

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: 11			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Staci	MI L.	OFFICE USE ONLY Date Received Received APR 27 2023 SD / Supt Ofc		
	NICKNAME	LAST Barker	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3508 Kales Ln Flower Mound, TX 75022					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 830-2646	EXTENSION	Date Hand-delivered or Date Postmarked		
				Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Dr.	FIRST Staci	MI L.	Date Processed		
	NICKNAME	LAST Barker	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3508 Kales Ln Flower Mound TX 75022					
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 830-2646	EXTENSION			
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	Month	Day	Year
	3	28	23	THROUGH	4	26
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
5 / 6 / 23			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	_____	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				LISD Board of Trustees Place 7		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Staci Barker		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 275.79
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,637.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 951.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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.

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.

(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 27 day of April, 2023.

(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Staci Barker

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,450.00
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 CONTRIBUTIONS	\$ 4,361.25
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.		1 Total pages Schedule A1: 6
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Hendrickson 6 Contributor address; City; State; Zip Code 2405 Glen Ridge Dr. Highland Village, TX 75077	7 Amount of contribution (\$) 55.00
8 Principal occupation / Job title (See Instructions) Chemist		9 Employer (See Instructions) Dallas One Solutions
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Fabian Hypolite Contributor address; City; State; Zip Code 2213 Bennington Ave Flower Mound, TX 75028	Amount of contribution (\$) 55.00
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) Region 10 ESC
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Janetta Alspaugh Contributor address; City; State; Zip Code 1572 Shannon Dr. Lewisville, TX	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Netprotect
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Heather Lewis Contributor address; City; State; Zip Code 5340 Timber Park Drive Flower Mound, TX 75028	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Baylor Grapevine
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: 6
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) David Stanaway 6 Contributor address; City; State; Zip Code 2741 Skinner Dr Flower Mound, TX 75028	7 Amount of contribution (\$) 105.00
8 Principal occupation / Job title (See Instructions) Distinguished Engineer		9 Employer (See Instructions) Hilltop Holdins
Date 04/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Katie Mayes Contributor address; City; State; Zip Code 237 Glenmere Highland Village, TX 75077	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville ISD
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Brandie Koch Contributor address; City; State; Zip Code 3582 Nation Drive Frisco, TX 75034	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) EDK Advisory
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: _____) David Webb Contributor address; City; State; Zip Code 911 Country Club Rd Cleburne, TX 76033	Amount of contribution (\$) 155.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
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.

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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Richard Fleming	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4100 Spring Valley Road #162 Carrollton, TX 75244		
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
Date 04/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Terry Buckner	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5109 Jennings Drive North Richland Hills, TX 76180		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fort Worth ISD
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Martin Ognyanov	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code 8701 26th St. Metairie, LA 70003		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) DISD
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Carol Wise	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2019 Oakbluff Dr Carrollton, TX 75007		
Principal occupation / Job title (See Instructions) Technical		Employer (See Instructions) Panavision
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) KeAna Bradley 6 Contributor address; City; State; Zip Code 2919 Barco Grand Prairie, TX 75054	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Non-profit administrator		9 Employer (See Instructions) NASPA
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Josh Youngblood Contributor address; City; State; Zip Code 1045 Cassion Dr Lewisville, TX 75067	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Tax Advisor		Employer (See Instructions) The Youngblood Group
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Rachelle Mann Contributor address; City; State; Zip Code 3409 Furlong Dr E Flower Mound, TX 75022	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) Southwest Airlines
Date 04/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Brandy Ruckdeschel Contributor address; City; State; Zip Code 2108 Welch Court Flower Mound, TX 75028	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Elevance Health
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: 6
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Full name of contributor Leah Montez out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1101 Apache Lake Dr Carrollton, TX 75010	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Manger		9 Employer (See Instructions) Self
Date 04/19/2023	Full name of contributor Katharine Riedinger out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 341 Cedarcrest Lane Double Oak, TX 75077	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Avnet
Date 04/20/2023	Full name of contributor Judy Clay out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4212 Oak Grove Dr. Carrollton, TX 75010	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/21/2023	Full name of contributor Delia Parker-Mims out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2436 Deer Run Lewisville, TX 75067	Amount of contribution (\$) 55.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Parker Legal
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.

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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2023	5 Full name of contributor Seshu Rao out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3705 Valencia Ct Flower Mound, TX 75022	7 Amount of contribution (\$) 155.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 04/25/2023	Full name of contributor Nancy Thorne out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 225 Meadowlark Ln Highland Village, TX 75077	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/25/2023	Full name of contributor Jason Kanady out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1708 Milford Dr Flower Mound, TX 75028	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Texas Instruments
Date 04/12/2023	Full name of contributor Jocelyn McMurray out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1029 Stanford Ln Lewisville, TX 75067	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

1 Total pages Schedule F1: 2	2 FILER NAME Staci Barker	3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2023	5 Payee name Blaze Digital	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 509 Valley View Drive, Lewisville, TX, 75067	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Political Consulting
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/07/2023	Payee name Peerly	
Amount (\$) 359.82	Payee address; City; State; Zip Code 1603 Capitol Avenue, Suite 310 A497 Cheyenne, WY 82001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text campaign
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/11/2023	Payee name Super Cheap Signs	
Amount (\$) 683.30	Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100, Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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: 2	2 FILER NAME Staci Barker	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name VistaPrint	
6 Amount (\$) 1,758.31	7 Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer to voters
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/17/2023	Payee name TrueBlue Democrats	
Amount (\$) 200.00	Payee address; City; State; Zip Code 2876 Westridge Ave, Carrollton, TX 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text campaign
	Check if travel outside of Texas. Complete Schedule T. 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 04/25/2023	Payee name Peerly	
Amount (\$) 359.82	Payee address; City; State; Zip Code 1603 Capitol Avenue, Suite 310 A497 Cheyenne, WY 82001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text campaign
	Check if travel outside of Texas. Complete Schedule T. 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

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