

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2024, covering calendar year ending December 31, 2023.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
9

ACCOUNT #
~~00050673~~

1 NAME

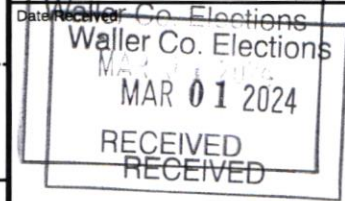
TITLE; FIRST; MI

The Honorable Elton R.

NICKNAME; LAST; SUFFIX

Mathis

OFFICE USE ONLY



2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP

P.O. Box 438

Hempstead, TX 77445

(CHECK IF FILER'S HOME ADDRESS)

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(979) 525-8126

4 REASON FOR FILING STATEMENT

- CANDIDATE _____ (INDICATE OFFICE)
- ELECTED OFFICER _____ (INDICATE OFFICE)
- APPOINTED OFFICER Waller County Court at Law #2 Judge (INDICATE AGENCY)
- EXECUTIVE HEAD _____ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR _____ (INDICATE PARTY)
- OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE _____

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Mathis, Elton R. (The Honorable)	FILER ID 00058673
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER State of Texas ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 645 12th Street Hempstead, TX 77445 POSITION HELD Waller County Criminal District Attorney NATURE OF OCCUPATION D.A.	
<input type="checkbox"/> SELF-EMPLOYED		

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Waller County ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 645 12th Street Hempstead, TX 77445 POSITION HELD Waller County Criminal District Attorney / WALLER CO. JUDGE CT # 2 NATURE OF OCCUPATION D.A / JUDGE	
<input type="checkbox"/> SELF-EMPLOYED		

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 FILER INFORMATION	FILER NAME Mathis, Elton R. (The Honorable)	FILER ID 00058673
2 MUTUAL FUND	NAME Wells Fargo Advantage DJ Target Today R4	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME Fidelity Diversified International Fund	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME Lord Abbett Small-Cap Value 1	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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2 MUTUAL FUND	NAME First Eagle Fund of America Y	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME	
	Davis New York Venture A	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME	
	BlackRock Bond Index Fund	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME	

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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1 FILER INFORMATION	<table> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Mathis, Elton R. (The Honorable)</td> <td>00058673</td> </tr> </table>	FILER NAME	FILER ID	Mathis, Elton R. (The Honorable)	00058673
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2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	<table> <tr> <td>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</td> </tr> <tr> <td>23326 Mack Washington Lane</td> </tr> <tr> <td>Hempstead, TX 77445</td> </tr> </table>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE	23326 Mack Washington Lane	Hempstead, TX 77445	
STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE					
23326 Mack Washington Lane					
Hempstead, TX 77445					
4 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	<table> <tr> <td>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</td> </tr> <tr> <td>23.00000 acres</td> </tr> <tr> <td>Waller</td> </tr> </table>	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED	23.00000 acres	Waller	
NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED					
23.00000 acres					
Waller					
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Slattery Jr., Patrick (Dr.)				
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS					

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4 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 acres Scurry	
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

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5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

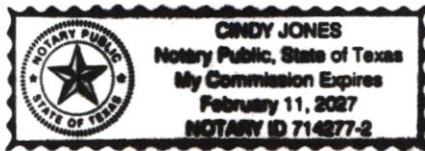
The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2023, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said ELTON R. MATHIS, this the 15th day of MARCH, 2024, to certify which, witness my hand and seal of office.



Signature of officer administering oath

CINDY JONES

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath