CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethi	ics Commission Filers)	2 Total pages file	d: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Philip	5	мI ?		JSE ONLY
I W WIL	NICKNAME Steve	Babic	K	SUFFIX	RECI	EIVED
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STAT	E; ZIP CODE	JAN 1	7 2023
MAILING ADDRESS Change of Address	Carro	. 1 .	< 7500	7		CRETARY LTON, TX
5 CANDIDATE/	AREA CODE	PHONE NUMBER		NSION	Date Hand-delivered	
OFFICEHOLDER PHONE	(972)	896 3568			Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST Mango	cot	™ M	Date Processed	
NAME	NICKNAME	LAST	و تصلا د د	SUFFIX		
	Peggi	Babil	<u>k</u>		Date Imaged	
7 CAMPAIGN		NO PO BOX PLEASE); APT / S	_	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	3705	Canon Go	BLCR			
(Residence or Business)	Carr	-ollton	3	007		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTE	ENSION		
PHONE	(972)	740-44	32			
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day aft treasurer ap (Officeholder	pointment
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	7,	16/2020	THROUGH		31/20	322
11 ELECTION	ELECTION DA Month Day	TE Primary	Runoff	Other	:	
	r /1	/	Special	Description		
	3/6/	2023 General	- * 55000°			
12 OFFICE	OFFICE HELD (if any)		13 OFF	ICE SOUGHT (if known	n)	
	May	or		17 ayo		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRES	8		
GO TO PAGE 2						

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 1,100,7 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: WILLIAM JARED CHRISTAL Notary Public, State of Texas (1) Affidavit Comm. Expires 10-07-2024 Notary ID 132715631 NOTARY STAMP/SEAL Steve BAMUE this the 17th day of TANVARY Sworn to and subscribed before me by ___ , to certify which, witness my hand and seal of office. Welliam J. Christy Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration , and my date of birth is _ My name is _ My address is (street) (city) (state) (zip code) (country) Executed in _____ county, State of _____ , on the ____ day of (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	ı	s 100,-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1,000.
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUT	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, BO NOT include this page in the report.				
The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:		
2 FILER NAME	Philip Steven	3 Filer ID (Ethics Commission Filers)		
4 Date 6/1/202	5 Full name of contributor out-of-state PA	State: Zin Code	7 Amount of contribution (\$)	
	1801 Sandy Lake Rd, Co	ppell Tx 75014		
1801 Sandy Lake Rd; Coppell Tx 75019 8 Principal occupation / Job title (See Instructions) Peal for Self				
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l otions)	
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.

*			7		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME Philip Steven Babick			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$0,000 - N/A		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	ies	8 Amount of 9 In-kind contribution Contribution 9 In-kind contribution		
11/30-		Zip Code	VCheck if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
	0/Finance	HS	1 Inc		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribi	ntor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor'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)					
	A September 2				
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/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)

Gredit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	Philip Steven	, Babick 3	3 Filer ID (Ethics Commission Filers)	
4 Date 12/2/2022	Bloomburg Phila	nthropis	In-Kind	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1,000.	25 E 78 St. NY N	Y 10075		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		1		
EXPENDITURE	Event Expinsi	New Mayor	Summar atravel	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Povoe siddrese:	C:hr.	State: Zin Cada	
Amount (4)	Payee address;	City;	State; Zip Code	
	,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	Cibr	State: Zin Code	
7	rayec addiess,	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED	

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.					
	uction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME Ph	ilip Steven Babick	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	Corpbration or Labor Organization / Pledgor / Payee				
5 Contribution / Expend	liture reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
6 Dates of travel	7 Name of person(s) traveling Philip Steven Rabicle				
	8 Departure city or hame of departure location DFW AIR PORT				
	9 Destination city or name of destination location				
10 Means of transportati		eminar, or other event)			
AIT	New Mayor Confer	ence and travel			
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expend	liture reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					