CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Fil	lers) 2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	ms/mrs/mr Mr.	FIRST Philip	MI S	OFFICE USE ONLY	
NAME	NICKNAME Steve	LAST Babick	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 3705 Canon G Carrollton TX	ate Circle	CITY; STATE; ZIP CODE	JUL 1 7 2023 CITY SECRETARY	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (972) 8	PHONE NUMBER 396-3568	EXTENSION	Date WARRANCEL TO DO Nostmaxed Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR Mrs	FIRST Margaret	M M	Date Processed	
1 1 m 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NICKNAME Peggi	_{LAST} Babick	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I 3705 Canon Carrollton TX		SUITE #; CITY;	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (972) 740-	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	ection Exceeded Modifi Reporting Limit	ied Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 04	Day Year / 27 / 2023	THROUGH 0	onth Day Year 7 15 /2023	
11 ELECTION	ELECTION DAY	Year Primary General	ELECTION Runoff Other Descrip Special		
12 OFFICE	OFFICE HELD (if any) Mayor of Carr	ollton	13 OFFICE SOUGHT (if	known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WITHOUT TH	RES MADE BY POLITICAL COMMITTEES TO SUPPORT E CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR NLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		Automotive and the second seco	
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR	EASURER NAME		
	SPECIFIC	COMMITTEE CAMPAIGN TO			
GO TO PAGE 2					

		OFFICEHOLDER IANCE REPORT	CO	FORM C/OH OVER SHEET PG 2		
15 C/OH NAME Philip Steve	n Babio	ck .	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)		\$0.00		
CERVED	2. FS	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,050.00		
EXPENDITURE TOTALS	3 .	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 200.00		
SECRETARY POLLTON, TX	MAC	TOTAL POLITICAL EXPENDITURES		\$ _{5,492.91}		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 8,497.85		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLAST DAY OF THE REPORTING PERIOD	F THE	\$ 18,931.02		
WILL	IAM JARI Y Public, in Expire	ED CHRISTAL State of Texas s 10-07-2024 132715631	ndidate			
	Please complete either option below:					

(1) Affidavit						
NOTARY STAMP/SEAL Sworn to and subscribed befo	l l		7 Daniek	this the 17th	day of	Tvy,
20 ocertify which	n, witness my hand and sea Will ath Printer		N/K		No TAR	r 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 t	he day o	(month)	, 20 (year)	
1		130	Signature	of Candidate/Off		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)				
	Philip Steven Babick					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$4,050.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	.\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	\$5,492.91				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	TRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$				

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 FILER NAME	Philip Sturn Babial	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6/1/23	Sam Pack 6 Contributor address; City; State; Zip Code 75 Po Box 1/000 S& Carrollon Tx7	010 2,500.00
_	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Car ?	Draleiship Sel	
Date	Full name of contributor	Amount of contribution (\$)
6/1/23	John Kim Contributor address; City; State; Zip Code 1569 Caldwill Cir 75007	1,000.
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
	tor	olle
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
6/7/	Contributor address; City; State; Zip Code	350.
1 23	2226 Arber Crest; Carrollfor	75007
, ,	cation / Job title (See Instructions) Employer (See	Instructions) 30 J
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
6/7/	Contributor address; City, State; Zip Code	200,
/ /23	Po Box 1100 46 Carrollon Tx 7	5010
1 1	pation / Job title (See Instructions) Employer (See	Instructions)
Atto	erney 5	er
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see Instruction guide for add	

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Polling 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; Zip Code State: 500,-8 PURPOSE OF EXPENDITURE (c) Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date State: Zip Code Category (See Categories listed at the top of this Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texa . Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code 279.6 Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		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)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Sterin	Babiek	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/23	5 Payee name Face Sook	4	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
115.87	1601 Willow A	ld menlo la	rk CA 94025
8	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising (Exp Fa	cabook
1 1/2	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/8/23	Jon Pizza	2	
Amount (\$)	Payee address;	City;	State; Zip Code
\$252,50	1022 S Brog	Ldway Carr	ollton 1x 75006
	Category (See Categories listed at the top of th	is schedule) Description	to graduate to
PURPOSE OF EXPENDITURE	Event Exper	ISL Water	ch Party
101/01/01	Check if travel outside of Texas. Complet	te Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
-			
Date	Payee name	ſ	
5/5/23	Store Bab	iek	
Amount (\$)	Payee address;	City;	State; Zip Code
159,08	3705 Canon 6	sate CR	Carrollon 7500
	Category (See Categories listed at the top of the	his schedule) Description	
PURPOSE OF EXPENDITURE	Lman Repa	Lo	ar

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

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

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made B		Gift/Awards/Memor	ials Expense	Printing Expe	nse		ut Of District	
Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services			es/Contract Labor	Other (er	iter a category	not listed above)
			i Guide explains	how to com	plete this form.		w	
1 Total pages Schedule F1:	2 FILER N	が \ 'へ	SL	· R	heb	3 Filer	ID (Ethics (Commission Filers)
3 o F 4 4 Date /	5 Payee na	me hills	JIWA	r vie	COICE	<u>.</u> ,		
5/11/23	S rayou in	1 1 60	DK					
6 Amount (\$)	7 Payee a	idress:			City;		State;	Zip Code
(4)			- 1			Δ.		- (
600.	160	y Willo	wRd	mo	en la l	ark	CA	94025
8	(a) Categor	y (See Categories liste	ed at the top of this so	chedule) (b) Description			
PURPOSE OF	A 1	ſ	1	.		a Í	L	
EXPENDITURE	Ad	vertisi	mg E	xp	ra	ce be	201	
	(c)	Check if travel outside of	of Texas. Complete Sch	nedule T.	Check if /	Austin, TX, office	holder living e	хрелѕе
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		late / Officeholder	name		Office sought	i.		Office held
Date	Payee na	ame						
5/24/23	n	1a, 10h	imp					
Amount (\$)	Payee a				City;		State;	Zip Code
57.14	67	5 Pon	ce De	Llon	At	tante	6A	30308
	Category	/ (See Categories liste	d at the top of this scl	hedule)	Description			
PURPOSE		<i>[</i> 1		n		44	10	
OF EXPENDITURE	Ad	ventos.	1 may 6	*P	E -	Mail	(a	rpaign
		Check if travel outside of	of Texas Complete Sch	nedule T.	Check if	Austin, TX, office	holder living e	expinse
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expenditure to benefit C/Of	H							
Date	Payee n	ame	•					
10/1/22		Each L	mk					
0/1/25	D	del or			City;	·	State;	Zin Cada
Amount (\$)	Payee a	daress,			City,		State,	Zip Code
171, 109	160	1 2.7/	W) Pd	i ne	nla f	2 ~/	Ca	94025
14,41	. –	(See Categories liste		- 1	Description	21	CH	11003
PURPOSE	Calegory	(Coo Catogories nate	a at the top of this out	illudaio,	Second in			
OF EXPENDITURE	Adv	utisi	ng E	XP	4	ace	600	h_
		Check if travel outside of	of Texas. Complete Sch	hedule T.	Check if	Austin, TX, office	sholder living e	хрепse
Complete ONLY if direct	Candio	date / Officeholde	r name		Office sough	it	1	Office held
expenditure to benefit C/O	H							
	TA	TACH ADDITIO	NAL COPIES	OF THIS S	CHEDULEAS	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/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 shove)

Credit Card Payment	The Instruction Guide explains how to co		category not listed above)
1 Total pages Schedule F1:	2 FILER NAME LO STALLA BA	bick 3 Filer ID	(Ethics Commission Filers)
4 Date 6/15/23	5 Payee name Mike Sturms (ensulting	
6 Amount (\$) 2617,88	Clo Action lata	city: / State	zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-
PURPOSE OF EXPENDITURE	Advertising Exp	Text C	anpaigh
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholds	er living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		7.65
6/26/23	MailChimp		
Amount (\$)	Payee address;	City; Stat	te; Zip Code
987.14	675 Ponce De Leon;	Atlanta GA	30308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advortising Exp	Description K-MALL	angaign
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; Sta	te; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	der living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	