

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

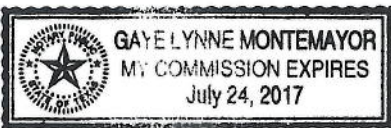
14 C/OH NAME **James H Stitt** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	Itemized
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	Itemized
	4. TOTAL POLITICAL EXPENDITURES	\$	2,110.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	189.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

18 AFFIDAVIT



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.

James H. Stitt
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James W. Stitt, this the 4 day of April, 2016, to certify which, witness my hand and seal of office.

Gaye Lynne Montemayor Gaye Lynne Montemayor Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Bryan R Morrow		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2110.31
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME Bryan R Morrow

3 Filer ID (Ethics Commission Filers)

4 Date
3/16/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Lara Morrow

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
4824 Cargill Circle Fort Worth TX 76244

\$500.00

8 Principal occupation / Job title (See Instructions)
Communications Director

9 Employer (See Instructions)
Stericycle

Date
3/15/2016
6

Full name of contributor out-of-state PAC (ID#: _____)
S.L. Davis

Amount of contribution (\$)

Contributor address; City; State; Zip Code
PO BOX 907 Keller TX 76244

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/15/2016
6

Full name of contributor out-of-state PAC (ID#: _____)
Landa Sloan Orrick

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3204 Odessa Ave Fort Worth TX 76109

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/28/16

Full name of contributor out-of-state PAC (ID#: _____)
Mary Reeves

Amount of contribution (\$)

Contributor address; City; State; Zip Code
5109 Shell Creek Dr. Ft Worth TX 76137

\$50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME Bryan R Morrow

3 Filer ID (Ethics Commission Filers)

4 Date
3/24/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Lara Morrow

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
4824 Cargill Circle Fort Worth TX 76244

\$100.00

8 Principal occupation / Job title (See Instructions)
Communications Director

9 Employer (See Instructions)
Stericycle

Date
3/15/2016
6

Full name of contributor out-of-state PAC (ID#: _____)
Ron Adair

Amount of contribution (\$)

Contributor address; City; State; Zip Code
729 Paul Dr Hurst TX 76054

\$50.00

Principal occupation / Job title (See Instructions)
Driving School Owner

Employer (See Instructions)
Self Employed

Date
3/15/2016
6

Full name of contributor out-of-state PAC (ID#: _____)
Nan Sprester

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4648 Seneca Dr Fort Worth TX 76137

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/28/16

Full name of contributor out-of-state PAC (ID#: _____)
Ashton Adair

Amount of contribution (\$)

Contributor address; City; State; Zip Code
9128 Peace Street Fort Worth TX 76244

\$50.00

Principal occupation / Job title (See Instructions)
Admin Assistant

Employer (See Instructions)
Stericycle

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **Bryan R Morrow**

3 Filer ID (Ethics Commission Filers)

4 Date
4/1/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Lara Morrow

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
4824 Cargill Circle Fort Worth TX 76244

\$1300.00

8 Principal occupation / Job title (See Instructions)
Communications Director

9 Employer (See Instructions)
Stericycle

Date

Full name of contributor out-of-state PAC (ID#: _____)
Delbert Fast

Amount of contribution (\$)

4/2/2016

Contributor address; City; State; Zip Code
5932 Steve Ct Westlake TX 76262

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
James M Stitt

Amount of contribution (\$)

3/15/2016

Contributor address; City; State; Zip Code
10201 Creek Hollow Ln Fort Worth TX 76131

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

School Teacher

KISD

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Bryan R Morrow		3 Filer ID (Ethics Commission Filers)	
4 Date 3/16/16		5 Payee name Discount Banners and Signs			
6 Amount (\$) 1,775.30		7 Payee address: City; State; Zip Code 500 N Main Keller TX 76248			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/1/16		Payee name Costco			
Amount (\$) 276.37		Payee address: City; State; Zip Code 8900 Tehama Ridge Fort Worth TX 76177			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/1/2016		Payee name Vistaprint			
Amount (\$) 31.79		Payee address: City; State; Zip Code 275 Wyman St Waltham MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Bryan R Morrow	3 Filer ID (Ethics Commission Filers)
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4 Date 3/31/16	5 Payee name Facebook Ads
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6 Amount (\$) 3.63	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/2/16	Payee name Rally.org
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Amount (\$) 23.22	Payee address; City; State; Zip Code 144 Second Street San Francisco CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST James	MI H	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date imaged
	NICKNAME	LAST Stitt	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE 3728 Tulip Tree Drive Fort Worth TX 76137	
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 223 - 4209	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Bryan	MI R	
	NICKNAME	LAST Morrow	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE 4824 Cargill Circle Fort Worth TX 76244	
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 776 - 1096	EXTENSION	
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 03 / 10 / 2016		Month Day Year 04 / 04 / 2016	
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 2016		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	OFFICE HELD (if any) Keller ISD Trustee Place 1		13 OFFICE SOUGHT (if known) Keller ISD Trustee Place 1	

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