

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)	\$ 396.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,066.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 173.26
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,926.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,908.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Ln 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 30th day of March, 2026.

Staci Ln Barker
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		\$ 670.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,753.53
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Jennifer Beavers 6 Contributor address; City; State; Zip Code 2400 Eastglen Drive Flower Mound TX 75028	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/17/2026	Full name of contributor out-of-state PAC (ID#: _____) Ramona Dorough Contributor address; City; State; Zip Code 10563 Solta Drive Dallas TX 75218	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/21/2026	Full name of contributor out-of-state PAC (ID#: _____) Bradley Willi Contributor address; City; State; Zip Code 507 Village Dr Lewisville TX 75067	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Lewisville ISD
Date 02/07/2026	Full name of contributor out-of-state PAC (ID#: _____) Suzan Hendrickson Contributor address; City; State; Zip Code 2105 Southernwood Ct. Flower Mound TX 75028	Amount of contribution (\$) 25.00
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: 3
2 FILER NAME Staci Barker		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2026	5 Full name of contributor out-of-state PAC (ID#: _____) CYNTHIA RIAL GRAHAM 6 Contributor address; City; State; Zip Code 6021 Ashbury St, Apt 7111 North Richland Hills TX 76180	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Public Education
Date 03/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Amanda Wright Contributor address; City; State; Zip Code 746 Mockingbird Drive Lewisville TX 75067	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Data analyst		Employer (See Instructions) WW
Date 03/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Heather Fuston Contributor address; City; State; Zip Code 2480 Rosedale St Highland Village TX 75077	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Lewisville ISD
Date 03/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Candace Valenzuela Contributor address; City; State; Zip Code 3925 Saint Christopher Lane Dallas TX 75287	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
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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 03/06/2026	5 Full name of contributor out-of-state PAC (ID#: _____) David Stanaway <hr/> 6 Contributor address; City; State; Zip Code 2741 Skinner Dr flowermound TX 75028	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) IT professional		9 Employer (See Instructions) PlainsCapital Bank
Date 03/06/2026	Full name of contributor out-of-state PAC (ID#: _____) David Webb <hr/> Contributor address; City; State; Zip Code 911 Country Club RD. Cleburne TX 76033	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Gina Daly <hr/> Contributor address; City; State; Zip Code 9320 Lemon Dr Lantana TX 76226	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 01/12/2026	5 Payee name Vista Print	
6 Amount (\$) 180.74	7 Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Postcards and door-hangers
	(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 01/26/2026	Payee name Squarespace	
Amount (\$) 20.00	Payee address; City; State; Zip Code 225 Varick Street New York City, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	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 02/18/2026	Payee name Squarespace	
Amount (\$) 204.67	Payee address; City; State; Zip Code 225 Varick Street New York City, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	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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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 03/03/2026	5 Payee name Sticker Mule	
6 Amount (\$) 174.96	7 Payee address; City; State; Zip Code 336 Forest Ave Amsterdam, NY 12010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Stickers to update signs
	(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 03/09/2026	Payee name Texas VAN	
Amount (\$) 620.00	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 03/17/2026	Payee name VistaPrint	
Amount (\$) 553.14	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

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