

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: 24	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dr. Staci L		OFFICE USE ONLY Date Received Received APR 6 2022 LISD / Supt Ofc		
	NICKNAME LAST SUFFIX Barker				
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 PHONE NUMBER EXTENSION (972) 316-7466		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Staci L		Receipt # Amount \$		
	NICKNAME LAST SUFFIX Barker		Date Processed		
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 PHONE NUMBER EXTENSION (972) 316-7466				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 1 / 21 / 22 THROUGH 3 / 28 / 22				
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22		ELECTION TYPE Primary Runoff Other Description <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 4		
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)

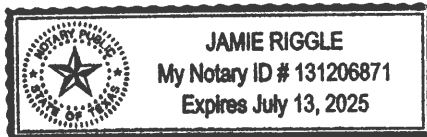
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 121.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,665.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 123.23
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,262.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,429.63
OUTSTANDING LOAN TOTALS	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 6th day of April, 20 22, to certify which, witness my hand and seal of office.

Jamie Riggle Jamie Riggle Notary / Assistant
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**

Staci Barker

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,499.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 166.09
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,023.86
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.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 239.00
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.		1 Total pages Schedule A1: 16
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Donald Barker 6 Contributor address; City; State; Zip Code 2010 W. Emerald Bend Ct. Granbury, TX 76049	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Baylor Grapevine
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Heather Lewis Contributor address; City; State; Zip Code 2500 Lakeside Pkwy. #127 Flower Mound, TX 75022	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/07/2022	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 (\$) 25.00
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) Southwest Airlines
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Olivia Aguirre Contributor address; City; State; Zip Code 164 Lakeland Dr. Highland Village, TX 75077	Amount of contribution (\$) 50.00
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Sara Dodson 6 Contributor address; City; State; Zip Code 4200 Blue Grass Ct Flower Mound, TX 75028	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Heidi Westerfeld Contributor address; City; State; Zip Code 275 Oak trail Double Oak, TX 75077	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Sonia Rhykerd Contributor address; City; State; Zip Code 4012 Cherokee Dr McKinney, TX 75072	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Region 10
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Andrea Sanders Contributor address; City; State; Zip Code 1220 Stonehedge PI Flower Mound, TX 75028	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) NA
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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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/08/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Janelle Oppenheimer 6 Contributor address; City; State; Zip Code 3801 Rodney Cir Flower Mound, TX 75022	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Lara Young Contributor address; City; State; Zip Code 3012 breckenridge drive Flower Mound, TX 75022	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Christopher Garcia Contributor address; City; State; Zip Code 4211 Lafayette #631 Dallas, TX 75204	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Associate Dean		Employer (See Instructions) Relay Graduate School
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Debbie Simon Contributor address; City; State; Zip Code 4401 Manor Way Flower Mound, TX 75028	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Yoga Teacher		Employer (See Instructions) Lifetime Fitness
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/08/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Way-Way Pee 6 Contributor address; City; State; Zip Code 2301 Maidens Castle Drive Lewisville, TX 75056	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Stay at home mom		9 Employer (See Instructions) NA
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Jason Portier Contributor address; City; State; Zip Code 407 Kirkwood Dr. Lewisville, TX 75067	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Systems Administrator		Employer (See Instructions) Children's Health System of Texas
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Raymond Luth Contributor address; City; State; Zip Code 1544 Coral Dr Yorkville, IL 60560-3060	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) IT Professional		Employer (See Instructions) BMO Harris
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) Nitzia Moreno Contributor address; City; State; Zip Code 1130 wake forest dr Lewisville, TX 75077	Amount of contribution (\$) 50.00
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**

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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Antonella Longo 6 Contributor address; City; State; Zip Code 15 Horseshoe Dr. Highland Village, TX 75077	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Research Professor		9 Employer (See Instructions) UNT
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) Jamie Fallon Contributor address; City; State; Zip Code 617 N Parks Dr Desoto, TX 75115	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Dallas VA Hospital
Date 02/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Barbara Stevens Contributor address; City; State; Zip Code 509 Medina Drive Highland Village, TX 75077	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Bose Contributor address; City; State; Zip Code 4600 Pacer Way Flower Mound, TX 75028	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
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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 02/11/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Mary Sample 6 Contributor address; City; State; Zip Code 4408 Scott Drive Flower Mound, TX 75022	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Human Resources		9 Employer (See Instructions) Lehigh Hanson
Date 02/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Christina Whitlock Contributor address; City; State; Zip Code 2405 Magnolia Leaf Lane Flower Mound, TX 75022	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Compliance		Employer (See Instructions) Charles Schwab
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Daniel Diaz-Alcaraz Contributor address; City; State; Zip Code 2626 Throckmorton St. #1151 Dallas, TX 75219	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Region 10 ESC
Date 02/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Rich Balling Contributor address; City; State; Zip Code 13183 Cleburne Drive Frisco, TX 75035	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Education consultant		Employer (See Instructions) ESC 10
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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Cynthia Rial Graham 6 Contributor address; City; State; Zip Code 3808 Hillside Trl Grapevine, TX 76051	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) ESC 10
Date 02/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Toni Adkins Contributor address; City; State; Zip Code 509 Valley View Drive Lewisville, TX 75067	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) eCommerce Manager		Employer (See Instructions) Self
Date 02/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Barbara Stevens Contributor address; City; State; Zip Code 509 Medina Drive Highland Village, TX 75077	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Kathy Petersen Contributor address; City; State; Zip Code 12900 E Dove Hill St Derby, KS 67037	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) IAMAW
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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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Keitha Spears 6 Contributor address; City; State; Zip Code 2804 Sadler Ave Fort Worth, TX 76133	7 Amount of contribution (\$) 22.00
8 Principal occupation / Job title (See Instructions) Biz Development		9 Employer (See Instructions) Texas Monthly
Date 02/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Megan McDaniel Contributor address; City; State; Zip Code 4728 Carlyle Drive Fort Worth, TX 76132	Amount of contribution (\$) 222.00
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Galactic
Date 02/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Lou Brogna Contributor address; City; State; Zip Code 9848 Crestont Circle Pensacola, FL 32514	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/25/2022	Full name of contributor out-of-state PAC (ID#: _____) Angela Reina-Greca Contributor address; City; State; Zip Code 15706 Daleport Cir Dallas, TX 75248	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ESC 10
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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 02/27/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Ki H Jin 6 Contributor address; City; State; Zip Code 3635 Garden Brook Drive, 14600 Dallas, TX 75234	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Revenue Manager		9 Employer (See Instructions) Hilton
Date 02/28/2022	Full name of contributor out-of-state PAC (ID#: _____) Sandy Swan Contributor address; City; State; Zip Code 1413 cambridge Denton, TX 76209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Gina Daly Contributor address; City; State; Zip Code 9320 Lemon Dr Lantana, TX 76226	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Kelly Wolfe Contributor address; City; State; Zip Code 355 E Vista Ridge Mall Drive Lewisville, TX 75067	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) RPS
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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Christi Nies 6 Contributor address; City; State; Zip Code 775 Eason Rd Ennis, TX 75119	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Program Coordinator		9 Employer (See Instructions) Region 10 ESC
Date 03/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Fisher Contributor address; City; State; Zip Code 1549 Yaggi Drive Flower Mound, TX 75028	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Janetta Alspaugh Contributor address; City; State; Zip Code 1572 Shannon Dr Lewisville, TX 75077	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Netprotect
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Kay Shurtleff Contributor address; City; State; Zip Code 2500 Bent Brook Mesquite, TX 75181	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Region 10 ESC
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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Ismael Hernandez 6 Contributor address; City; State; Zip Code 1548 Bluebonnet Way Carrollton, TX 75007-1217	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) T-Mobile
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Kim Irmen Contributor address; City; State; Zip Code 5435 Rawlings St Flower Mound, TX 75028	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Teller		Employer (See Instructions) Bank of America
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Jimmy Vela Contributor address; City; State; Zip Code 4029 Brazos Dr Carrollton, TX 75007	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) HVAC		Employer (See Instructions) Winsam
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Melissa Adams Contributor address; City; State; Zip Code 102 Devron Ct Highland Village, TX 75077	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Melissa Adams Real Estate
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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Amanda Wright 6 Contributor address; City; State; Zip Code 746 Mockingbird Dr. Lewisville, TX 75067	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Data analyst		9 Employer (See Instructions) WW
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Janelle Oppenheimer Contributor address; City; State; Zip Code 3801 Rodney Cir Flower Mound, TX 75022-2964	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Ebony Carrington Contributor address; City; State; Zip Code 1708 Fallbrook Dr Flower Mound, TX 75028	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Trellix
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Ismael Hernandez Contributor address; City; State; Zip Code 1548 Bluebonnet Way Carrollton, TX 75007-1217	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) T-Mobile
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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Dorothy Mayer 6 Contributor address; City; State; Zip Code 100 Kennedy Ave Apt 3300 Highland Village, TX 75077	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Homework in a Cafe
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Alana Miller Contributor address; City; State; Zip Code 10460 Millie Ln Frisco, TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Johnson & Johnson
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Shane Reber Contributor address; City; State; Zip Code 357 East Corporate Drive, Apt 523 Lewisville, TX 75067	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) TCS
Date 03/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Sara Dodson Contributor address; City; State; Zip Code 4200 Blue Grass Court Flower Mound, TX 75028	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Sandra Weinstein 6 Contributor address; City; State; Zip Code 2420 Harvard Dr Flower Mound, TX 75022	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Product Manager		9 Employer (See Instructions) AT&T
Date 03/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Jill Martin Contributor address; City; State; Zip Code 4128 Riverside Dr Flower Mound, TX 75028	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Bose Contributor address; City; State; Zip Code 4600 Pacer Way Flower Mound, TX 75028	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Mary Infante Contributor address; City; State; Zip Code 321 Cross Timbers Dr. Double Oak, TX 75077	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
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: 16
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Christopher Lopez 6 Contributor address; City; State; Zip Code 4201 Phoenix Drive Carrollton, TX 75010	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Denton County
Date 03/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Way-Way Pee Contributor address; City; State; Zip Code 2301 Maidens Castle Drive Lewisville, TX 75056	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Stay at home mom		Employer (See Instructions) NA
Date 03/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Adam Polter Contributor address; City; State; Zip Code 4180 Creekhollow Dr Carrollton, TX 75010	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Director, Information Technology		Employer (See Instructions) Self
Date 03/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Heather Lewis Contributor address; City; State; Zip Code 2500 Lakeside Pkwy. #127 Flower Mound, TX 75022	Amount of contribution (\$) 30.00
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: 16
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Sem Habtemariam 6 Contributor address; City; State; Zip Code 4300 Apple Dr Carrollton, TX 75010	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Chanakya Sah Contributor address; City; State; Zip Code 1320 summertime trl Lewisville, TX 75067	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Kleinfelder
Date 03/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Patrick McGehearty Contributor address; City; State; Zip Code 420 Red Castle Dr Lewisville, TX 75056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Oracle
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**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 A2: 1	
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 166.09	
5 Date 03/05/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Lewis 7 Contributor address; City; State; Zip Code 2500 Lakeside Pkwy. #127 Flower Mound, TX 75022	8 Amount of Contribution \$ 166.09	9 In-kind contribution description Food and supplies for fundraising event <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RN		11 Employer (FOR NON-JUDICIAL) (See Instructions) Baylor Grapevine	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 1
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/08/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Staci Barker	9 Loan Amount (\$) 1,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 3508 Kales Ln Flower Mound, TX 75022	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Analyst		13 Employer (See Instructions) Region 10 ESC
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 03/28/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Staci Barker	Loan Amount (\$) 2,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 3508 Kales Ln Flower Mound, TX 75022	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Region 10 ESC
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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
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.

1 Total pages Schedule F1: 2		2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)	
4 Date 02/08/2022		5 Payee name Amber Shumake			
6 Amount (\$) 541.25		7 Payee address; City; State; Zip Code 3901 West Vickery Boulevard, #6; FORT WORTH, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Headshots		
	(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 02/17/2022		Payee name Texas Democratic Party			
Amount (\$) 900.00		Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Voter access network for contacting voters		
	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 02/22/2022		Payee name VistaPrint			
Amount (\$) 368.04		Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Postcards and door-hangers		
	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 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 02/23/2022		5 Payee name Edwards & Patterson Signs			
6 Amount (\$) 894.15		7 Payee address; 203 S. Beltline Rd.Irving, TX 75060		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Yard signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/24/2022		Payee name QR Code Generator Pro			
Amount (\$) 207.23		Payee address; Am Lenkwerk 13 33609 Bielefeld, Germany		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Dynamic QR code generation and maintenance		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/27/2022		Payee name VistaPrint			
Amount (\$) 2,989.96		Payee address; 275 Wyman Street Waltham, MA 02451		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Printing and mailing mailers, door-hangers, and business cards		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY 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 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.

1 Total pages Schedule G: 1	2 FILER NAME Staci Barker	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2022	5 Payee name IRS	
6 Amount (\$) 239.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Internal Revenue Service, Cincinnati, OH 45999-0023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Application for EIN in order to open bank account
	(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	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 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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