

# 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:   |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>Ms.</b>   | FIRST<br><b>Matilda</b>  | MI   |
|  | NICKNAME<br><b>Tillie</b>   | LAST<br><b>Hickman</b>   | SUFFIX   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:   | APT / SUITE #:   | CITY: STATE: ZIP CODE  |
|  | <b>1130 22nd Street      Beaumont, TX 77706</b>   |  |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br><b>( 409 )</b>   | PHONE NUMBER<br><b>658-8927</b>  | EXTENSION  |
|  | Date Hand-delivered or Date Postmarked  |  |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>Mr.</b>   | FIRST<br><b>Bruce</b>  | MI   |
|  | NICKNAME  | LAST<br><b>Murphree</b>  | SUFFIX   |
| 7 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>                       |   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE                    |  |
| <b>1690 Hyde Court      Beaumont, Texas 77706</b>  |   |  |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br><b>( 409 )</b>   | PHONE NUMBER<br><b>790-8205</b>  | EXTENSION  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15   | <input checked="" type="checkbox"/> 30th day before election                               | <input type="checkbox"/> Runoff  |
|  | <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election   | <input type="checkbox"/> Exceeded Modified Reporting Limit                   |
|  |   | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> Final Report (Attach C/OH - FR)                     |
| 10 PERIOD COVERED  | Month    Day    Year<br><b>01 / 01 / 2025</b>   | THROUGH  | Month    Day    Year<br><b>03 / 24 / 2025</b>                                |
| 11 ELECTION  | ELECTION DATE<br>Month    Day    Year<br><b>05 / 03 / 2025</b>  |  | ELECTION TYPE  |
|  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description   |  | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>BISD Trustee District 5</b>  | 13 OFFICE SOUGHT (if known)<br><b>BISD Trustee District 5</b>                              |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> 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   |  |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS  |  |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |



Receipt #      Amount \$  
Date Processed **4/3/2025**  
Date Imaged **4/3/2025**

**GO TO PAGE 2**

RECEIVED  
JUN 10 1962

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>Matilda Hickman |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>          | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$  |
| <b>EXPENDITURE TOTALS</b>              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$  |
| <b>CONTRIBUTION BALANCE</b>            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  |
| <b>OUTSTANDING LOAN TOTALS</b>         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

**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.

*Matilda Hickman*

Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Matilda Hickman this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Georgia C. Antoine Georgia C. Antoine Coordinator  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)