

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

11

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received
RECEIVED

APR 29 2022
CITY SECRETARY
CARROLLTON, TX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
3705 Canon Gate CR
Carrollton Tx 75007

Change of Address

Date Hand delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 896 3508

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs Margaret M
NICKNAME LAST SUFFIX
Peggi Babier

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS, 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
 July 15
 By self-election
 Runoff
 Exceeded Modified Reporting Limit
 15th day after campaign treasurer appointment (Officeholder Only)
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
4 / 1 / 2022 THROUGH 4 / 27 / 2022

11 ELECTION

ELECTION DATE: Month Day Year
5 / 7 / 22
ELECTION TYPE:
 Primary
 Runoff
 Other Description
 General
 Special

12 OFFICE

OFFICE HELD (if any)
City Council Place 1

13 OFFICE SOUGHT (if known)
Mayor

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.

Additional Pages

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

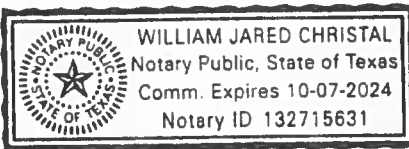
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ _____
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5400.00</u> 4500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>42.43</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4621.77</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2987.67</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>17,790.10</u>

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, Chapter 161.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Philip Steven Babier this the 28 day of April, 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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4800.-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 600.-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4621.77
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:

1 of 3

2 FILER NAME

Philip Steven Babick

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/4/22

Willie & Janita Rainwater

6 Contributor address, City, State, Zip Code

2008 Southern Oaks; Carrollton Tx 75007

50.-

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/7/22

Apartment Assoc Greater Dallas

Contributor address, City, State, Zip Code

5728 LIBS #100 Dallas Tx 75243

1750.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/7/22

Marchant Good Govt Fund

Contributor address, City, State, Zip Code

2125 N Josay Ln #200; Carrollton Tx 75006

1,000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/10/22

Rosaline Connolly

Contributor address, City, State, Zip Code

3812 Kelly Pl; Carrollton Tx 75007

50.-

Principal occupation / Job title (See Instructions)

HR manager

Employer (See Instructions)

Abertson Tom Thumb

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 3

2 FILER NAME

Philip Steven Babick

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/22

5 Full name of contributor

Coby Sparks

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

250.-

6 Contributor address;

City;

State;

Zip Code

2357 Highland Creek; Carrollton 75007

8 Principal occupation / Job title (See Instructions)

SELF-EMPLOYED/CEO

9 Employer (See Instructions)

J Renee Group

Date

4/21/22

Full name of contributor

Sammy Rana

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.-

Contributor address;

City;

State;

Zip Code

3921 Furneaux Ln; Carrollton 75007

Principal occupation / Job title (See Instructions)

Actor

Employer (See Instructions)

SELF

Date

4/15/22

Full name of contributor

Steve Kim

out-of-state PAC (ID# _____)

Amount of contribution (\$)

1,000.-

Contributor address;

City;

State;

Zip Code

3009 Tidal Dr; Carrollton Tx 75007

Principal occupation / Job title (See Instructions)

Media Company

Employer (See Instructions)

SELF

Date

4/15/22

Full name of contributor

Bob & Rose Olson

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.-

Contributor address;

City;

State;

Zip Code

4109 Province Dr; Carrollton Tx 75007

Principal occupation / Job title (See Instructions)

Retired

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.

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: 3 of 3
2 FILER NAME Philip Steven Babicz		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Chang	7 Amount of contribution (\$) 500.-
6 Contributor address; City; State; Zip Code 1060 W Frankford #200; Carrollton Tx 75007		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Dragon Baba-Note Brewery
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Philip Steven Babick		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 200.-	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Guette	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code 1213 Sycamore Dr Carrollton 75007	200.-	Plaza Margie Storage
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa & John Sutter	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code 2676 Waterford Way Carrollton 75006	\$400.-	Cookout Supplies 400.-
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Insurance Exec		Employer (FOR NON-JUDICIAL) (See Instructions) Vaco	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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 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 1054	2 FILER NAME Philip Steven Babicz	3 Filer ID (Ethics Commission Filers)
4 Date 4/4/22	5 Payee name Google	
6 Amount (\$) 39.82	7 Payee address, City, State, Zip Code Google Ads - Internet	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad words
	(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	<input type="checkbox"/> Candidate / Officeholder name	<input type="checkbox"/> Office sought <input type="checkbox"/> Office held
Date 4/4/22	Payee name Dallas Observer	
Amount (\$) 1500.-	Payee address; City; State; Zip Code 2030 Main St Dallas TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description email Campaign
	<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	<input type="checkbox"/> Candidate / Officeholder name	<input type="checkbox"/> Office sought <input type="checkbox"/> Office held
Date 4/5/22	Payee name Amazon	
Amount (\$) 53.99/x	Payee address; City; State; Zip Code Internet www.Amazon.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Sign Stickers
	<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	<input type="checkbox"/> Candidate / Officeholder name	<input type="checkbox"/> Office sought <input type="checkbox"/> 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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/22	5 Payee name USPS	
6 Amount (\$) 23.20 70.19	7 Payee address; City; State; Zip Code USPS Jackson Rd; Carrollton Tx 75006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Postage
	(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		
Date 4/11/22	Candidate / Officeholder name Payee name Amazon	
Amount (\$) 171.95	Office sought Office held Payee address; City; State; Zip Code Internet	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Supplies	Description Stakes
	<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		
Date 4/04/22	Candidate / Officeholder name Payee name City of Carrollton	
Amount (\$) 295.-	Office sought Office held Payee address; City; State; Zip Code 1945 E Jackson Rd; Carrollton Tx 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Cozube Park Reserv.
	<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		

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.

1 Total pages Schedule F1 3 of 4	2 FILER NAME Philip Steven Barbic	3 Filer ID (Ethics Commission Filers)
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4 Date 4/19/22	5 Payee name Signs on the Cheap
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6 Amount (\$) 630.52	7 Payee address: 11525A Stone Hollow Dr Austin TX 78758	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(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 4/19/22	Payee name Alphagraphics
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Amount (\$) 708.19	Payee address: 2727 Josely Ln #100 Carrollton Tx 75007	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Push Cards
	<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 4/19/22	Payee name N TX PAC
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Amount (\$) 700.-	Payee address: 4625 Harvest Hill Rd Carrollton Tx 75010	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & Mailer	Description Mailer
	<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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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.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Philip Steven Babier	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/22	5 Payee name Google Ad words	
6 Amount (\$) 500.5	7 Payee address, City, State, Zip Code Internet	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad words
	(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	<input type="checkbox"/> Candidate / Officeholder name	<input type="checkbox"/> Office sought <input type="checkbox"/> Office held

Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	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 <input type="checkbox"/> Office held <input type="checkbox"/>

Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	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 <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED