# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI S	OFFICE USE ONLY						
NAME	Mr.	Philip	SUFFIX	Date Received						
	Steve	LAST Babick	RECEIVED							
4 CANDIDATE/	ADDRESS / PO BOX		CITY, STATE, ZIP CODE	KECEI VED						
OFFICEHOLDER MAILING				JAN 16 2024						
ADDRESS				CITY SECRETARY						
Change of Address				CARROLLTON, TX						
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER 896-3568	EXTENSION	Date Hand-delivered or Date Postmarked						
PHONE	( 972 )	090-3300		Receipt #   Amount \$						
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	мі <b>М</b>							
NAME	Mrs.	Margaret	SUFFIX	Date Processed						
	NICKNAME	Babick	SUFFIA	Date Imaged						
7 CAMPAIGN	Peggi	(NO PO BOX PLEASE), APT / S	UITE #, CITY,	STATE, ZIP CODE						
TREASURER	3705 Canon	Total State Control of the Control o		<b>5</b>						
ADDRESS (Residence or Business)	Carrollton TX									
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION							
TREASURER										
PHONE	( 972 ) 740-4432									
9 REPORT TYPE	X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)									
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)						
10 PERIOD	Month	Day Year	Month	Day Year						
COVERED	7 ,	/16 / 2023	THROUGH 1	/ 12 / 2024						
11 ELECTION	ELECTION DATE ELECTION TYPE									
	Month Day Year Primary Runoff Other Description									
	General Special									
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if know	n)						
12 011102	Mayor									
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								
	CENERAL	COMMITTEE ADDRESS								
Additional Pages	☐ GENERAL	GENERAL								
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS							
GO TO PAGE 2										

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

48 CHANA NAME		100
TO CHAINANE	Leve Babie 2	THE THE IST VERHALLS VICENCE METERS THE IST
	LEVE CARICE	
16117FE 16 62 M 140M 146 M	スプラン・ (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	8
1 03 40	* TOTAL POLITICAL CONTRIBUTIONS (Allowed folds by appears Linux and departments of Linux)	8 0
ナインナメナル	4 FOLGE ENVIRONMENT BOFILDS ENDENDIRONE	8
PERMIT ARY		
	4: TOTAL POLITICAL EXPENSITIVES	\$ 832,24
サイナングを	ター オキア・スチェング できょうりゃ ディング アン・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス・ス	8 74 k5, 61
FINAL LINES	# TYPE AND THE MENT OF ALL CHIESTANDING LOWNS AS CHIESTAND FOR THE MENTAL PROPERTY OF ALL CHIESTANDING LOWNS AS CHIESTAND FOR THE MENTAL PROPERTY OF ALL CHIESTAND FOR A STANDING PROPERTY OF ALL CHIESTAND FOR AL	
	the or against strike because on besticist gains accombinitions cabout as sink	A MILE COMMISSION MAN (Society and sales)
	htenh for god indirections god into handon, pigno you papelying Confer. Here's for smaller handon houself for thebaland, and and an accounting its about any about	and the section of th
	to the	216
	ઉંદ્યોદ્ધા મહીદ્દમાન્દ્ર ફર્યા દ્વેગક	supplies to Americalist
	Diagra gamplate althor antique habour	
	Please complete either option below	R
	The same and the s	
	Willy Warrey Hazz Low 2. 4	
(1) AMRHANIR	The course shows state or terras	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	The second secon	
大学 医大学 医大学	6 -	JANHAY
bedroadus has as mouth	when we as Thillip Stores Braise man	11 mm m 2004
I L	chich, withous any hand and soul of office.	
14 - 5 V	Nillian Jacob Charles	Nether
मार्थिकांसाक स्थी संग्रीतक असमामानका	मीके क्षामान क्षामानक क्षामान क्षामान	र्माक्त क्रुमाक्ष्यासम्बद्धः कामान क्रमान
	949	STATE OF THE PROPERTY.
(2) Unamoin Declaratio	A Company of the Comp	
No married in	and my date of birth is	
	THE THE COURT OF THE PARTY	
Nity and Mississes Ta	(Amanda)	Auto Con Control
		company (suppression) (context)
Exercitari In	County Balain of One and Officer of	Market St.
	States while an included an included	Herina e Marchadorephani Ve Sarvina variety

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILERN	Stove Babick	mmission Filers)	
21	SCHEDL NAME O	ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1,		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	4	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$832.24
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

# 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.

		те принади	, 50 (10)	include ti	ns page in the	report.		
		EXPENDI	TURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By cal Committee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	pense rials Expense	Loan Repar Office Over Polling Exp Printing Ex Salaries/W	/ment/Reimbursement head/Rental Expense ense	Transpor Travel In Travel O	District ut Of District	Expense ant & Related Expense not listed above)
Total pages Schedule H.	2 FILER N		Bel	orck		3 Filer	ID (Ethics C	Commission Filers)
7/24/2023	5 Business	name	1~~					
Amount (\$)	7 Business	address;			City;		State;	Zip Code
87.14	475	- Ponc	edel	181	Ath	nte	64	30308
PURPOSE OF	(a) Category	(See Categories listed	d at the top of this s	schedule)	(b) Description	,	•	
EXPENDITURE	(c) \[ \frac{1}{2} \]	Check if travel outside of	Texas Complete So	ye I	Shook if Am	211	any	arpn
Complete ONLY if direct expenditure to benefit C/O	Candida	ate / Officeholder			Office sought	stin, TX, officeho		fice held
Date	Business	name						
8/3/2023		Stour L	000	1 m	edia			
Amount (\$)	Business	address;	0	出	City;		State;	Zip Code
303.	3001	Plan	o Ph		200 /	ano	Tx	75074
PURPOSE	Category .	(See Categories listed	at the top of this se	chedule	Description		1	
OF EXPENDITURE	Advi	r + SIF	exas. Complete Sci	2 In Se	Check if Aus	olte.	Ider living expe	dic
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder	name	0	ffice sought			fice held
Date 8/24/2023	Business	\ A	MO					
Amount (\$)	Business		rep_		City;		State;	Zip Code
87.14	675	- P	ma	216	ion A	tlan	a 64	3030
PURPOSE OF EXPENDITURE	Adv	See Categories listed	)		Description  Check if Aus	AA (	Ider living expe	rsh
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder	name	0	ffice sought	*	Of	fice held
	ATTA	CH ADDITION	AL COPIES (	OF THIS SO	HEDULE AS NE	EDED		

## 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 (	CATEGORIE	S FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Lo Fees Off Food/Beverage Expense Po Giff/Awards/Memorials Expense Pri		epaymenl/Reimbursement Overhead/Rental Expense Expense (Expense s/Wages/Contract Labor o complete this form.	Transportation Equi Travel in District Travel Out Of Distri Other (enter a categ	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule H:	2 FILER N	AME	)	1	3 Filer ID (Ethic	es Commission Filers)		
2 o F 3	5 Rusiness	STEVE Y	Sabie	L R				
9/25/2023	Dadineco	name ()	2					
6 Amount (\$)		address;	/	City;	State;	Zip Code		
87.14	675	Ponce	de L	em A	Hanta 6	A 30308		
8	(a) Category	(See Categories listed at the top	of this schedule)	(b) Description	1			
PURPOSE OF EXPENDITURE	Adv	Exp		En	nail			
	(c)	Check if travel outside of Texas. Com	nplete Schedule T.	Check if Au	ustin, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held		
Date	Business	name						
10/24/2623 Amount (\$)		al Chim	P	City;	State;	Zip Code		
87.14	675	Ponce	- 21	Leon	At lant	6A 30308		
\	Category	(See Categories listed at the top	of this schedule)	Description				
PURPOSE OF EXPENDITURE	Ad	V Exp		E	nail			
		heck if travel outside of Texas. Com	plete Schedule T.	Check if Au	istin, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held		
Date	Business	name			THE REAL PROPERTY OF THE PROPE			
11/24/22	M	al Class	110					
Amount (\$)	Business	address;	with	City;	State;	Zip Code		
87.14	675	- Ponce	- de	Leon	At lanter a	6A 30308		
	Category	(See Categories listed at the top	of this schedule)	Description				
PURPOSE OF EXPENDITURE	Ad	1 Exp		En	vai			
		heck if travel outside of Texas. Com	piete Schedule T.		ustin, TX, officeholder living			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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

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 Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense Legal Services			Office Overhead/Rental Expense Tran Polling Expense Trav Printing Expense Trav			Transpor Travel In Travel O	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District ther (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule H	2 FILER NAMES HAVE Babick						3 Filer I	D (Ethics	Commission Filers)	
4 Date	5 Business	name Chin	10			-				
6 Amount (\$)	7 Business	address;			C	City;		State;	Zip Code	
93.54	675	Ponu	del	10	n f	Har	ra	6A	30308	,
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			ile)	(b) Description					
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense					_
	(c)	_neck if travel outside of Texas	s. Complete Scheduk	31.	Che	ck if Austin,	ix, officend	laer living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder na	ime	C	Office sough	nt		C	Office held	
Date	Business	name								
Amount (\$)	Business	address;			C	City;		State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at th	e top of this schedu	le)	Descript	tion				-
	Check if travel outside of Texas. Complete Schedule T.			T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder na	me	C	Office sough	t		C	Office held	
Date	Business	name								
Amount (\$)	Business	address;			C	City;		State;	Zip Code	
The second secon										
PURPOSE OF EXPENDITURE	Category	(See Categories listed at th	e top of this schedu	ile)	Descrip	tion				
	Check if travel outside of Texas. Complete Schedule T.			T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder na	me	C	Office sough	nt			Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										
										_