CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		Filer ID (Ethics Commiss 00080065	sion Filers)	2 Total pages fil	led: 25
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE (USE ONLY
OFFICEHOLDER NAME	The Honorable \	/ictoria			Date Received	
TV WIL					ELECTRONIC/	ALLY FILED
						ALLY FILED
	NICKNAME L	.AST		SUFFIX	01/15/2025	
	1	leave Criado				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CITY	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER	PO Box 822827					
MAILING ADDRESS					Receipt #	Amount
l	Dallag TV 75202					
Change of Address	Dallas, TX 75382				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER NAME	K	ristina N.				
	NICKNAME L	 AST		SUFFIX		
	Kristi K	astl				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	JY DI EVSE).	ΛDT	/ SUITE #; CITY;	ST/	ATE; ZIP CODE
TREASURER	4144 N. Central Expy., Ste.		AFT	7 3011 E #, CITT,	317	ATE, ZIF CODE
ADDRESS	4144 N. Cerliiai Expy., Ste.	1000				
(Residence or Business)						
	Dallas, TX 75204					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER		NOMBER E	XILNSION			
PHONE	(214) 937-4424					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after ca	mnaign treasurer
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	cour day before		L	appointment (offi	ceholder only)
	July 15	8th day before e		Exceeded modified	Final Report (Atta	ach C/OH-FR)
	_		-	reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	ROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pri	imary	Runoff	Other	
			eneral	Special	_	
			enerai	Special		
				F		
11 OFFICE	OFFICE HELD (if any)	407		12 OFFICE SOUGHT	(if known)	
	State Representative District	107				
		ദവ സ	O PAGE 2			
		55 1	O I AGE Z			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Neave Criado, Victor	ia (The Honorable)		14 Filer ID 00080065	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures n	accepted or political expenditunay have been made without injuried to report this information	the candidate's or offic	ceholder's kno	owledge or		
Additional Pages	COMMITTEE TYPE							
Ш	GENERAL							
		COMMITTEE ADDR	ESS					
	SPECIFIC							
		COMMITTEE CAMP	AIGN TREASURER NAME					
		COMMITTEE CAMP	AIGN TREASURER ADDRES	SS				
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL COL	NTRIBUTIONS (OTHER THA	N PLEDGES LOANS	. 1			
TOTALS	OR GUARANTE 2. TOTAL POLITIC	\$	0.00					
	\$	0.00						
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						642.65		
	\$	13,561.58						
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT					-			
		tr	swear, or affirm, under penalty ue and correct and includes a nder Title 15, Election Code.					
			The Heneral	ole Victoria Neave C	Priodo			
		_		Candidate or Officeho				
AFFIX NO	TARY STAMP / SEAL AB	OVE	·					
Sworn to and subs	cribed before me. by the s	aid		. this the		day		
			ny hand and seal of office.	·		_ ,		
Signature of office	cer administering	Printed name of	f officer administering	Title of office	er administeri	ing oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 25
l	ER NAN ave Cri	ME ado, Victoria (The Honorable)	19 Filer ID 00080065	(Ethics Commission Filers)
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 13,561.58
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		\$		
8.		\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.		\$		
11.		\$		
12.	X	\$ 373.10		

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

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/19 Rpt: 4/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	07/23/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$546.95	1 Skyview Dr
		Fort Worth, TX 76155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related X Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Expense Check if Austin, TX, officeholder living expense
		flight to Washington, DC for Latino leader event at the Vice President's home
		the vice Fleshaents nome
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/16/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$688.96	
	\$088.90	1 Skyview Dr
		Fort Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense
		flight to Washington DC for White House event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Or	
	Date	Payee name
	07/01/2024	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.50	P.O. Box 15284
	Ψ27.30	1.0. Box 10204
		Wilmington, DE 19850
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
\vdash	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 Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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

nt Solicitation/Fundraising Expense
e 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: 2/19 Rpt: 5/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	08/02/2024	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
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		bank fees
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
	09/03/2024	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.50	P.O. Box 15284
l		
		Wilmington, DE 19850
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		bank fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/02/2024	Bank of America
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$122.25	P.O. Box 15284
l		Wilmington, DE 19850
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank fees
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

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

	Candidate/Officeholder/Politica Credit Card Payment			OTHER (enter	a category not listed above)	
┰	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3	Filer ID	(Ethics Commission Filers)	_
	Sch: 3/19 Rpt: 6/25	Neave Criado, Victoria (The Honorable)	ľ	00080065	(Ethics Commission Filers)	
┰	Date	5 Payee name				—
ľ	11/04/2024	Bank of America				
Ļ						
ľ	Amount (\$) \$27.50	7 Payee address; City; State; Zip Code P.O. Box 15284				
	Φ21.50	P.O. BOX 15264				
		Wilmington, DE 19850				
8	PURPOSE	<u> </u>	<u> </u>			_
ľ	OF			tside of Texas. Co	mplete Schedule T.	
	EXPENDITURE	/ tecediting/Editing		X, officeholder livir		
		bank fee	S			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	neld	_
	expenditure to benefit C/OI	1				
Г	Date	Payee name				
	12/02/2024	Bank of America				
Г	Amount (\$)	Payee address; City; State; Zip Code				
	\$27.50	P.O. Box 15284				
		Wilmington, DE 19850				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n			
l	OF EXPENDITURE	Accounting/Banking			mplete Schedule T.	
		,		X, officeholder livir	ng expense	
		bank fee	S			
⊢	Complete ONLY if direct	Constitute (Office helder name		Office h	امام	
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	ieia	
┕						_
l	Date	Payee name				
	11/18/2024	Canva				
l	Amount (\$)	Payee address; City; State; Zip Code				
	\$119.40	2/2 Lacey St.				
		Surrey Hills NSW Surry HIlls 2010 Australia Australia				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n			
	OF EXPENDITURE	Onloc Overnedd/Nerhai Expense			mplete Schedule T.	
l		l		X, officeholder livir		
		grapnic (uesign	software su	oscription	
\vdash	Complete ONE V 's allows or	Condidate/Officeholder remains		Office 1	aold	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	ieiu	
dash						

SCHEDULE F1

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

Event Expense Loan Re;
Fees Office Ov
Food/Beverage Expense Polling E
Gift/Awards/Memorials Expense Printing E
Lenal Services Salaries/N

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:	<u> </u>
	Sch: 4/19 Rpt: 7/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	08/09/2024	Dauphines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$259.22	1100 15th Street NW
		Washington, DC 20005
8	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		food/ beverage
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2024	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$511.42	14455 N. Hayden Rd
		Ste. 219
		Scottsdale, AZ 85260
	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 website and email fees
		website and emaintees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa sama
	10/28/2024	Payee name GoDaddy
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.99	14455 N. Hayden Rd
		Ste. 219
		Scottsdale, AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		website related cost
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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: 5/19 Rpt: 8/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	12/02/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$549.67	14455 N. Hayden Rd
		Ste. 219
	l	Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		website related expense
_	0 1: 0:00	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
_	Date	Г
	Date	Payee name
	11/18/2024	Gonzalez Resturant
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.26	8121 Bruton Road
	!	
		Dallas, TX 75217
	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 food for team meal post free Thanksgiving turkey
	!	giveaway for constitutents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
_	Date	Payee name
	07/29/2024	Hyatt Place
	Amount (\$)	Payee address; City; State; Zip Code
	\$408.14	2121 M Street NW
	φ 4 00.14	ZIZI W Sueet NVV
		Washington, DC 20037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		lodging to attendance at Vice President's event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a extraory 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: 6/19 Rpt: 9/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	07/29/2024	Hyatt Place
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.10	2121 M Street NW
		Washington, DC 20037
8	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 food
		1000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/03/2024	Leal, Azhalia
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3120 Lawnview
		Dallas, TX 75227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Aide
		Campaign Aud
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	07/02/2024	Payee name NGP VAN
		-
	Amount (\$)	Payee address; City; State; Zip Code 1445 New York Ave NW
	\$373.10	
		Ste. 200
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database Subscription
		Database Subscription
\vdash	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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/19 Rpt: 10/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	08/07/2024	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
	Date	Payee name
	09/03/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$373.10	1445 New York Ave NW
	Φ373.10	
		Ste. 200
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		database subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/02/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$373.10	1445 New York Ave NW
		Ste. 200
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		database subscription
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/Ol	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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 8/19 Rpt: 11/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	11/04/2024	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense database subscription
		database subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/06/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$373.10	1445 New York Ave NW
		Ste. 200
		Washington, DC 20005
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	10/25/2024	National Hispanic Caucus of State Legislatures
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1444 I St NW
		Ste 900
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		registration fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	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 Comm 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		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed above)	
	- Croak Gara Faymon			The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 9/19 Rpt: 12/25		Neave Cria	do, Victoria (Th	e Honorable))				00080065		
4	Date	5	Payee name									
	08/09/2024		Southwest A	Airlines								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$26.00		2702 Love F	Field Drive								
			Dallas, TX 7	'5235								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			ion Equipment				X Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	LAFENDITORE		Expense					_	, TX,	officeholder livin	g expense	
								flight fee				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	O	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	08/05/2024		Southwest A	Airlines								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$659.96		2702 Love F	Field Drive								
			Dallas, TX 7	75235								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Transportati	ion Equipment				=			nplete Schedule T.	
			Expense							officeholder livin		
								event	ııı ıç	Jion, DC to	attend White House	
_	Complete ONLY if direct	<u> </u>		ceholder name	0	ffice sou	aht			Office h	ماط	
	expenditure to benefit C/OI		Januluate/Oni	centider name	O.	ince sou	gni			Office	ciu	
_	Data	_										
	Date 11/13/2024		Payee name	abt Auctin								
			The Downri									
	Amount (\$)		Payee addres	,	State;	Zip Co	de					
	\$208.17		701 East 11	tn St								
			Austin, TX 7	78701								
	PURPOSE OF	(a)		ee Categories listed at		dule)	(b)	Description				
	EXPENDITURE			ion Equipment	And Related			ш		de of Texas. Cor officeholder livin	nplete Schedule T.	
			Expense					lodging for tri			g expense	
								- 3 3 1				
\vdash	Complete ONLY if direct		 Candidate/Offi	ceholder name	O:	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI											
1												

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

	Contributing 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: 10/19 Rpt: 13/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	11/18/2024	USPS PO BOXES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	120 E Grubb Dr
		Mesquite, TX 77149
8	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
		po box rental
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/26/2024	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.47	1455 Market St.
	400	#400
		San Francisco, PA 94103
	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
		food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 07/26/2024	Payee name
		Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.02	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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 Salarice Magnet/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: 11/19 Rpt: 14/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	10/01/2024	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.76	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	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	07/08/2024	Uber One
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1455 Market St.
	Ψ3.33	#400
		San Francisco, PA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
		9.00.00.00.00.00.00.00.00.00.00.00.00.00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/02/2024	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	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		uber subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

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/Political Co Credit Card Payment		
1	Total pages Schedule F1:	
	Sch: 12/19 Rpt: 15/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	12/31/2024	Uber One
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1455 Market St.
		#400
<u>_</u>	DUDDOGE	San Francisco, PA 94103
8	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		transportation subscription
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.92	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 Out of District 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/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.58	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/19 Rpt: 16/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	07/12/2024	Uber Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.92	1455 Market St. #400
		#400 San Francisco, PA 94103
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense 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	
	Date	Payee name
	07/15/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.18	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense 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/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit evol	'
	Date	Payee name
	07/15/2024	Uber Trip
	Amount (\$) \$22.92	Payee address; City; State; Zip Code 1455 Market St.
	Ψ22.92	#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense 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	

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

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

	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: 14/19 Rpt: 17/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	07/15/2024	Uber Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.56	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	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/15/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
		ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/15/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.97	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense 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	
L		

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	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: 15/19 Rpt: 18/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	07/16/2024	Uber Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.99	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	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/25/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.77	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
		ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/26/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense 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	
L		

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/Political Com Credit Card Payment				Legal Services	is Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	a category not listed a	above)
	orean oura rayment			The Instruction C	Suide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 16/19 Rpt: 19/25		Neave Criado, Victoria (The Honorable)						00080065			
4	Date	5	Payee name									
	07/26/2024		Uber Trip									
6	Amount (\$)	7		s; City;	State:	Zip Co	de					
٠	\$27.49	ľ	1455 Marke	•	State,	21p 00	uc					
	421.10		#400									
				oo DA 04102								
		_	San Francis	co, PA 94103								
8	PURPOSE OF	(a)		e Categories listed at		dule)	(b)	Description				
	EXPENDITURE		-	on Equipment	And Related			=		de of Texas. Con officeholder livin	nplete Schedule T.	
			Expense					ground transp			g expense	
								3	-			
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	0	ffice sou	aht			Office h	eld	
·	expenditure to benefit C/O		our landator of me	onolder name	Ü		giit			01110011	oid	
_	Date	Т	D									
	08/08/2024		Payee name Uber Trip									
		<u> </u>	•									
	Amount (\$)		Payee addres		State;	Zip Co	ae					
	\$27.19		1455 Marke	ī Sī.								
			#400									
			San Francis	co, PA 94103								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Transportation Equipment And Related					=			nplete Schedule T.	
			Expense					ground transp		officeholder livin	g expense	
								ground trains	JUI	tation		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	0	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O		our laidate/ offic	cholder hame	J	ince sou	giit			Office II	Ciu	
	Data	Т										
	Date		Payee name									
	08/08/2024		Uber Trip									
	Amount (\$)		Payee addres	-	State;	Zip Co	de					
	\$31.52		1455 Marke	ı St.								
			#400									
			San Francis	co, PA 94103								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			on Equipment	And Related						nplete Schedule T.	
			Expense							officeholder livin	g expense	
								ground transp	JUI	เนเบท		
	Complete ONLY if direct	Ļ	Candidate/Off:	oholder neme		ffice corr	ah+			Office h	old	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	enoluel näme	O	ffice sou	yrıl			Onice n	ciu	

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	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: 17/19 Rpt: 20/25	Neave Criado, Victoria (The Honorable) 00080065
4	Date	5 Payee name
	08/09/2024	Uber Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.10	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	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense ground transportation
		ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	08/09/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.88	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense 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/O	
	Date	Payee name
	08/09/2024	Uber Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.02	1455 Market St.
		#400
		San Francisco, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		ground transportation
	0 1. 0	
	Complete <u>ONLY</u> 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 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/19 Rpt: 21/25	Neave Criado, Victoria (The Honorable)		00080065
4	Date	5 Payee name		•
	08/12/2024	Uber Trip		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$30.44	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	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense		Check if Austin, TX, officeholder living expense
				ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/OI		ynı	Office field
_	Date	Dayaa nama		
	08/26/2024	Payee name Uber Trip		
		•	do	
	Amount (\$) \$6.08	Payee address; City; State; Zip Co 1455 Market St.	ue	
	\$0.08			
		#400		
		San Francisco, PA 94103		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense		ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/26/2024	Uber Trip		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$32.91	1455 Market St.		
		#400		
		San Francisco, PA 94103		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Transportation Equipment And Related	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				ground transportation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiorale to belieff C/OI	1		
			_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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)		
	Credit Card Fayinent	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 19/19 Rpt: 22/25	Neave Criado, Victoria (The Honorable)	00080065		
4	Date	5 Payee name			
	09/03/2024	Uber Trip			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$6.58	1455 Market St.			
		#400			
		San Francisco, PA 94103			
_	DUDDOCE	·			
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel of the schedule of the sche	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Transportation Equipment / tria related	TX, officeholder living expense		
		ground transp	portation		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	08/02/2024	ZOOM			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$17.05	55 Almaden Blvd			
		Suite 600			
		San Jose, CA 97113			
	PURPOSE				
	OF		outside of Texas. Complete Schedule T.		
	EXPENDITURE		in, TX, officeholder living expense		
		virtual meetin	g subscription		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	09/03/2024	ZOOM			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$17.05	55 Almaden Blvd			
		Suite 600			
		San Jose, CA 97113			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.		
	EXPENDITORE		TX, officeholder living expense		
		virtual meetin	g subscription		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	The straight of the straight of the	•			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/25 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Neave Criado, Victoria (The Honorable) 00080065 5 Name of person from whom amount is received 8 Amount (\$) 12/16/2024 NGP Van \$373.10 6 Address of person from whom amount is received; City; State; Zip Code Washington, DC 20005 Purpose for which amount is received Check if political contribution returned to filer refund

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction C	Guide explains	1 Total pages Schedule T: Sch: 1/2 Rpt: 24/25							
2 FILER NAME			,	mmission Filers)						
Neave Criado, V					00080065					
	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
	American Airlines									
I `	5 Contribution / Expenditure reported on:									
Schedule A2	느	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
7 Name of person(s) traveling										
		e, Victoria								
07/24/2024	8 Depart		departure location							
0772472024			-							
07/26/2024	l	ation city or name t ington DC	of destination location							
			vol (including name of a	onforonce cominer or	other event)					
10 Means of transpor Commercial Airp			vel (including name of c ent at the Vice Preside		other event)					
Hyatt Place	or / Corpora	ation of Labor Orga	anization / Pledgor /Paye	ee						
Contribution / Expe	enditure rer	oorted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2	느	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	X				
Dates of Travel										
Dates of Traver	l	of person(s) traveli e, Victoria	ng							
			departure location							
07/24/2024	Dallas		dopartare recallors							
	Destina	ation city or name o	of destination location							
07/26/2024	1	ington, DC								
Means of transpor	<u>L</u> tation	Purpose of tra	vel (including name of c	onference, seminar, or	other event)					
		attendance a	at Latino leader event	at the invitation of th	ne Vice President					
Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye							
Southwest Airlin		· ·	,							
Contribution / Expe	enditure rep	oorted on:								
Schedule A2	:	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	_				
Dates of Travel	Name	of person(s) traveli	ng							
	Neave	e, Victoria								
	Departure city or name of departure location									
08/08/2024 Dallas										
	Destina	ation city or name o	of destination location							
08/09/2024	Washi	ington, DC								
Means of transpor		Purpose of tra	vel (including name of c	onference, seminar, or	other event)					
Commercial Airplane White House event										

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F2 Schedule COH-UC Schedule F4 Schedule G Schedule H 6 Dates of Travel Name of person(s) traveling Neave, Victoria 8 Departure city or name of departure location 08/08/2024 Destination city or name of destination location 08/09/2024 Washington, DC 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation White House event Commercial Airplane