , , , , ,		
	Austin, TX 78704	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense GOVT mailer	
	GOVI maner	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Forms provided by Tayas F	thics Commission waww.athics state ty us. Version VA 1.0 d279ah	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/44 Rpt: 33/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
L	02/27/2024	Message Audience Presentation, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28,066.26	2400 S. 4th St
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV direct mail
		GOTV direct mair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	02/26/2024	Morrison, David
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$380.00	9719 Smokefeather Ln
	4000.00	on to onlong and the
		Dallas, TX 75243
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign canvassing
		Campaign canvassing
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Payee name
	04/16/2024	Munnings, Christina
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	585 Homewood Dr
	Ψ2,300.00	363 Floritewood Di
		Coppell, TX 75019
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign aide
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiorate to beliefft C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	orean eara'r ayment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/44 Rpt: 34/55	Neave Criado, Victoria (The Honorable)	00080065
4	Date	5 Payee name	
	03/01/2024	NGP VAN	
-			
6	Amount (\$)		
	\$373.10	1445 New York Ave NW	
		Ste. 200	
		Washington, DC 20005	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE		, TX, officeholder living expense
		Database sul	oscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/01/2024	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$373.10	1445 New York Ave NW	
	Ψ373.10		
		Ste. 200	
		Washington, DC 20005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnead/Nertial Expense	outside of Texas. Complete Schedule T.
		l	, TX, officeholder living expense
		Database sul	oscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit eyes		
	Date	Payee name	
	05/01/2024	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$373.10	1445 New York Ave NW	
		Ste. 200	
		Washington, DC 20005	
		<u> </u>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Tayon Complete Cahadula T
	EXPENDITURE	onice overnead/Nerital Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Database sul	
		- Satisfacto sur	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	•		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 25/44 Rpt: 35/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	06/06/2024	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$373.10	1445 New York Ave NW
		Ste. 200
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Database subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/26/2024	National Hispanic Caucus of State Legislators
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1776 Avenue of the States
		Lexington, KY 40511
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2024	Panera Bread
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.13	18641 Lyndon B Johnson Fwy
L		Mesquite, TX 75150
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal
		IVICAI
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Giff(Alwards/Me)

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/44 Rpt: 36/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/13/2024	Political Data Intelligence (PDI)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$292.50	3780 Kilroy Airport Way
		Suite 200 PMB #992
		Long Beach, CA 90806
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Call time software
		Can time software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2024	QuikTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.96	951 N Loop 340
	Ψ+0.30	331 N 200p 340
		Pollmood, TV 7670F
		Bellmead, TX 76705
	PURPOSE 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.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for travel to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	Quiroga, Soraya
	Amount (\$)	Payee address; City; State; Zip Code
	\$630.00	1920 Holcomb Rd
		Dallas, TX 75217
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign canvassing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/44 Rpt: 37/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
l	02/26/2024	Quiroga, Soraya
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,344.00	1920 Holcomb Rd
l		
l		Dallas, TX 75217
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Campaign canvassing
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	'	
l	Date	Payee name
L	03/05/2024	Quiroga, Soraya
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,239.00	1920 Holcomb Rd
l		
l		Dallas, TX 75217
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Campaign canvassing
		Campaig. Canvassing
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
H	Date	Payee name
l	03/04/2024	RaceTrac
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$100.09	3401 S Garland Ave
l	,	
l		Garland, TX 75041
⊢	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Fuel for campaign volunteers
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientale to beliefft G/OI	·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmana C. 1. T.	,
1 Total pages Schedule F1:	
Sch: 28/44 Rpt: 38/55	Neave Criado, Victoria (The Honorable) 00080065
4 Date	5 Payee name
06/20/2024	Rachel's Kitchen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.91	150 Las Vegas Blvd N, Las Vegas, NV
Ψ10.31	100 Las vegas biva iv, Las vegas, ivv
	Las Vegas, NV 89101
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Meal
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/26/2024	Resendiz, Herlinda
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	3102 Dusty Oak
	Dallas, TX 75227
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign aide
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payeo namo
	Payee name
03/05/2024	Resendiz, Herlinda
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	3102 Dusty Oak
	Dallas, TX 75227
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Chy Schedule T. Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign aide
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Filers)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (return a cotton and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/44 Rpt: 40/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/24/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2401 Utah Ave S
		Seattle, WA 98134
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift card
		Sitt card
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.67	4025 Gaston Ave
		Dallas, TX 75246
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Coffee for volunteers
		Conce for volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/01/2024	Sullivan, Izanama
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	4311 Lashley Dr
		Dallas, TX 75232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign conversing
		Campaign canvassing
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	•

SCHEDULE F1

Advertising Expense E
Accounting/Banking Fi
Consulting Expense F
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 31/44 Rpt: 41/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/05/2024	Sullivan, Izanama
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$530.00	4311 Lashley Dr
		Dallas, TX 75232
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign canvassing
		Sampangi samasang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	David warms
	05/14/2024	Payee name Sum Dang Good Chinese
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.82	3011 Gulden Ln
		#110
		Dallas, TX 75212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal
		Wietu
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 04/21/2024	Payee name Taco Cabana
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.86	1007 W University Ave
		Ave #2
		Georgetown, TX 78628
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal
		Wiedl
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide e	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission Filers))
	Sch: 32/44 Rpt: 42/55		do, Victoria (The Ho	norable)				00080065		
4	Date	5 Payee name								
	03/25/2024	Texas Ethic	cs Commission							
6	Amount (\$) \$100.00	7 Payee addre P.O. Box 12 Austin, TX	2070	State; Zip Co	ode					
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expens	se		=		de of Texas. Comp officeholder living		
9	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	ight			Office he	ld	
	Date	Payee name								
	03/12/2024	Text to Sur	vey							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$3,856.90	1527 S. Co	oper St							
		Arlington, T								
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description	outci	de of Texas. Com	oloto Schodulo T	
	EXPENDITURE	Advertising	Expense			=	, TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	03/02/2024	The Beema	ın Hotel							
	Amount (\$) \$17.32	Payee addre 6070 N US #1000 Dallas, TX	, 75 N Central Expy	State; Zip Co	ode					
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe				Check if Austin	, TX,	de of Texas. Comp officeholder living r speaking ev		
	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	ıght			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/44 Rpt: 43/55	Neave Criado, Victoria (The Honorable)	00080065
4	Date	5 Payee name	
	05/06/2024	The Mayflower Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.10	1127 Connecticut Ave NW	
		Washington, DC 20036	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			NEEDED
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
9	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·	d Office field
_			
	Date	Payee name	
	05/07/2024	The Mayflower Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	•
	\$408.14	1127 Connecticut Ave NW	
		Washington, DC 20036	
	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
			Lodging for White House Cinco de Mayo Celebration
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		. Since no.a
-	Date	Dayaa nama	
	05/07/2024	Payee name The Mayflower Hotel	
		-	
	Amount (\$)	Payee address; City; State; Zip Code	,
	\$408.14	1127 Connecticut Ave NW	
		Washington, DC 20036	
	PURPOSE OF	, , ,) Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Lodging for White House Cinco de Mayo Celebration
			and the second s
-	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		
	experialitate to beliefit c/Oi		
_	experience to belieff cive		
	experiulture to benefit 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/44 Rpt: 44/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/22/2024	The Starling
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	188 14th St NE
		Atlanta, GA 30361
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/26/2024	Thematic Campaigns LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$20,000.00	111 W Illinois St.
		5th Floor
		Chicago, IL 60654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Digital program
		Digital program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/29/2024	Thematic Campaigns LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	111 W Illinois St.
		5th Floor
		Chicago, IL 60654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Digital program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
Sch: 35/44 Rpt: 45/55 Neave Criado, Victoria (The Honorable) 00080065	
4 Date 5 Payee name	
05/06/2024 Uber Eats	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$47.00 1455 Market St.	
#400	
San Francisco, PA 94103	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Food/Beverage Expense Categories instead at title top of this scriedule) Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Check if Austin, TX, officeholder living expense	
Meal	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
expenditure to benefit C/On	
Date Payee name	
03/05/2024 Uber One	
Amount (\$) Payee address; City; State; Zip Code	
\$9.99 1455 Market St.	
#400	
San Francisco, PA 94103	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Office Overhead/Pantal Evnense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Ground transportation subscription	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
04/05/2024 Uber One	
Amount (\$) Payee address; City; State; Zip Code	
\$9.99 1455 Market St.	
#400	
San Francisco, PA 94103	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
Ground transportation subscription	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide explai		/ages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 36/44 Rpt: 46/55	Neave Cria	do, Victoria (The Honora	ble)				00080065		
4	Date	5 Payee name	!							
	05/05/2024	Uber One								
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$9.99	1455 Mark	et St.							
		#400								
		San Franci	sco, PA 94103							
8	PURPOSE	(a) Category (S	see Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		head/Rental Expense			—		de of Texas. Com		
						_		officeholder living		
						Ground trans	μUi	tation subsc	приоп	
<u> </u>	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	7l4	
	expenditure to benefit C/O		icenoider name	Office 300	giit			Office fic	Jiu .	
	Date	Payee name								
	06/05/2024	Uber One								
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$9.99	1455 Mark	et St.							
		#400								
		San Franci	sco, PA 94103							
	PURPOSE	(a) Category (S	see Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Com		
						ш		officeholder living		
						Ground trans	μui	tation subsc	приоп	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	-								
	Date	Payee name								
	03/22/2024	Uber Trip								
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$36.93	1455 Mark	et St.							
		#400								
		San Franci	sco, PA 94103							
	PURPOSE	(a) Category (s	see Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D		ŕ		ш		de of Texas. Com		
	EXPENDITORE							officeholder living	expense	
						Ground trans	poi	rtation		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	-ld	
	expenditure to benefit C/O		iconsider name	Cincc 30u	Air			Cilico He	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
										1070 1 0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/44 Rpt: 47/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	03/23/2024	Uber Trip
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 schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Crewind transport the inner and transport to the control of the co
		Ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/OI	
F	Date	Payee name
	03/24/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.43	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/05/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.55	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 38/44 Rpt: 48/55	2 FILER NAME Neave Criado, Victoria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080065
4	Date 05/06/2024	5 Payee name Uber Trip
6	Amount (\$) \$6.53	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 In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/07/2024	Payee name Uber Trip
	Amount (\$) \$40.80	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 In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/30/2024	Payee name Uber Trip
	Amount (\$) \$6.12	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 In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ground transportation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/44 Rpt: 49/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	06/27/2024	Uber Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.56	1455 Market St.
		#400
		San Francisco, PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ground transportation
		Ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/27/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.35	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground transportation
		Ground Ranoportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
L	06/28/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.92	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Cround transportation
		Ground transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	,	
_	Sch: 40/44 Rpt: 50/55	Neave Criado, Victoria (The Honorable) 00080065	
4	Date	5 Payee name	_
	06/18/2024	Uber Trip	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$35.88	1455 Market St.	
		#400	
		San Francisco, PA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Ground transportation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
•	expenditure to benefit C/O		
	Date	Payee name	_
	06/20/2024	Uber Trip	
	Amount (\$)	Payee address; City; State; Zip Code	—
	\$25.15	1455 Market St.	
	Ψ23.13	#400	
		San Francisco, PA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Ground transportation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	06/21/2024	Uber Trip	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.03	1455 Market St.	
		#400	
		San Francisco, PA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Ground transportation	
		Ground transportation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/44 Rpt: 51/55	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	05/06/2024	Uber Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.74	1455 Market St.
		#400
		San Francisco, PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/20/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.15	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	Versa Printing, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$637.84	2631 Brenner Drive
		Dallas, TX 75220
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

listed above)
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

\$17.05 \$17.05 \$17.05 \$17.05 \$2 Almaden Blvd Suite 600 San Jose, CA 97113 \$2 PURPOSE OF EXPENDITURE \$2 OF Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription		Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services The Instruction Guide explains h		es/Contract Labor OTHER (enter a category not listed above) lete this form.
Sch: 43/44 Rpt: 53/55 Neave Criado, Victoria (The Honorable) 00080065 4 Date	1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Complete ONLY if direct expenditure to benefit C/OH)	00080065
Complete ONLY if direct expenditure to benefit C/OH	4	Date	5 Payee name		•
\$17.05 SAlmaden Blvd Suite 600 San Jose, CA 97113 8 PURPOSE OF EXPENDITURE (a) Category (see Categories isted at the top of this schedule) Check if travel outside of Texas. Camplete Schedule T. Check if Austin, TX. officerbotter living expense Virtual meeting subscription Date Overhead/Rental Expense Payee name ZOOM Payee address; City; State; Zip Code Standard Rental Expense Check if travel outside of Texas. Camplete Schedule T. Check if Texas Camplete		03/01/2024			
Suite 600 San Jose, CA 97113 PURPOSE OF EXPENDITURE	6	Amount (\$)	7 Payee address; City; State;	Zip Code	
San Jose, CA 97113		\$17.05	55 Almaden Blvd		
San Jose, CA 97113			Suite 600		
Office Overhead/Rental Expense			San Jose, CA 97113		
Office Overhead/Rental Expense	8	PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b	Description
Complete QNLY if direct expenditure to benefit C/OH				suuic)	`
9 Complete ONLY if direct expenditure to benefit C/OH Date		EXPENDITURE	·		
Date					Virtual meeting subscription
Date					
Date 04/01/2024 ZOOM Amount (\$) Payee address; City; State; Zip Code \$17.05 \$55 Almaden Blvd Suite 600 San Jose, CA 97113 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if vasel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct expenditure to benefit C/OH Date Payee name ZOOM Amount (\$) Payee address; City; State; Zip Code \$17.05 \$55 Almaden Blvd Suite 600 San Jose, CA 97113 PURPOSE OF STA Indian Blvd Suite 600 San Jose, CA 97113 PURPOSE OF Categories listed at the top of this schedule) Office Overhead/Rental Expense (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description (c) Description Check if vavel outside of Texas. Complete Schedule T. Check if vaseln, TX, officeholder ining expense Virtual meeting subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held	9			office sought	Office held
Amount (\$)		experience to some Gree	···		
Amount (\$)			Payee name		
\$17.05 55 Almaden Blvd Suite 600 San Jose, CA 97113 PURPOSE OF EXPENDITURE		04/01/2024	ZOOM		
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 Check if Austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct expenditure to benefit C/OH Date		Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct expenditure to benefit C/OH Date 05/01/2024 Amount (\$) Payee name 25/01/2024 Amount (\$) Payee address; City; State; Zip Code \$17.05 \$17.05 \$5 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 (c) Description (b) Description (c) Description (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office held		\$17.05	55 Almaden Blvd		
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 Complete ONLY if direct expenditure to benefit C/OH Date O5/01/2024 Amount (\$) Payee name ZOOM Amount (\$) Payee address; City; State; Zip Code \$17.05 \$5 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Check if ravel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Suite 600		
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			San Jose, CA 97113		
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b	Description
Complete QNLY if direct expenditure to benefit C/OH Date					
Complete ONLY if direct expenditure to benefit C/OH Date		EXI ENDITORE			
Date					virtual meeting subscription
Date		Operation ONE V if dispose	On didata (Office helder reserve)	Office held
D5/01/2024 Amount (\$) Payee address; City; State; Zip Code \$17.05 \$17.05 \$17.05 San Jose, CA 97113 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office Sought Office Sought Office held				mice sough	Oπice neiα
Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name		
\$17.05 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held		05/01/2024	ZOOM		
Suite 600 San Jose, CA 97113 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Complete Suite 600 San Jose, CA 97113 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Complete ONLY if direct Candidate/Officeholder name		\$17.05	55 Almaden Blvd		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Complete ONLY if direct Candidate/Officeholder name			Suite 600		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Virtual meeting subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
OF EXPENDITURE Office Overhead/Rental Expense Virtual meeting subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held		PURPOSE		odulo) (h	Description
Complete ONLY if direct Candidate/Officeholder name Check if Austin, TX, officeholder living expense Virtual meeting subscription Office sought Office held		OF	, -	edule)	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	Onice Overnead/Nental Expense		Check if Austin, TX, officeholder living expense
					Virtual meeting subscription
expenditure to benefit C/OH				office sough	Office held
		expenditure to benefit C/O	Н		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	Expense /Wages/Contract Labor	Travel (n District Dut of District (enter a category not I	isted above)
1	Total pages Schedule F1: Sch: 44/44 Rpt: 54/55	l	ΛΕ ado, Victoria (The H	onorable)		3 Filer II 0008		mmission Filers)
	Date 06/01/2024	5 Payee nam	-	- · · · · · · · · · · · · · · · · · · ·				
6	Amount (\$) \$17.05	7 Payee addi 55 Almade Suite 600 San Jose,		State; Zip C	ode			
8	PURPOSE OF EXPENDITURE		(See Categories listed at the to erhead/Rental Exper			stin, TX, officeho	as. Complete Schedule der living expense iption	э Т.
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught	0	ffice held	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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	The Instruction Guide explains how to complete this form.					pages Schedule K: I/1 Rpt: 55/55
2	FILER NAME			3	Filer II	C (Ethics Commission Filers)
l	Neave Criad	٥, ١	Victoria (The Honorable)		00080	0065
4	Date 06/24/2024 5 Name of person from whom amount is received BELLAGIO 6 Address of person from whom amount is received; City; State; Zip Code				8 Amount (\$) \$230.16	
			Las Vegas, NV 89109			
l		7		noliti	cal cont	ribution returned to filer
			Refund	ponti	our oorn	institution rotation to mor
F	Date	H	Name of person from whom amount is received			Amount (\$)
l	06/24/2024		BELLAGIO			\$370.59
l		ļ	Address of person from whom amount is received; City; State; Zip Code			
l			Address of person from whom amount is received, City, State, 21p Code			
l						
l			Las Vegas, NV 89109			
l			Purpose for which amount is received	politi	cal cont	ribution returned to filer
l			Refund			
F	Date		Name of person from whom amount is received			Amount (\$)
l	03/11/2024		Gator Stop			\$0.35
		ļ	Address of person from whom amount is received; City; State; Zip Code			
l			· · · · · · · · · · · · · · · · · · ·			
l						
l			Elm Mott, TX 76640			
l			Purpose for which amount is received	politi	cal cont	ribution returned to filer
			Refund			
	Date		Name of person from whom amount is received			Amount (\$)
l	03/05/2024		Holiday Inn			\$7.53
l		ļ	Address of person from whom amount is received; City; State; Zip Code			1
l						
l						
l		L	Austin, TX 78701			
l			-	politi	cal cont	ribution returned to filer
L			Refund			
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