

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: *RB*

22

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

RECEIVED

APR 06 2022

CITY SECRETARY
CARROLLTON, TX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 896 3568

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

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

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

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

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
1 / 1 / 2022 THROUGH 3 / 31 / 2022

11 ELECTION

ELECTION DATE: Month Day Year *5 / 7 / 2022*
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
Councilmember

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

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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

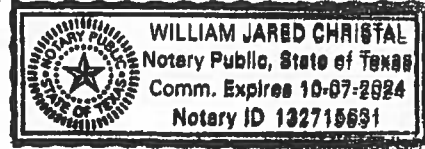
15 C/OH NAME <i>Steve Babich</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,710.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>16,042.01</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,851.87</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, Election Code.

[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 Beber this the 6 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 <i>Ph.I.p Steve Barbick</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12,710.-</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>5600.-</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>16042.01</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

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 10
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date Jan 7 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Chang 6 Contributor address; City; State; Zip Code 2625 Old Dunton Rd 404A Carrollton 75007	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Property Management		9 Employer (See Instructions) SELF
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhupinder Singh Contributor address; City; State; Zip Code 614 NW Alister Ln; Lawton Ok 73505	Amount of contribution (\$) 500.-
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) SELF
Date 2/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Garrett Contributor address; City; State; Zip Code 2226 Arbor Crest Dr 75007	Amount of contribution (\$) 500.-
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) SELF
Date 2/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard & Carolyn Buevulis Contributor address; City; State; Zip Code 2914 Panorama Dr; Carrollton 75007	Amount of contribution (\$) 500.-
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions) JOLS PIZZERIA

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 10
2 FILER NAME Steve Babiak		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leddie Taylor	7 Amount of contribution (\$) 150.-
6 Contributor address; City; State; Zip Code Po Box 110445 Carrollton Tx 75011		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) SELF
Date 2/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Pross	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 1406 Lincoln Carrollton Tx 75007		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 2/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne & Sybil Shuck	Amount of contribution (\$) 50.-
Contributor address; City; State; Zip Code 2115 High Country Carrollton Tx 75007		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Scamardo	Amount of contribution (\$) 100.-
Contributor address; City; State; Zip Code 1517 North Ridge Dr Carrollton 75006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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:
3 of 16

2 FILER NAME

Steve Babier

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/22

5 Full name of contributor

Sadig Assanie

out-of-state PAC (ID#: _____)

6 Contributor address;

1441 Van Winkle Dr 75010

City;

Carrollton Tx

State;

Zip Code

7 Amount of contribution (\$)

\$ 2500.-

8 Principal occupation / Job title (See Instructions)

Mediator

9 Employer (See Instructions)

Apix Mediation Group

Date

3/9/22

Full name of contributor

Shelina Yusuf

out-of-state PAC (ID#: _____)

Contributor address;

1009 Creek Bend Carrollton 75007

City;

State;

Zip Code

Amount of contribution (\$)

\$ 500.-

Principal occupation / Job title (See Instructions)

H/R

Employer (See Instructions)

Consultant

Date

3/9/22

Full name of contributor

Karim Ali

out-of-state PAC (ID#: _____)

Contributor address;

1043 River Rock Way Carrollton 75010

City;

State;

Zip Code

Amount of contribution (\$)

\$ 500.-

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self

Date

3/9/22

Full name of contributor

Salim Bhopari

out-of-state PAC (ID#: _____)

Contributor address;

4405 Klakuk Dr Carrollton Tx 75010

City;

State;

Zip Code

Amount of contribution (\$)

\$ 500.-

Principal occupation / Job title (See Instructions)

President Executive

Employer (See Instructions)

Apix Insurance

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: 4 of 10
2 FILER NAME Stue Babick		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahna wa Z Khakwani	7 Amount of contribution (\$) \$ 500.-
6 Contributor address; City; State; Zip Code 2057 Hebron Pkwy 612; Carrollton 75010		
8 Principal occupation / Job title (See Instructions) Owner / operator		9 Employer (See Instructions) Horizon Food Mart
Date 3/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zushan Ali	Amount of contribution (\$) \$ 500.-
Contributor address; City; State; Zip Code 1760 Blue birds Ct Carrollton 75006		
Principal occupation / Job title (See Instructions) Wealth Manager		Employer (See Instructions) Naval / Wealth Mgt
Date 3/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hal & Jackie Pendleton	Amount of contribution (\$) \$ 200.-
Contributor address; City; State; Zip Code 2805 Carnegie Ct; Carrollton 75006		
Principal occupation / Job title (See Instructions) Construction Manager		Employer (See Instructions)
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Nancy Oline	Amount of contribution (\$) \$ 200.-
Contributor address; City; State; Zip Code 3038 Silverado Dr; Carrollton 75007		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) TAMU Transportation Inst't

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:
5 of 10

2 FILER NAME

Steve Babick

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/22

5 Full name of contributor

Henry Billingsley

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 2,000.-

6 Contributor address;

City;

State;

Zip Code

1722 Rock St 7701; Dallas Tx 75201

8 Principal occupation / Job title (See Instructions)

Owner Operator

9 Employer (See Instructions)

Billingsley Companies

Date

1/17/22

Full name of contributor

Al Overholt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.-

Contributor address;

City;

State;

Zip Code

2216 Ridgewood; Carrollton Tx 75006

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/18/22

Full name of contributor

Pratten Chaparala

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.-

Contributor address;

City;

State;

Zip Code

11726 Pine Forest Dr; Dallas Tx 75230

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

1/21/22

Full name of contributor

Jim Pipkin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.-

Contributor address;

City;

State;

Zip Code

2107 Greenview Dr; Carrollton 75010

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 6 of 10
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon Marguiz	7 Amount of contribution (\$) \$ 100.-
6 Contributor address; City; State; Zip Code 3800 Seminole Pl; Carrollton 75007		
8 Principal occupation / Job title (See Instructions) Quality Mar		9 Employer (See Instructions) Siemens
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Lott	Amount of contribution (\$) \$ 25.-
Contributor address; City; State; Zip Code 2004 E Peters Colony; Carrollton 75007		
Principal occupation / Job title (See Instructions) SR Mgr Cust Svc		Employer (See Instructions) Southwest Airlines
Date 2/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pon & Patti Grant	Amount of contribution (\$) \$ 100.-
Contributor address; City; State; Zip Code 5736 Big River Dr; Colony Carrollton 75956		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) DPD
Date 2/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip McBride	Amount of contribution (\$) \$ 50.-
Contributor address; City; State; Zip Code 1946 Rambling Ridge Carrollton 75007		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Gunn Partners

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 7 of 10
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob & Lori Grant	7 Amount of contribution (\$) \$ 100.-
6 Contributor address; City; State; Zip Code 2305 Upton; Flower Mound 75208		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) DPD
Date 2/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Saar	Amount of contribution (\$) \$ 50.-
Contributor address; City; State; Zip Code 1007 Hunters Creek Dr; Carrollton 75007		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Johnson	Amount of contribution (\$) \$ 50.-
Contributor address; City; State; Zip Code 3709 Canon Gate; Carrollton 75007		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karim Ali	Amount of contribution (\$) \$ 200.-
Contributor address; City; State; Zip Code 4313 Tall Knight Ln Carrollton 75007		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 8 of 10
2 FILER NAME Steve Babicz		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Luevanos	7 Amount of contribution (\$) \$ 25.-
6 Contributor address; City; State; Zip Code 3712 Canon Gate Carrollton 75007		
8 Principal occupation / Job title (See Instructions) Fire fighter		9 Employer (See Instructions) Dallas Fire - Rescue
Date 2/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Isaly	Amount of contribution (\$) \$ 25.-
Contributor address; City; State; Zip Code 2620 Lakehill Ln; Carrollton 75006		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) CFBISD
Date 2/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galileo Juonanes	Amount of contribution (\$) \$ 100.-
Contributor address; City; State; Zip Code 2004 Via Ballena; Carrollton 75006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marchant + Good Govt Fund	Amount of contribution (\$) \$ 250.-
Contributor address; City; State; Zip Code 2125 N Sosky Ln 200; Carrollton 75006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 9 of 10
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara M ^c Aninch	7 Amount of contribution (\$) \$ 100.-
6 Contributor address; City; State; Zip Code 2800 Leisure Ln; Carrollton 75006		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Retired
Date 3/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Sue M. Kravetz	Amount of contribution (\$) \$ 25.-
Contributor address; City; State; Zip Code 1743 South Hampton; Carrollton Tx 75007		
Principal occupation / Job title (See Instructions) Book keeper		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lark & Robert Tribble	Amount of contribution (\$) \$ 150.-
Contributor address; City; State; Zip Code 2236 High Country; Carrollton Tx 75007		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) RE Graphics
Date 3/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Windrow	Amount of contribution (\$) \$ 100.-
Contributor address; City; State; Zip Code 2301 Westbrook Dr; Carrollton 75007		
Principal occupation / Job title (See Instructions) Director Texas FPA		Employer (See Instructions) Mannatec Inc
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 10 of 10
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Ann Love	7 Amount of contribution (\$) \$ 10.-
6 Contributor address; City; State; Zip Code 2105 Via Corda Carrollton 75006		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 3/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Dion	Amount of contribution (\$) \$ 250.-
Contributor address; City; State; Zip Code 3209 Squireswood Dr; Carrollton 75006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Isaly	Amount of contribution (\$) \$ 50.-
Contributor address; City; State; Zip Code 2620 La Zehill Ln; Carrollton 75006		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) CFBISD
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)

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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: 1
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 12190.08
5 Date of loan 3/31/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Babick	9 Loan Amount (\$) 5600.-
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 3705 Caron Gate Ct Carrizo Hill TX 75007	10 Interest rate -
		11 Maturity date 12/31/2022
12 Principal occupation / Job title (See Instructions) Chief Financial Officer		13 Employer (See Instructions) HSI Hub Aeg Inc
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 checked="" 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? Y <input type="checkbox"/> N	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 Expenses	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 2	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
4 Date 1/3/22	5 Payee name Facebook	
6 Amount (\$) \$37.-	7 Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Facebook
	(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 1/11/22	Payee name Campaign Partner Data Ecology	
Amount (\$) 15.-	Payee address; City; State; Zip Code Po Box 118 Still River MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	<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 1/12/22	Payee name Signs on the Cheap	
Amount (\$) 1294.82	Payee address; City; State; Zip Code 11525 A Stone hollow Dr #100 Austin Tx 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	<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: 20 FEB	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
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4 Date 1/18/22	5 Payee name Buttons Online
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6 Amount (\$) 164.53	7 Payee address; City; State; Zip Code 3906 Morrow Dr Glendale AZ 85308
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Buttons
	(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 1/18/22	Payee name Vista Print
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Amount (\$) 340.57	Payee address; City; State; Zip Code Hudsonway 8 Netherlands 59287LW
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Window Decal
	(c) <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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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 | 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 8	2 FILER NAME Steve Babier	3 Filer ID (Ethics Commission Filers)
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4 Date 1/18/22	5 Payee name Signs on the Cheap
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6 Amount (\$) 713.35	7 Payee address: 11525A Stone hollow Dr #100 Austin TX 78758
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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 1/19/22	Payee name City of Carrollton
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Amount (\$) \$250.-	Payee address: 1945 E Jackson Rd Carrollton Tx 75006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee
	(c) <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 2/24/22	Payee name Alphagraphics
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Amount (\$) 355.88	Payee address: 2722 N Josay Ln #100 Carrollton Texas 75007
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Pvsd Cards
	(c) <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 | 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: 4 of 8	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/22	5 Payee name Amazon	
6 Amount (\$) 89.17	7 Payee address; City; State; Zip Code Amazon Stx 2 1625 H-Horn Dr Carrollton 75006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sign Wines
	(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
Date 1/31/22	Payee name Facebook	
Amount (\$) 390.12	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Facebook Ad
	<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
Date 2/7/22	Payee name 3 Nations Brewery	
Amount (\$) 335.58	Payee address; City; State; Zip Code 1033 Vandergriff Dr Carrollton 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Kiehoff
	<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 | 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: 5 of 8	2 FILER NAME Steve Babicz	3 Filer ID (Ethics Commission Filers)
4 Date 2/7/22	5 Payee name Samie Sailer	
6 Amount (\$) \$100.-	7 Payee address; City; State; Zip Code 1033 Vandergriff Dr Carrington TX 75006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Server TABQ
	(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

Date 2/7/22	Payee name Walmart	
Amount (\$) 84.37	Payee address; City; State; Zip Code 1213 E Trinity Mills Carrington TX 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies
	<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

Date 2/28/22	Payee name Facebook	
Amount (\$) 83.12	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Facebook Ads
	<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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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: 6 of 8	2 FILER NAME Steve Babieč	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/22	5 Payee name The Country Place	
6 Amount (\$) 250.-	7 Payee address; City; State; Zip Code 2727 Country Place Drive Carrollton TX 75006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Newsletter Ad
	(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
Date 3/14/22	Payee name Signs on the Cheap	
Amount (\$) 787.14	Payee address; City; State; Zip Code 11525A Stonehollow Dr #100 Austin TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	<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
Date 3/17/22	Payee name Star Local Media	
Amount (\$) 3130.-	Payee address; City; State; Zip Code 3501 Plano Parkway #200 Plano TX 75074	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Banner i Email
	<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 | 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: 7 of 8	2 FILER NAME Steve Babier	3 Filer ID (Ethics Commission Filers)
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4 Date 3/21/22	5 Payee name Gravis Marketing
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6 Amount (\$) 3421.-	7 Payee address: 2937 Sierra Ct S/W Iowa City IA 52240	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 Direct Mail
	(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 3/21/22	Payee name Alphagraphics
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Amount (\$) 876.83	Payee address: 2727 N Sosay 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) Advert. sig'g Printing	Description Door Hanger
	<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 3/22/22	Payee name Metrocrest Services
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Amount (\$) 500.-	Payee address: 13801 Hutton Dr. #150 Farmers Branch TX 75234	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Sponsorship
	<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 | 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: 8 of 8	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
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4 Date 3/23/22	5 Payee name DK Media Group
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6 Amount (\$) 2500.-	7 Payee address: 2356 Glenda Dr Dallas TX 75229	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 Digital iPoint
	(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 3/24/22	Payee name Bank of America
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Amount (\$) 10.-	Payee address: 3028 W Josay Ln Carrollton TX 75007	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Wire Fee
	<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 3/31/22	Payee name Facebook
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Amount (\$) 313.53	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 Facebook Ad
	<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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