CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST Staci	мі L .	OFFICE USE ONLY
NAME	NICKNAME	LAST Barker	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; 3508 Kales L	APT / SUITE #;	Mound, TX 75022	Received JUL 2 4 2023
ADDRESS Change of Address				LISD / Supt Ofc
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 830-2646	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Dr.	FIRST Staci	MI L.	Receipt # Amount \$
NAME	NICKNAME	LAST Barker	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	3508 Kales L	.n	Flower Mound	TX 75022
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(469)	830-2646	EXTENSION	
9 REPORT TYPE	January 15	30th day before of	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ek	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year / 27 / 23	THROUGH 6	
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E
	Month Day 5 / 6 /	Year Primary 23 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) LISD Board	of Trustees Plac	e 7	wn)
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER 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 Co	ommission Filers)
17 CONTRIBUTION TOTALS	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
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	243.61
= =	4. TOTAL POLITICAL EXPENDITURES		\$ 1	,273.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 2	,197.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 2	2,300.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and cor	rect and inc	ludes all information
	Signature of Ca	ındidate d	or Officeholo	der
	Please complete either option below	v:		
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed			_ day of	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administr	ering oath Printed name of officer administering oath		Title of office	er administering oath
(2) Unsworn Declarat	OR			
		06/16/	1985	
My name is Staci L. Ba		\times X 7	75022	USA .
wy dudress is	,	,	(zip code)	(country)
Executed in Denton	County, State of Texas, on the day of day of (month	h) /	, 20 23 (year)	
	Signature of Candid	idate/Offic	eholder (De	clarant)
1				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Staci Barker 20 Filer ID (Ethics Co			mmissi	on Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,219.92
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			\$	300.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	1,273.58
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 5		
2 FILER NAME Staci Barke	r		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state P. Joanna Cattanach				
04/28/2023	6 Contributor address; City; 6333 E Mockingbird Ln Carro	State; Zip Code	250.00		
8 Principal occu Education	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date 04/28/2023	Full name of contributor out-of-state P Jennifer Hernandez Contributor address; City; 1548 Bluebonnet Way Carro	State; Zip Code	Amount of contribution (\$) 25.00		
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Instruct Region 10	tions)		
Date 04/28/2023	Full name of contributor out-of-state P Robin Smyers Contributor address; City; 8217 Primrose Tr Lanta	State; Zip Code	Amount of contribution (\$) 25.00		
Principal occup	ement	Employer (See Instruc Cialfo	tions)		
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)		
04/28/2023	Contributor address; City; 2420 Harvard Dr. Flower Mo	State: Zip Code	25.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Not Employed	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 5		
2 FILER NAME Staci Barke	r		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA Antonella Longo	7 Amount of contribution (\$)			
04/28/2023	6 Contributor address; City; State; Zip Code 15 Horseshoe Dr. Highland Village, TX 75077		55.00		
8 Principal occup Research Pro	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
04/28/2023	Contributor address; City; 4200 Blue Grass Court Flower M	State; Zip Code Mound, TX 75028	100.00		
Principal occup Not Employed	ation / Job title (See Instructions)	Employer (See Instruct Not Employed	ions)		
Date		.C (ID#:)	Amount of contribution (\$)		
04/28/2023	Amanda Wright Contributor address; City; 746 Mockingbird Dr. Lewis\	State; Zip Code /ille, TX 75067	15.00		
Principal occur Data Analyst	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PA Monica Johnston-Miller	.C (ID#:)	Amount of contribution (\$)		
04/28/2023	Contributor address; City; 1208 Winston Dr. Lewisvi	State; Zip Code	25.00		
Principal occup Teacher	pation / Job title (See Instructions)	Employer (See Instruction Lewisville ISD	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE A1

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

If the requested information is not applicable, bo Not include this page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 5		
2 FILER NAME Staci Barke	r		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) LOTI WIISON		7 Amount of contribution (\$)		
04/28/2023	6 Contributor address; City; 1538 Glenhill Ln Lewisvill	State; Zip Code	25.00		
•	pation / Job title (See Instructions) ement Specialist	Employer (See Instruct K Strategies Group	ions)		
Date 04/28/2023	James Rich Contributor address; City; 1901 Flatwood Drive Flower M	State; Zip Code ound, TX 75028	Amount of contribution (\$) 25.00		
	nation / Job title (See Instructions) nchise Tax Manager	Employer (See Instruct LQ Management L.L			
Date 04/29/2023	Joanna Cattanach	State; Zip Code	Amount of contribution (\$) 150.00		
Principal occup Educator	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PA Mary Sample	.C (ID#:)	Amount of contribution (\$)		
04/29/2023 Contributor address; City; State; Zip Code 4408 Scott Drive Flower Mound, TX 75022					
Principal occup Human Reso	pation / Job title (See Instructions)	Employer (See Instruc Leigh Hanson	tions)		
	ATTACH ADDITIONAL COPIES	OE THIS SCHEDUI E AS A	JEEDED.		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to compl	ete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME Staci Barke	2 FILER NAME Staci Barker			3 Filer ID (Ethics Commission Filers)
4 Date	Mary Infante		(ID#:)	7 Amount of contribution (\$)
04/29/2023	6 Contributor address; City; 321 Cross Timbers Dr. Do		State; Zip Code	25.00
8 Principal occup Not Employed	pation / Job title (See Instructions)		9 Employer (See Instruct Not Employed	tions)
Date		state PAC	(ID#:)	Amount of contribution (\$)
04/30/2023	Colleen Khatemi Contributor address; City; 925 Briarwick Ln Highland		State; Zip Code age, TX 75077	25.00
Principal occup Technology	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor out-of-	-state PAC	(ID#:)	Amount of contribution (\$)
04/30/2023	Contributor address; City; 416 Florida Ave NW #26418 \		State; Zip Code ngton, DC 20001	1,135.25
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date		-state PAC	(ID#:)	Amount of contribution (\$)
05/03/2023	Thomas Reed Blute Contributor address; City; 1652 W Frankford Rd, Apt 21	1 Car	State; Zip Code	25.00
		Employer (See Instruction Red Cross	·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 5	
2 FILER NAME Staci Barke	r		3 Filer ID (Ethics Commission Filers)	
4 Date	Claire Versic	PAC (ID#:)	7 Amount of contribution (\$)	
05/05/2023	6 Contributor address; City; 3808 Vicksberry Trl Flower M	State; Zip Code	25.00	
8 Principal occu Not Employed	pation / Job title (See Instructions)	9 Employer (See Instruct Not Employed	tions)	
Date	Full name of contributor out-of-state to Democracy Engine	PAC (ID#:)	Amount of contribution (\$)	
05/07/2023			164.67	
		Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor 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 COPIE If contributor is out-of-state PAC, please see In			

Revised 8/17/2020

SCHEDULE E **LOANS**

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Staci Barker		7			
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender ut-of-state P	PAC (ID#:)	9 Loan Amount (\$)		
04/28/2023	Staci Barker		300.00		
6 Is lender a financial Institution?	8 Lender address; City; 3508 Kales Ln Flower Mound	State; Zip Code	10 Interest rate 0.00 11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
Analyst	on , sob the loca histochons)	Region 10 ESC			
14 Description of Colle	ateral	15	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI			

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
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

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Other (enter a catego	ry not listed above)
oroda odrat dymom	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1: 1	2 FILER NAME Staci Barker		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/28/2023	Peerly			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,029.97	1603 Capitol Avenue, Suite 310 A497	Cheyenne, W	Y 82001	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Text Campaig	n 	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	