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 file	ed: 9
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Dr.	FIRST Staci	MI L	OFFICE	USE ONLY
NAME	NICKNAME	LAST Barker	SUFFIX	Date Received Rece	ived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 3508 Kales Ln Flower Mound, TX 75022		APR 2 9 2022 LISD / Supt Ofc		
Change of Address				2	
5 CANDIDATE/ OFFICEHOLDER PHONE	(972)	316-7466	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Dr.	FIRST Staci	MI L	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX		
		Barker		Date Imaged	
7 CAMPAIGN TREASURER		NO PO BOX PLEASE); APT / S		STATE;	ZIP CODE
ADDRESS	3508 Kales L	n Flower Mound,	TX 75022		
(Residence or Business)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(972)	316-7466			
9 REPORT TYPE	January 15	30th day before a	election Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ek	ection Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	Γ
COVERED	3	/ 29 / 22	THROUGH 4	/ 27 / 22	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year	Runoff Other Description		
	5 / 7 /	✓ 22 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)	
			LISD Board of Tr	•	e 4
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IN SIMAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			**************************************
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
487		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Staci Barker	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 309.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,781.19
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 248.93
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000.00
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true and c	correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	Start B	
	De to Do	ne
	Signature of Candidate	e or Officeholder
	Please complete either option below:	
(1) Affidavit	JAMIE RIGGLE My Notary ID # 131206871 Expires July 13, 2025	
NOTARY STAMP/SEA	Live - Send the war	
	Classification of the control of the	u
Sworn to and subscribed	before me by Staci L. Barker this the 291 which, witness my hand and seal of office.	day of April,
20 <u>22</u> , to certify	which, witness my hand and seal of office.	
Janue (1994 Jamie Riggle /	Votary Asst to Book
Signature of officer administe	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of , on the day of (month)	, 20
	Signature of Candidate/Of	ficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME 20 Filer ID (Ethics Co			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
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.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1,455.74	
6.	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.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	15.49	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	с/он \$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	S \$	0.00	

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: 4
2 FILER NAME Staci Barke	r		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Kathy Lunsford	NC (ID#:)	7 Amount of contribution (\$)
03/31/2022	6 Contributor address; City; 6691 H Lively Rd Ponder	Į.	10.00
8 Principal occur Not Employed	pation / Job title (See Instructions)	9 Employer (See Instruct Not Employed	tions)
Date	Full name of contributor out-of-state PA Rachelle Mann	AC (ID#:)	Amount of contribution (\$)
03/31/2022	Contributor address; City; 3409 furlong Drive E Flower M	State; Zip Code	25.00
Principal occup Flight attenda	ation / Job title (See Instructions) Nt	Employer (See Instruct Southwest Airlines	ions)
Date	Full name of contributor out-of-state PA Jennifer Robinson	AC (ID#:)	Amount of contribution (\$)
03/31/2022	Contributor address; City: State; Zip Code 3318 Shadow Wood Circle Highland Village, TX 75077		10.00
Principal occup Not Employed	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA Mary Beth Tuttass	AC (ID#:)	Amount of contribution (\$)
03/31/2022	Contributor address; City; 3620 Grant Ct. Flower Mou	State; Zip Code und, TX 75022	50.00
Principal occup Not Employed	pation / Job title (See Instructions)	Employer (See Instruct 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.

ii the requested intermediate for approache, 20 to 1 mondae into page in the repeta					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4		
2 FILER NAME Staci Barke	r		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Stephanie Wynn	(ID#:)	7 Amount of contribution (\$)		
04/01/2022		State; Zip Code	50.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct			
Educator		Harmony Public Scho	DOIS		
Date	Full name of contributor out-of-state PAC Kristina Payne	: (ID#:)	Amount of contribution (\$)		
04/01/2022	Contributor address; City;	State; Zip Code	50.00		
	3828 Valley View Ln Flower Mo	ound, 1X 75022			
Principal occup Teacher	ation / Job title (See Instructions)	Employer (See Instructi LISD	ions)		
Date		: (ID#:)	Amount of contribution (\$)		
04/01/2022	Jackie MacAfee Contributor address; City;	State; Zip Code	50.00		
	1218 Hamlet Way Kingwoo	od, TX 77339			
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct Kuiper Law Firm	ions)		
Date		: (ID#:)	Amount of contribution (\$)		
04/01/2022	Heidi Wicker Contributor address; City;	State; Zip Code	50.00		
2813 Spring Hollow Court Highland Village, TX 75077					
Principal occup Not Employed	ation / Job title (See Instructions)	Employer (See Instruct Not Employed	ions)		
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED		

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 Barke	r		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Douglas Krueger	(ID#:)	7 Amount of contribution (\$)		
04/03/2022	6 Contributor address; City;	State; Zip Code	100.00		
	7008 Raintree Place Flower Mound	1, 17 73022-0131			
8 Principal occup Executive	pation / Job title (See Instructions)	9 Employer (See Instruct Phoenix Capital	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/10/2022	Contributor address; City;	State; Zip Code	25.00		
	1079 W Round Grove 300-126 Lew	/ISVIIIe, IX /506/			
Principal occup Not Employed	ation / Job title (See Instructions)	Employer (See Instruct Not Employed	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
0.4/4.0/0000	Thomas Boutwell				
04/10/2022	Contributor address; City;	State; Zip Code	25.00		
	1079 W Round Grove, Ste 300- PMB 126	Lewisville, TX 75067			
Principal occup Prefer not to g	ation / Job title (See Instructions) İVE	Employer (See Instruct Prefer not to give	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/20/2022	Don Caterisano Contributor address; City;	State; Zip Code	100 00		
Contributor address; City; State; Zip Code 100.00					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Telecom		Juniper Networks			
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	ted information is not applicable, DC	NOT in	clude this page in t	he report.
The	Instruction Guide explains how to com	plete this	form.	1 Total pages Schedule A1: 4
2 FILER NAME Staci Barke	r			3 Filer ID (Ethics Commission Filers)
4 Date	Judy Clay		(ID#:	7 Amount of contribution (\$)
04/24/2022	6 Contributor address; Cit 4212 Oak Grove Dr C	ty;	State; Zip Code	30.00
8 Principal occu Not employed	pation / Job title (See Instructions)	e	9 Employer (See Inst	
Date	Full name of contributor out	-of-state PAC	(ID#:	Amount of contribution (\$)
04/24/2022		ty;	•	10.00
Principal occup Not employed	ation / Job title (See Instructions)		Employer (See Inst Not employed	tructions)
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address; Cit		State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Ins	tructions)
Date				_) Amount of contribution (\$)
	Contributor address; Cit		State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Ins	tructions)
	ATTACH ADDITIONAL	COPIES	OF THIS SCHEDULE A	SNEEDED

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
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

Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
04/02/2022	Hustle			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
800.00	251 Kearny Street Suite 200 San Fra	-	08	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Texting platfor	'm	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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			
04/04/2022	Buildasign.com			
Amount (\$)	Payee address;	City;	State; Zip Code	
655.74	11525A Stonehollow Dr., Ste 100; Au	stin, TX 78758		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Road Signs		
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	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.	e of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Expense Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		Add to the second of the secon		
04/02/2022	Korner Kafe				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
15.49 Reimbursement from political contributions intended	921 W Main St, Lewisville, TX 7500	67			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense Meeting with voters				
	(c) Check if travel outside of Texas. Complete Schedule T.	TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
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 Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
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 Austin,	TX, officeholder living expense		
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 NEEDE	ED .		