

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: 13
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		
	3705 Canon Gate Circle Carrollton TX 75007		
<input 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		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	740-4432	
9 REPORT TYPE	<input 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 checked="" 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
	4	1	2023
	THROUGH		Month Day Year
			4 / 26 / 2023
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5	6	2023
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Mayor of Carrollton		Mayor of Carrollton (Re-Election)
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 checked="" type="checkbox"/> GENERAL	Texas Realtors PAC (TREPAC)		
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
<input type="checkbox"/> Additional Pages	1115 San Jancinto Blvd; Ste 200; Austin TX 78701		
	COMMITTEE CAMPAIGN TREASURER NAME		
	Mandy Balch		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	PO Box 2246; Austin TX 78767-226		

OFFICE USE ONLY

Date Received
RECEIVED

APR 28 2023
**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

15 C/OH NAME Steve Babick		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)	\$ 13,720.—
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 43.31
	4. TOTAL POLITICAL EXPENDITURES	\$ 13626.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,140.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19090.10

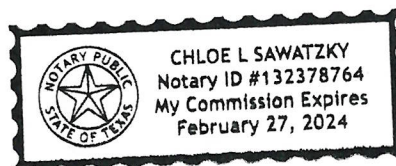
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steve Babick

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Steve Babick this the 28 day of April,

2023, to certify which, witness my hand and seal of office.

Chloë L Sawatzky Chloë Sawatzky City Secretary
Signature of officer administering oath Printed name of officer administering oath 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	\$ 13720.-
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	\$ 13670.19 13626.88
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 5
2 FILER NAME Steve Babie		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry & Lucy Billingsley	7 Amount of contribution (\$) 5,000.-
6 Contributor address; City; State; Zip Code 1722 Roth St. Ste 770; Dallas Tx 75241		
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions) SELF
Date 4/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marchant Good Govt Fund	Amount of contribution (\$) 1,000.-
Contributor address; City; State; Zip Code 2125 N Jossey Ln Carrollton Tx 75006		
Principal occupation / Job title (See Instructions) Retired / PAC		Employer (See Instructions)
Date 4/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Lisa Suttler	Amount of contribution (\$) 200.-
Contributor address; City; State; Zip Code 2304 Watermill Ct Carrollton 75006		
Principal occupation / Job title (See Instructions) VP of Insurance Principal		Employer (See Instructions) Capitol Governance
Date 4/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Russell	Amount of contribution (\$) 100.-
Contributor address; City; State; Zip Code 2228 E Peters Colony, Carrollton 75007		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Defender Protection

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 5
2 FILER NAME Steve Babine		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Foster	7 Amount of contribution (\$) 50.-
6 Contributor address; City; State; Zip Code 2706 Carraige Carrollton TX 75006		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) —
Date 4/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELF Andonian	Amount of contribution (\$) 200.-
Contributor address; City; State; Zip Code 2108 Greenstone Tr Carrollton TX 75010		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Auto Elective Systems
Date 4/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emriaz Sultanali	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 401 Avalon Ln Carrollton TX 75006		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) —
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iqbal Haji	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4124 Calamba Av Carrollton TX 75010	500.-
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) —

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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: 3 of 5
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noman Rehman	7 Amount of contribution (\$) 500.-
6 Contributor address; City; State; Zip Code 1440 Carrollton Pkwy #15312, Carrollton 75010		
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions)

Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed Darph	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 419 Dakota Carrollton Tx 75010		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions)

Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noorani Farid Gulam	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 2621 Chambers Ln Plano Tx 75093		
Principal occupation / Job title (See Instructions) DR		Employer (See Instructions) SELF

Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karim Ali	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 2665 V. 1/2 Creek Dallas Tx 75234		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF

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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: 4 of 5
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nooruddin Moosa	7 Amount of contribution (\$) 500.-
6 Contributor address; City; State; Zip Code 1017 Alyssala Carrollton Tx 75006		
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) —
Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawkat Ziwani	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 640 N Story Rd Irving Tx 75061		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) —
Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zajneel Hamirani	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 676 Sahalee Frisco Tx 76008		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) —
Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed Noorani	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 1293 Twin Harbors Dr. Frisco 75034		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) Insurance Agent

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: 5055
2 FILER NAME Steve Babick		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusty Pendleton	7 Amount of contribution (\$) 50.-
6 Contributor address; City; State; Zip Code 2805 Carnegie Ct Tx 75006		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) _____

Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Olsen & Nancy Olsen	Amount of contribution (\$) 120.- 120.- BB
Contributor address; City; State; Zip Code 4109 Province Carrollton Tx 75007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Owners Assoc Greater Dallas	Amount of contribution (\$) 2000.-
Contributor address; City; State; Zip Code 860 Airport Fwy Hurst Tx		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: **1065** 2 FILER NAME: **Steve Babick** 3 Filer ID (Ethics Commission Filers)

4 Date: **4-5-23** 5 Payee name: **In Texas Tradition**

6 Amount (\$): **1389.-** 7 Payee address; City; State; Zip Code: **2935 Irving Blvd Irving Tx 75247**

8 PURPOSE OF EXPENDITURE: **Advertising Exp** (a) Category (See Categories listed at the top of this schedule): **Advertising Exp** (b) Description: **Signs**

(c) Check if travel outside of Texas. Complete Schedule T. 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: **4-6-23** Payee name: **Judson Stafford Install Connect**

Amount (\$): **800.-** Payee address; City; State; Zip Code: **505 W State Street Garland Tx 75040**

PURPOSE OF EXPENDITURE: **Advertising Exp.** Category (See Categories listed at the top of this schedule): **Advertising Exp.** Description: **Signs**

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **4-7-23** Payee name: **Istock Photo**

Amount (\$): **12.99** Payee address; City; State; Zip Code: **www.istockphoto.com**

PURPOSE OF EXPENDITURE: **Advertising Exp** Category (See Categories listed at the top of this schedule): **Advertising Exp** Description: **Art / Photo License**

Check if travel outside of Texas. Complete Schedule T. 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

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: 2 of 5	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
4 Date 4-10-23	5 Payee name Alphagraphics	
6 Amount (\$) 1182.22	7 Payee address; City; State; Zip Code 2722 N Josay Ln #100 Carrollton Tx 75007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Door hangars
	(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 4-12-23	Payee name In Texas Tradition	
Amount (\$) 1345.45	Payee address; City; State; Zip Code 2935 N Irving Blvd; Irving Tx 75247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	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 4-17-23	Payee name Marmack Designs	
Amount (\$) 3934.99	Payee address; City; State; Zip Code 1545 Capital Dr #108 Carrollton Tx 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	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

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	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: 30+5	2 FILER NAME Steve Babick	3 Filer ID (Ethics Commission Filers)
4 Date 4-20-23	5 Payee name Star Local Media	
6 Amount (\$) 1,000.-	7 Payee address; City; State; Zip Code 624 Krona Dr Plano Tx 75074	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp.	(b) Description Print 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-3-23	Payee name Facebook	
Amount (\$) 481.54	Payee address; City; State; Zip Code Online Ad; Menlo Park CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Social Media
	<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 4-21-23	Payee name Facebook	
Amount (\$) 500.-	Payee address; City; State; Zip Code online Ad menlo park CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Social Media
	<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

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 | 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: <i>4 of 5</i>	2 FILER NAME <i>Steve Babick</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-24-23</i>	5 Payee name <i>Clear Channel Outdoor</i>	
6 Amount (\$) <i>2057.14</i>	7 Payee address; City; State; Zip Code <i>3700 E Randall Mill Rd Dallas Tx 75011</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description <i>Billboard</i>
	(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 <i>4-24-23</i>	Payee name <i>MailChimp</i>	
Amount (\$) <i>73.55</i>	Payee address; City; State; Zip Code <i>675 Ponce DeLeon; Atlanta GA 30304</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>Email Blast</i>
	<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 <i>4/24/23</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>500.-</i>	Payee address; City; State; Zip Code <i>Online Ad Menlo Park CA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Social Media</i>
	<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

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	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 5	2 FILER NAME Steve Babicz	3 Filer ID (Ethics Commission Filers)
4 Date 4-27-23	5 Payee name The Country Place	
6 Amount (\$) 100. -	7 Payee address; City; State; Zip Code 2727 Country Place Dr Carrollton Tx 75004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description News/Letter 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
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Date 4-25-23	Payee name Install Connect - Sudson Stafford		
Amount (\$) 250. -	Payee address; City; State; Zip Code 505 W State St Garland Tx 75040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	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
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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 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