

# 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: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
		Mr. Philip	S
	NICKNAME	LAST	SUFFIX
	Steve	Babick	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
<input checked="" type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 972 )	896-3568	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Mrs. Margaret	M
	NICKNAME	LAST	SUFFIX
	Peggi	Babick	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
	3705 Canon Gate Circle Carrollton TX 75007		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 972 )	740-4432	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	7	16	2023
	THROUGH	Month	Day
		1	12
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	/	/	
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS		

**OFFICE USE ONLY**

Date Received

**RECEIVED**

JAN 16 2024

**CITY SECRETARY  
CARROLLTON TX**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

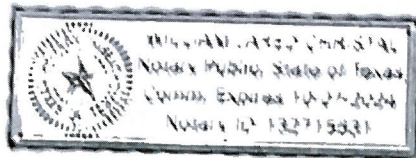
18 CANDIDATE NAME <b>Steve Babicz</b>		19 TITLE (If other, include title)	
20 CONTRIBUTION TOTALS	1	TOTAL UNORGANIZED POLITICAL CONTRIBUTIONS (OTHER THAN MEMBER LOANS OR GUARANTEES OF LOANS) (CONTRIBUTIONS MADE BY INDIVIDUALS)	\$ 0
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN MEMBER LOANS OR GUARANTEES OF LOANS)	\$ 0
	3	TOTAL UNORGANIZED POLITICAL EXPENDITURE	\$ 0
	4	TOTAL POLITICAL EXPENDITURES	\$ 832.24
21 EXPENSE TOTALS	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7665.61
22 CONTRIBUTION BALANCE	6	TOTAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18931.02

23 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 the voter title to, 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 Phillip Steven Basore on the 11<sup>th</sup> day of January 2004.  
 I, [Signature], Notary Public, do hereby certify that the foregoing is true and correct.  
 My commission expires on 10/27/2004.

OR

(2) Oath of Office

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_  
 My address is \_\_\_\_\_  
 I am a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 2004.

Signature of Candidate/Officeholder (Required)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Steve Bobick</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>832.24</i>
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	\$

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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 H 1 of 3	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
4 Date 7/24/2023	5 Business name mailchimp	
6 Amount (\$) 87.14	7 Business address; 675 Ponce de Leon Atlanta GA 30308 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Email Campaign
	(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 8/3/2023	Business name Star Local Media	
Amount (\$) \$ 303.-	Business address; 3001 Plano Pkwy # 200 Plano Tx 75074 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Carrollton Leader
	<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 8/24/2023	Business name Mail Chimp	
Amount (\$) 87.14	Business address; 675 Ponce de Leon Atlanta GA 30308 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Exp	Description Email Campgn
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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### 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 H: <b>2 of 3</b>		2 FILER NAME <b>Steve Babick</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/25/2023</b>		5 Business name <b>Mail Chimp</b>			
6 Amount (\$) <b>87.14</b>		7 Business address; City; State; Zip Code <b>675 Ponce de Leon Atlanta GA 30308</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Adv Exp</b>		(b) Description <b>Email</b>		
	<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>10/24/2023</b>		Business name <b>Mail Chimp</b>			
Amount (\$) <b>87.14</b>		Business address; City; State; Zip Code <b>675 Ponce de Leon Atlanta GA 30308</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv Exp</b>		Description <b>Email</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>11/24/23</b>		Business name <b>Mail Chimp</b>			
Amount (\$) <b>87.14</b>		Business address; City; State; Zip Code <b>675 Ponce de Leon Atlanta GA 30308</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv Exp</b>		Description <b>Email</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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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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### 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 H <b>3 of 3</b>	2 FILER NAME <b>Steve Babick</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/26/23</b>	5 Business name <b>Mail Chimp</b>
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6 Amount (\$) <b>93.54</b>	7 Business address, City, State, Zip Code <b>675 Ponce de Leon Atlanta GA 30308</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Adv Exp</b>	(b) Description <b>Email</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address, City, State, Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address, City, State, Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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