



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Staci Barker		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,219.92
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 243.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,273.58
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,197.97
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,300.00

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Staci L. Barker, and my date of birth is 06/16/1985.

My address is 3508 Kales Ln, Flower Mound, TX, 75022, USA.

Executed in Denton County, State of Texas, on the 14 day of July, 2023.

Staci L. Barker  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Staci Barker		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,219.92
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 300.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,273.58
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
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 BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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.		<b>1</b> Total pages Schedule A1: <b>5</b>
<b>2</b> FILER NAME Staci Barker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Joanna Cattanach <b>6</b> Contributor address; City; State; Zip Code 6333 E Mockingbird Ln Carrollton, TX 75214	<b>7</b> Amount of contribution (\$) <b>250.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Education		<b>9</b> Employer (See Instructions) Self
Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Hernandez Contributor address; City; State; Zip Code 1548 Bluebonnet Way Carrollton, TX 75007	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Region 10
Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Robin Smyers Contributor address; City; State; Zip Code 8217 Primrose Tr Lantana, TX 76226	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Client Management		Employer (See Instructions) Cialfo
Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Sandra Weinsten Contributor address; City; State; Zip Code 2420 Harvard Dr. Flower Mound, TX 75022	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Staci Barker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Antonella Longo <b>6</b> Contributor address; City; State; Zip Code 15 Horseshoe Dr. Highland Village, TX 75077	<b>7</b> Amount of contribution (\$)  <b>55.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Research Professor		<b>9</b> Employer (See Instructions) UNT
<b>Date</b> 04/28/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Sara Dodson <b>Contributor address; City; State; Zip Code</b> 4200 Blue Grass Court Flower Mound, TX 75028	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 04/28/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Amanda Wright <b>Contributor address; City; State; Zip Code</b> 746 Mockingbird Dr. Lewisville, TX 75067	<b>Amount of contribution (\$)</b>  <b>15.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Data Analyst		<b>Employer (See Instructions)</b> WW
<b>Date</b> 04/28/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Monica Johnston-Miller <b>Contributor address; City; State; Zip Code</b> 1208 Winston Dr. Lewisville, TX 75077	<b>Amount of contribution (\$)</b>  <b>25.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Lewisville ISD
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Lori Wilson 6 Contributor address; City; State; Zip Code 1538 Glenhill Ln Lewisville, TX 75077	7 Amount of contribution (\$)  <b>25.00</b>
8 Principal occupation / Job title (See Instructions) Public Engagement Specialist		9 Employer (See Instructions) K Strategies Group
Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: _____) James Rich Contributor address; City; State; Zip Code 1901 Flatwood Drive Flower Mound, TX 75028	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) Income & Franchise Tax Manager		Employer (See Instructions) LQ Management L.L.C.
Date 04/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Joanna Cattnach Contributor address; City; State; Zip Code 1118 Wiltshire Dr. Carrollton, TX 75007	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Self
Date 04/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Mary Sample Contributor address; City; State; Zip Code 4408 Scott Drive Flower Mound, TX 75022	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) Leigh Hanson
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Staci Barker</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/29/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Mary Infante</b>	7 Amount of contribution (\$)  <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>321 Cross Timbers Dr. Double Oak, TX 75077</b>		
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>		9 Employer (See Instructions) <b>Not Employed</b>
Date <b>04/30/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Colleen Khatemi</b>	Amount of contribution (\$)  <b>25.00</b>
Contributor address; City; State; Zip Code <b>925 Briarwick Ln Highland Village, TX 75077</b>		
Principal occupation / Job title (See Instructions) <b>Technology</b>		Employer (See Instructions) <b>A</b>
Date <b>04/30/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Democracy Engine</b>	Amount of contribution (\$)  <b>1,135.25</b>
Contributor address; City; State; Zip Code <b>416 Florida Ave NW #26418 Washington, DC 20001</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/03/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Thomas Reed Blute</b>	Amount of contribution (\$)  <b>25.00</b>
Contributor address; City; State; Zip Code <b>1652 W Frankford Rd, Apt 211 Carrollton, TX 75007</b>		
Principal occupation / Job title (See Instructions) <b>Account Manager</b>		Employer (See Instructions) <b>American Red Cross</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Claire Versic 6 Contributor address; City; State; Zip Code 3808 Vicksberry Trl Flower Mound, TX 75022	7 Amount of contribution (\$)  25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Democracy Engine Contributor address; City; State; Zip Code 416 Florida Ave NW #26418 Washington, DC 20001	Amount of contribution (\$)  164.67
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# LOANS

# SCHEDULE E

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 E: <b>1</b>
2 FILER NAME <b>Staci Barker</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>04/28/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Staci Barker</b>	9 Loan Amount (\$) <b>300.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>3508 Kales Ln Flower Mound TX 75022</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Analyst</b>		13 Employer (See Instructions) <b>Region 10 ESC</b>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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                        | 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Staci Barker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2023	<b>5</b> Payee name Peerly	
<b>6</b> Amount (\$) 1,029.97	<b>7</b> Payee address; City; State; Zip Code 1603 Capitol Avenue, Suite 310 A497 Cheyenne, WY 82001	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Text Campaign
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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