

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: 6				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received Received JAN 12 2026 LISD / Supt Ofc			
	Dr.	Staci	L				
NICKNAME	LAST	SUFFIX					
	Barker						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	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 <small>(Residence or Business)</small>	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 checked="" type="checkbox"/> January 15 <input 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	THROUGH	Month	Day	Year
	11	17	25		12	31	26
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	5	2	26	<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 7			LISD Board of Trustees, Place 5			
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> 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)	\$ 35.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,810.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 40.63
	4. TOTAL POLITICAL EXPENDITURES	\$ 40.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,769.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

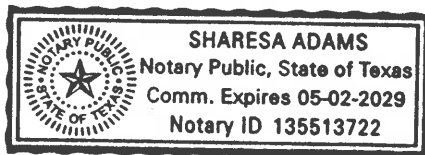
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 Barker this the 12th day of January 2026, to certify which, witness my hand and seal of office.
Sharesa Adams Sharesa Adams Board Secretary
 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 06/16/2985
 My address is 3508 Kales Ln, Flower Mound, TX, 75022, USA
(street) (city) (state) (zip code) (country)
 Executed in Denton County, State of Texas, on the 11th day of January, 2026
(month) (year)
Staci L 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		\$ 2,775.00
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		\$
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 11/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Staci Barker 6 Contributor address; City; State; Zip Code 3508 Kales Ln; Flower Mound, TX 75022	7 Amount of contribution (\$) 1,250.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Region 10 ESC
Date 12/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Jason Portier Contributor address; City; State; Zip Code 407 Kirkwood; Lewisville, TX 75067	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Systems Administrator		Employer (See Instructions) Children's Health System of Texas
Date 12/05/2025	Full name of contributor out-of-state PAC (ID#: _____) David Webb 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 12/05/2025	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 (\$) 50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Melissa Adams, Realtor
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 12/05/2025	5 Full name of contributor out-of-state PAC (ID#: _____) David Stanaway 6 Contributor address; City; State; Zip Code 2741 Skinner Dr; Flower Mound, TX 75028	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) IT professional		9 Employer (See Instructions) PlainsCapital Bank
Date 12/06/2025	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) Heidelberg Materials
Date 12/08/2025	Full name of contributor out-of-state PAC (ID#: _____) RICHARD BALLING Contributor address; City; State; Zip Code 13183 Cleburne Dr; Frisco, TX 75035	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) R10 ESC
Date 12/13/2025	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) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 12/29/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jacob Merkel <hr/> 6 Contributor address; City; State; Zip Code 97 Hyland Stringer Rd; Raymond, WA 98577	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions) IAMAW
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)
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)
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.