

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **12**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr** FIRST **Philip** MI **S**  
NICKNAME LAST SUFFIX  
**Steve Babick**

OFFICE USE ONLY

Date Received

RECEIVED

JUL 14 2022

CITY SECRETARY  
CARROLLTON, TX

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**3705 Canon Gate CR  
Carrollton TX 75007**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(972) 896 3568**

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mrs** FIRST **Margaret** MI **M**  
NICKNAME LAST SUFFIX  
**Peggy Babick**

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**3705 Canon Gate CR  
Carrollton TX 75007**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(972) 740-4432**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**4 / 28 / 2022 THROUGH 7 / 14 / 2022**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

**Mayor**

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

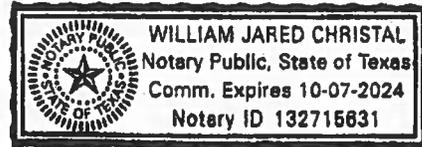
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Steve Babick</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,950.-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 80.90
	4. TOTAL POLITICAL EXPENDITURES	\$ 5305.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6632.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,190.10

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Steve Babick this the 14<sup>th</sup> day of JULY, 2022, to certify which, witness my hand and seal of office.  
[Signature] Signature of officer administering oath  
William Jared Christal Printed name of officer administering oath  
NOTARY Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_  
 My address is \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>Steve Babick</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8980.-
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 17190.10
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5224.13
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 2</b>
2 FILER NAME <b>Steve Babelez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brad Sandy</b>	7 Amount of contribution (\$) <b>\$ 100.00 1xx</b>
6 Contributor address; City; State; Zip Code <b>1406 melody Ln Carrollton 75006</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>4/28/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Imtiaz Rehi</b>	Amount of contribution (\$) <b>\$ 250.-</b>
Contributor address; City; State; Zip Code <b>1006 willow brook Ln Tx 75006</b>		
Principal occupation / Job title (See Instructions) <b>Construction</b>		Employer (See Instructions) <b>SELF</b>
Date <b>5/4/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sam Rack</b>	Amount of contribution (\$) <b>\$ 2500.-</b>
Contributor address; City; State; Zip Code <b>PO Box 110098 Carrollton Tx 75011</b>		
Principal occupation / Job title (See Instructions) <b>Automotive Dealer</b>		Employer (See Instructions) <b>SELF</b>
Date <b>5/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy Pitnam</b>	Amount of contribution (\$) <b>\$ 100.-</b>
Contributor address; City; State; Zip Code <b>1513 France St Carrollton Tx 75006</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 2
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date 5/20/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farid Noorani	7 Amount of contribution (\$) \$ 1000.-
	6 Contributor address; City; State; Zip Code 2621 Chambers Ln Plano TX 75093	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tre Pac / Texas Assoc of Realtors	Amount of contribution (\$) \$ 5000.-
	Contributor address; City; State; Zip Code PO Box 2246 Austin TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)


**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1 of 1</b>
2 FILER NAME <b>Steve Babick</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <b>Prior</b>		\$ <b>17,190.10</b>
5 Date of loan <b>Prior</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Philip Steven Babick</b>	9 Loan Amount (\$) <b>17,190.10 Prior</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>3705 Canon Gate CR Carrollton TX 75007</b>	10 Interest rate <b>—</b>
		11 Maturity date <b>12/31/2022</b>
12 Principal occupation / Job title (See Instructions) <b>CFO</b>		13 Employer (See Instructions) <b>HSI Halo Aug. Corp</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 6	2 FILER NAME Steve Babich	3 Filer ID (Ethics Commission Filers)
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4 Date 4/29/22	5 Payee name Carrollton Firefighters for Responsible Govt.
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6 Amount (\$) \$600.-	7 Payee address; 1001 E Crosby Rd #200 Carrollton Tx 75006	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Billboard Co-fund
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<input checked="" type="checkbox"/> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Babich Councilmember	Office sought Mayor	Office held Councilmember
-----------------------------------------------------------------------------------------	-------------------------------------------------------------	------------------------	------------------------------

Date 5/2/2022	Payee name Dallas Morning News
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Amount (\$) \$1388.-	Payee address; 1954 Commerce St Dallas Tx 75201	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description email e Banner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<input type="checkbox"/> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/22/22	Payee name Facebook
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Amount (\$) \$430.-	Payee address; 1601 Willow Rd Menlo Park Ca 94025	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description FB Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<input type="checkbox"/> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2 of 6</b>	2 FILER NAME <b>Steve Babicz</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/22</b>	5 Payee name <b>Google</b>	
6 Amount (\$) <b>106.27</b>	7 Payee address <b>Internet Google.com</b> City: State: Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>	(b) Description <b>Keyword</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/2/2022</b>	Payee name <b>Christen Putroz</b>	
Amount (\$) <b>\$200.-</b>	Payee address; <b>1737 E Frank Blvd Rd Carrollton Tx 75007</b> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Face Painting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/5/22</b>	Payee name <b>Jessica Ewy</b>	
Amount (\$) <b>\$350.-</b>	Payee address; <b>2415 Vista Glen Carrollton Tx 75007</b> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Band</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3 of 6</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/6/2022</b>	5 Payee name <b>Sams Club</b>	
6 Amount (\$) <b>134.67</b>	7 Payee address; City; State; Zip Code <b>Coit Rd ; Plano Tx 75093</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Paper Goods &amp; chips</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/9/2022</b>	Payee name <b>3 Nations Brewing</b>	
Amount (\$) <b>541.25</b>	Payee address; City; State; Zip Code <b>1033 Vandergriff Dr Carrollton Tx 75006</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Watch Party</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/9/2022</b>	Payee name <b>Signage Systems</b>	
Amount (\$) <b>\$73.-</b>	Payee address; City; State; Zip Code <b>Dallas Tx</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Signs Advertising</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                                                            |                               |                                |                                            |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                                                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                                                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                                                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 6	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
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4 Date 5/16/2022	5 Payee name City of Carrollton
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6 Amount (\$) <\$100.->	7 Payee address; 1945 E Jackson Rd Carrollton Tx 75006	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Deposit Refund
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/16/2022	Payee name Jolo Pizza
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Amount (\$) \$400.-	Payee address; Beltline Rd; Carrollton Tx 75006	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/17/2022	Payee name The Country Place
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Amount (\$) \$150.-	Payee address; 2227 Country Place Dr; Carrollton Tx 75006	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Newsletter
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 6	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
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4 Date 5/31/2022	5 Payee name Facebook
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6 Amount (\$) \$135.80	7 Payee address; 1601 Willow Rd New Park CA 94025	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description FB Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/2/2022	Payee name Bank of America
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Amount (\$) \$30.66	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Bank "Fees"	Description Changes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date 6/3/2022	Payee name Google
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Amount (\$) \$134.48	Payee address; Google.com Internet	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description Keyword
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                                                            |                               |                                |                                            |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                                                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                                                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                                                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 12 of 16	<b>2</b> FILER NAME Steve Babick	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/7/2022	<b>5</b> Payee name North Texas PAC	
<b>6</b> Amount (\$) 650.-	<b>7</b> Payee address; City; State; Zip Code 4625 Harvest Hill Rd; Carrollton Tx 75006	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Exp.	<b>(b)</b> Description Mailer Dues
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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