



# 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 585.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 309.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,781.19
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 248.93
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000.00

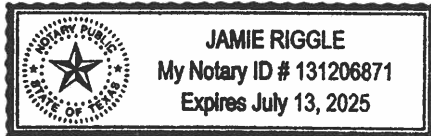
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Staci L. Barker*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Staci L. Barker this the 29<sup>th</sup> day of April, 2022, to certify which, witness my hand and seal of office.

*Jamie Riggle*                      Jamie Riggle                      Notary / Asst to Board  
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)
Staci Barker		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 585.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,455.74
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 15.49
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

**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>4</b>
<b>2</b> FILER NAME Staci Barker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/31/2022	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Kathy Lunsford <b>6</b> Contributor address; City; State; Zip Code 6691 H Lively Rd Ponder, TX 76259	<b>7</b> Amount of contribution (\$) <b>10.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 03/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Rachelle Mann Contributor address; City; State; Zip Code 3409 furlong Drive E Flower Mound, TX 75022	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Flight attendant		Employer (See Instructions) Southwest Airlines
Date 03/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Robinson Contributor address; City; State; Zip Code 3318 Shadow Wood Circle Highland Village, TX 75077	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Mary Beth Tuttass Contributor address; City; State; Zip Code 3620 Grant Ct. Flower Mound, TX 75022	Amount of contribution (\$) <b>50.00</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**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>4</b>
<b>2</b> FILER NAME Staci Barker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/01/2022	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Stephanie Wynn	<b>7</b> Amount of contribution (\$)  <b>50.00</b>
	<b>6</b> Contributor address; City; State; Zip Code 10501 Shannon Valley Dr Crowley, TX 76036	
<b>8</b> Principal occupation / Job title (See Instructions) Educator		<b>9</b> Employer (See Instructions) Harmony Public Schools
Date 04/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Kristina Payne	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code 3828 Valley View Ln Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LISD
Date 04/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Jackie MacAfee	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code 1218 Hamlet Way Kingwood, TX 77339	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Kuiper Law Firm
Date 04/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Heidi Wicker	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code 2813 Spring Hollow Court Highland Village, TX 75077	
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**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>4</b>
<b>2</b> FILER NAME Staci Barker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/03/2022	<b>5</b> Full name of contributor Douglas Krueger out-of-state PAC (ID#: _____) <b>6</b> Contributor address; City; State; Zip Code 7008 Raintree Place Flower Mound, TX 75022-6151	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Executive		<b>9</b> Employer (See Instructions) Phoenix Capital
Date 04/10/2022	Full name of contributor Maria Boutwell out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1079 W Round Grove 300-126 Lewisville, TX 75067	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/10/2022	Full name of contributor Thomas Boutwell out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1079 W Round Grove, Ste 300- PMB 126 Lewisville, TX 75067	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Prefer not to give		Employer (See Instructions) Prefer not to give
Date 04/20/2022	Full name of contributor Don CATERISANO out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2020 Kipling Dr FLOWER MOUND, TX 75022	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Juniper Networks
<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

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
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Judy Clay 6 Contributor address; City; State; Zip Code 4212 Oak Grove Dr Carrollton, TX 75010	7 Amount of contribution (\$) <b>30.00</b>
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 04/24/2022	Full name of contributor out-of-state PAC (ID#: _____) Meg Smith Contributor address; City; State; Zip Code 1204 River Oaks Drive Flower Mound, TX 75028	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
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.		

# 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 04/02/2022	<b>5</b> Payee name Hustle	
<b>6</b> Amount (\$) 800.00	<b>7</b> Payee address; City; State; Zip Code 251 Kearny Street Suite 200 San Francisco, CA 94108	
<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 Texting platform
	<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 04/04/2022	Payee name Buildasign.com	
Amount (\$) 655.74	Payee address; City; State; Zip Code 11525A Stonehollow Dr., Ste 100; Austin, TX 78758	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Road Signs
	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>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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  
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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Staci Barker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/02/2022	<b>5</b> Payee name Korner Kafe	
<b>6</b> Amount (\$) 15.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 921 W Main St, Lewisville, TX 75067	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Meeting with voters
	<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 (\$)  Reimbursement from political contributions intended	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 (\$)  Reimbursement from political contributions intended	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>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED