

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST King	MI
	NICKNAME Brockley	LAST Moore	SUFFIX
OFFICE USE ONLY			
Date Received 4/4/2019			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
4402 Fieldcrest Drive			
Killeen TX 76549			
5 CANDIDATE / OFFICEHOLDER PHONE			
AREA CODE	PHONE NUMBER	EXTENSION	
(254)	247-8183		
Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME			
MS / MRS / MR	FIRST	MI	
	Same as		
NICKNAME	LAST	SUFFIX	
	above		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
Same as above			
8 CAMPAIGN TREASURER PHONE			
AREA CODE	PHONE NUMBER	EXTENSION	
()			
Same as above			
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	Month Day Year
01	16	19	THROUGH 03/26/2019
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month	Day	Year	
05	04	19	
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		OFFICE HELD (if any)	
Council member Dist 4		Council member Dist 4	
2015-2017		2019 May 4	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Brockley Lung Moore

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *4000⁰⁰*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *0.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *1469⁰⁰*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

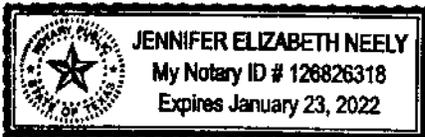
\$ *2541⁰⁰*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *00.00*

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.

Brockley Lung Moore

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Brockley Moore*, this the *4th* day of *April*, 20 *19*, to certify which, witness my hand and seal of office.

Jennifer Neely
Signature of officer administering oath

Jennifer Neely
Printed name of officer administering oath

Notary
Title of officer administering oath

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Brodley King Moore Kellen Inc Fighter 2505</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>555.00</i>	
5 Date <i>March 20 2019</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kellen Inc Fighter 2505</i>	8 Amount of Contribution \$ <i>555.00</i>	9 In-kind contribution description <i>SIGNS</i>
7 Contributor address; City; State; Zip Code <i>Kellean, TX 76541</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Fire Fighters</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
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
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 FILER NAME Killeen Daily Herald	3 Filer ID (Ethics Commission Filers)
4 Date 29 March 2019	5 Payee name Brockley King Moore	
6 Amount (\$) 269 ⁰⁰	7 Payee address: City: State: Zip Code 4402 Fieldcrest Drive Killeen TX 76549	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) New ads	(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
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Date 30 March 2019	Payee name Ohana Printing Press		
Amount (\$) 200 ⁰⁰	Payee address: City: State: Zip Code Killeen, TX		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Push Cards	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name City Council member Dist 4	Office sought	Office held
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Date 20 March 2019	Payee name Hope Pregnancy Ctr Inc		
Amount (\$) 1100 ⁰⁰	Payee address: City: State: Zip Code Killeen, TX 76542		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Support indirectly single parents households	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 ONLY 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