

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: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Dr.	Staci	L.
	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
	(469)	830-2646	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Dr.	Staci	L.
	NICKNAME	LAST	SUFFIX
		Barker	
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
	(469)	830-2646	
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 2 / 17 / 23 THROUGH 3 / 27 / 23		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 5 / 6 / 23	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description
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)	\$ 69.79
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,309.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 354.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,171.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,138.67
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.

Executed in Denton County, State of Texas, on the 6th day of April, 2023.

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	\$ 4,240.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	■ SCHEDULE E: LOANS	\$ 2,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,816.73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
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: 13
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Melissa Adams 6 Contributor address; City; State; Zip Code 102 Devron Ct. Highland Village, TX 75077	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Melissa Adams Real Estate
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Brandy Ruckdeschel Contributor address; City; State; Zip Code 2108 Welsh Court Flower Mound, TX 75028	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Elevance Health
Date 02/19/2023	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
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Angelique Andrews Contributor address; City; State; Zip Code 1738 Ivy Ln Carrollton, TX 75007	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Marketing Learning and Developing		Employer (See Instructions) AT&T
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: 13
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Leah Montez 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) Manager		9 Employer (See Instructions) Self
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Heidi Westerfeld Contributor address; City; State; Zip Code 275 Oak Trail Dr. Double Oak, TX 75077	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Penny Mallet Contributor address; City; State; Zip Code 1144 Kelly Ln Lewisville, TX 75077	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Jon Wilson Contributor address; City; State; Zip Code 1538 Glenhill Lane Lewisville, TX 75077	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Affiliate relations		Employer (See Instructions) Westwood One Sports
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 02/20/2023	5 Full name of contributor out-of-state PAC (ID#: Kristina Payne 6 Contributor address; City; State; Zip Code 3828 Valley View Ln Flower Mound, TX 75022	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Behavior Resource Specialist		9 Employer (See Instructions) Carrollton-Farmers Branch ISD
Date 02/21/2023	Full name of contributor out-of-state PAC (ID#: Angela Greca Contributor address; City; State; Zip Code 15706 Daleport Cir. Dallas, TX 75248	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/21/2023	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 (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/23/2023	Full name of contributor out-of-state PAC (ID#: Mary Sample Contributor address; City; State; Zip Code 4408 Scott Drive Flower Mound, TX 75022	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) Lehigh Hanson
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 02/23/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Nanette Randall 6 Contributor address; City; State; Zip Code 4000 Ace Ln Trlr 425 Lewisville, TX 75067	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Human		9 Employer (See Instructions) Qorvo
Date 02/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Amanda Wright Contributor address; City; State; Zip Code 746 Mockingbird Dr. Lewisville, TX 75067	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UNT
Date 02/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Fawn Munro Contributor address; City; State; Zip Code 3600 Lofty Pines Ln Flower Mound, TX 75028	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Self
Date 02/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Diana Rashed Contributor address; City; State; Zip Code 250 Carrington Lane Lewisville, TX 75067	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Medicaid visit coordinator		Employer (See Instructions) Accentrue Ip
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 02/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Andrea Sanders 6 Contributor address; City; State; Zip Code 1220 Stonehedge Place Flower Mound, TX 75028	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Product Manager		9 Employer (See Instructions) Fairway Mortgage
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Penny Mallet Contributor address; City; State; Zip Code 1144 Kelly Lane Lewisville, TX 75077	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Heidi Wicker Contributor address; City; State; Zip Code 2813 Spring Hollow Ct. Highland Village, TX 75077	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Janelle Oppenheimer Contributor address; City; State; Zip Code 3801 Rodney Cir. Flower Mound, TX 75022	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
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2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kathy Lunsford 6 Contributor address; City; State; Zip Code 4491 H Lively Rd. Ponder, TX 75259	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Sandra Weinstein Contributor address; City; State; Zip Code 2420 Harvard Dr. Flower Mound, TX 75022	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Turner Contributor address; City; State; Zip Code 3401 Jameston Dr. Flower Mound, TX 75028	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Kbic
Date 03/05/2023	Full name of contributor out-of-state PAC (ID#: _____) H Denise Wooten Marshall Contributor address; City; State; Zip Code 3861 Long Prairie Rd Ste 101 Flower Mound, TX 75028	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) H Denise Wooten PsyD PA
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Sharon L Gentry 6 Contributor address; City; State; Zip Code 2750 Bob White Ln 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 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) MaryAnn DuTeil Contributor address; City; State; Zip Code 3836 Chimney Rock Dr. Denton, TX 76210	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/08/2023	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 (\$) 200.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Oracle Corporation
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Terren Hudson Contributor address; City; State; Zip Code 1039 West Virginia St. Honolulu, HI 96818	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) US Navy
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 03/11/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Brittni Kelly 6 Contributor address; City; State; Zip Code 2500 Lakeside Pkwy Flower Mound, TX 75022	7 Amount of contribution (\$) 15.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Lewisville ISD
Date 03/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Linda Siegel Contributor address; City; State; Zip Code 1515 Rustic Timbers Lane Flower Mound, TX 75028	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/11/2023	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 (\$) 105.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Richard Balling Contributor address; City; State; Zip Code 13183 Cleburne Dr. Frisco, TX 75025	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ESC10
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Resa Carrell 6 Contributor address; City; State; Zip Code 416 Belmont Ct. Lewisville, TX 75067	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Piano teacher		9 Employer (See Instructions) Piano Works
Date 03/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Katie Fulkerson Contributor address; City; State; Zip Code 2072 Breezywood Dr. Flower Mound, TX	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ISD
Date 03/16/2023	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 (\$) 55.00
Principal occupation / Job title (See Instructions) Systems Administrator		Employer (See Instructions) Children's Health System of Texas
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Antonella Longo Contributor address; City; State; Zip Code 15 Horseshoe Dr. Highland Village, TX 75077	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) Research Professor		Employer (See Instructions) UNT
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 03/17/2023	5 Full name of contributor out-of-state PAC (ID#: Morgan Sowell 6 Contributor address; City; State; Zip Code 502 E College St. 376 Lewisville, TX 75057	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) School Psychologist		9 Employer (See Instructions) Lewisville ISD
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: Jacob Merkel Contributor address; City; State; Zip Code 97 Hyland Stringer Rd Raymond, WA 98577	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions) IAMAW
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: Olivia Aguirre Contributor address; City; State; Zip Code 164 Lakeland Dr. Highland Village, TX 76077	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: Ken Purcell Contributor address; City; State; Zip Code 1602 Waterford Dr. Lewisville, TX 75077	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) Web Developer		Employer (See Instructions) Self-Employed
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 03/18/2023	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 03/19/2023	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
Date 03/19/2023	Full name of contributor out-of-state PAC (ID#: Leah Montez Contributor address; City; State; Zip Code 1101 Apache Lake Dr. Carrollton, TX 75010	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 03/19/2023	Full name of contributor out-of-state PAC (ID#: Ramona Dorough Contributor address; City; State; Zip Code 10560 Solta Dr. Dallas, TX 75218	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) UT Southwestern
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 03/19/2023	5 Full name of contributor out-of-state PAC (ID#: Sharon L Gentry 6 Contributor address; City; State; Zip Code 2750 Bob White Ln Flower Mound, TX 75022	7 Amount of contribution (\$) 105.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/20/2023	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 (\$) 110.00
Principal occupation / Job title (See Instructions) Systems Administrator		Employer (See Instructions) Children's Health System of Texas
Date 03/26/2023	Full name of contributor out-of-state PAC (ID#: Jacob Merkel Contributor address; City; State; Zip Code 97 Hyland Stringer Rd. Raymond, WA 98577	Amount of contribution (\$) 55.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions) IAMAW
Date 03/26/2023	Full name of contributor out-of-state PAC (ID#: Terry Smith Contributor address; City; State; Zip Code 11301 Early Creek Lane Fort Worth, TX 76108	Amount of contribution (\$) 105.00
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 03/26/2023	5 Full name of contributor out-of-state PAC (ID#: Dottie Phillips 6 Contributor address; City; State; Zip Code 3225 Loyola Flower Mound, TX 75022	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions) System Analyst		9 Employer (See Instructions) DCCCD
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#: Stowe and Barbara Gardner Contributor address; City; State; Zip Code 5505 Kelcourt Dr. Flower Mound, TX 75022	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/27/2023	Full name of contributor out-of-state PAC (ID#: Donald Barker Contributor address; City; State; Zip Code 2010 W. Emerald Bend Ct. Granbury, TX 76049	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
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.		

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 02/17/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Staci Barker	9 Loan Amount (\$) 2,000.00
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 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Analyst		13 Employer (See Instructions) Region 10 ESC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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: 1	2 FILER NAME Staci Barker	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2023	5 Payee name Squarespace	
6 Amount (\$) 227.84	7 Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website domain/hosting
	(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 03/02/2023	Payee name Edward & Patterson Signs	
Amount (\$) 1,237.03	Payee address; City; State; Zip Code 203 S. Belt Line Rd. Irving, TX 75060	
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. 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 03/26/2023	Payee name VistaPrint	
Amount (\$) 351.86	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 Business cards, t-shirts, etc.
	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