

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers) **N/A**

2 Total pages filed: **8**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr.** FIRST **ELTON** MI **R.**  
NICKNAME LAST SUFFIX  
**MATHIS**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**425 FM 1488**  
**Hempstead, TX 77445**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(979) 826-4066**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR.** FIRST **ELTON** MI **R.**  
NICKNAME LAST SUFFIX  
**MATHIS**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**425 FM 1488**  
**Hempstead, TX 77445**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(979) 826-4066**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**7 / 1 / 2024** THROUGH **12 / 31 / 2024**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**3 / ? / 2028**  General  Special

12 OFFICE

OFFICE HELD (if any)  
**Waller Co. Ct Clerk #2**

13 OFFICE SOUGHT (if known)

**SAME**

14 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  
**N/A**

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**N/A**

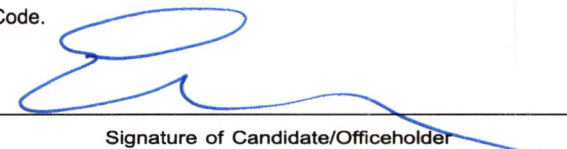
GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 2**

<b>15 JC/OH NAME</b> <i>Elton R. Mathis</i>		<b>16 Filer ID</b> (Ethics Commission Filers) <i>N/A</i>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0.00</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,223.40</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>124.33</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.00</i>

**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.

  
\_\_\_\_\_  
Signature of Candidate/Officeholder

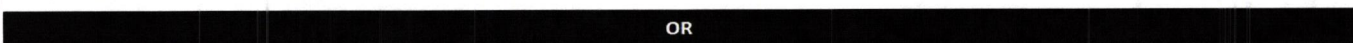
**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

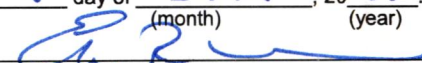
Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath



**(2) Unsworn Declaration**

My name is ELTON R. MATHIS, and my date of birth is 8-20-75.  
My address is 425 FM 1488, HEMPSTEAD, TX, 77445, U.S.A.  
(street) (city) (state) (zip code) (country)

Executed in WALKER County, State of TX, on the 7<sup>th</sup> day of JAN, 20 25.  
(month) (year)

  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <b>ELTON R. MATHIS</b>		20 Filer ID (Ethics Commission Filers) <b>N/A</b>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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		\$ <b>500.00</b>
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <b>723.40</b>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME ELTON R. MATHIS	<b>3</b> Filer ID (Ethics Commission Filers) N/A
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<b>4</b> Date 10-23-24	<b>5</b> Payee name Waller Co. Fair Assoc.
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<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 21988 FM 359 Hempstead, TX 77445
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) GIFT/AWARDS	<b>(b)</b> Description Waller Co. Fair Scholarship Fund
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> 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 N/A
------	-------------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name N/A
------	-------------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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

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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 4	<b>2</b> FILER NAME ELTON R. MATHIS	<b>3</b> Filer ID (Ethics Commission Filers) N/A
<b>4</b> Date 7-5-24	<b>5</b> Payee name Microsoft Store	
<b>6</b> Amount (\$) 75.76	<b>7</b> Payee address; City State Zip Code 750 TOWN + COUNTRY BLVD. #1000 HOUSTON, TX 77024 (Corp. address)	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories.) OFFICE SUPPLIES	<b>(b)</b> Description (See instructions regarding type of information required.) SOFTWARE
Date 8-9-24	Payee name Ayelas	
Amount (\$) 57.91	Payee address; City State Zip Code 905 13th Street Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD EXP.	Description (See instructions regarding type of information required.) STAFF LUNCHEON
Date 8-12-24	Payee name Snowflake Donuts	
Amount (\$) 30.00	Payee address; City State Zip Code 420 Austin Street Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD EXP.	Description (See instructions regarding type of information required.) CLERKS / BAILIFFS APPRECIATION
Date 8-23-24	Payee name McDonalds	
Amount (\$) 21.39	Payee address; City State Zip Code 1005 Austin Street Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD. EXP.	Description (See instructions regarding type of information required.) STAFF LUNCHEON

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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<b>1</b> Total pages Schedule I: 4	<b>2</b> FILER NAME ELTON R. MATHIS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-16-24	<b>5</b> Payee name SALTGRASS	
<b>6</b> Amount (\$) 84.76	<b>7</b> Payee address; 23952 NW FWY Cypress, TX 77429	City State Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FOOD EXP.	(b) Description (See instructions regarding type of information required.) Bailiff appreciation
Date 9-17-24	Payee name Classic Events Cafe	
Amount (\$) 85.79	Payee address; 615 US-290 BUS. Hempstead, TX 77445	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD EXP.	Description (See instructions regarding type of information required.) <del>STATE</del> LUNCHEON LAW ENFORCEMENT (DPS)
Date 9-25-24	Payee name SNOWFLAKE	
Amount (\$) 16.50	Payee address; 420 Austin Hempstead, TX 77445	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD EXP.	Description (See instructions regarding type of information required.) JUROR DONUTS
Date 9-26-24	Payee name Chappell Hill Bakery	
Amount (\$) 27.92	Payee address; 8900 Highway 290 E. Chappell Hill, TX 77426	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD EXP.	Description (See instructions regarding type of information required.) JAILER PASTRIES

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<b>1</b> Total pages Schedule I: 4		<b>2</b> FILER NAME ELTON R. MATHIS		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10-2-24		<b>5</b> Payee name TX Center for Judiciary			
<b>6</b> Amount (\$) 35.00		<b>7</b> Payee address; 1210 SAN ANTONIO # 800 Austin, TX 78701		City State Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories.) Education (Class Fee)		<b>(b)</b> Description (See instructions regarding type of information required.) CLE FEE	
Date 10-7-24		Payee name BEVERS CAFE			
Amount (\$) 162.00		Payee address; 5162 MAIN ST. CHAPPELL HILL, TX 77426		City State Zip Code	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) FOOD EXP.		Description (See instructions regarding type of information required.) STAFF LUNCHEON	
Date 10-22-24		Payee name TX CENTER JUDICIARY			
Amount (\$) 35.00		Payee address; 1210 SAN ANTONIO # 800 AUSTIN, TX 78701		City State Zip Code	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Education / Class Fee		Description (See instructions regarding type of information required.) CLE Fee	
Date 12-20-24		Payee name TX CENTER JUDICIARY			
Amount (\$) 35.00		Payee address; 1210 SAN ANTONIO # 800 Austin, TX 78701		City State Zip Code	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) PROFFESS EXP. STATE ORG. DUES		Description (See instructions regarding type of information required.) DUES	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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1 Total pages Schedule I: <b>4</b>	2 FILER NAME <b>ELTON R. MATHIS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-6-24</b>	5 Payee name <b>Waller Chamber of Commerce</b>			
6 Amount (\$) <b>30.00</b>	7 Payee address; <b>1018 Saunders St WALLER, TX 77484</b>		City	State
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>ORG. DUES</b>	(b) Description (See instructions regarding type of information required.) <b>DUES</b>		
Date <b>11-15-24</b>	Payee name <b>SUBWAY</b>			
Amount (\$) <b>26.37</b>	Payee address; <b>2000 Fm 1488 Hempstead, TX 77445</b>		City	State
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FOOD EXP.</b>	Description (See instructions regarding type of information required.) <b>STAFF LUNCH</b>		
Date	Payee name <b>N/A</b>			
Amount (\$)	Payee address;		City	State
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name <b>N/A</b>			
Amount (\$)	Payee address;		City	State
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

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