

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)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MR</i> <i>MATHEW</i> <i>M</i> NICKNAME LAST SUFFIX <i>VAIRAMON</i>	OFFICE USE ONLY Date Received <div style="text-align: right; font-weight: bold;">JUL 9 2025 PCVD</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>418 Whitney Oaks Ln Stafford TX 77477</i>	Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
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Date Processed											
Date Imaged											
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(281) 857 7538</i>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MR</i> <i>NEVIN</i> <i>V</i> NICKNAME LAST SUFFIX <i>MATHEW</i>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>418 Whitney Oaks Ln Stafford TX 77477</i>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(281) 857 7543</i>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;"><i>03 / 24 / 2025</i></td> <td></td> <td style="text-align: center;"><i>07 / 15 / 2025</i></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	<i>03 / 24 / 2025</i>		<i>07 / 15 / 2025</i>		
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<i>03 / 24 / 2025</i>		<i>07 / 15 / 2025</i>									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year <i>03 / 03 / 2026</i> </td> <td style="width:70%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <i>03 / 03 / 2026</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Justice of Peace Precinct 3</i>									
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.										
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="border: none;"> <table style="width:100%; border: none;"> <tr><td style="border: none;">COMMITTEE NAME</td></tr> <tr><td style="border: none;">COMMITTEE ADDRESS</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table> </td> </tr> </table>				COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table style="width:100%; border: none;"> <tr><td style="border: none;">COMMITTEE NAME</td></tr> <tr><td style="border: none;">COMMITTEE ADDRESS</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table>	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS		
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COMMITTEE CAMPAIGN TREASURER ADDRESS											

GO TO PAGE 2

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

Matthew M Vairamon

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1651
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1651
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10413
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME

Mathew M Vairamon

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

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

\$ 1651

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 12064

CONTRIBUTION
BALANCE

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

\$ 0

OUTSTANDING
LOAN TOTALS

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

\$ 10413

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

OR

(2) Unsworn Declaration

My name is Mathew M Vairamon, and my date of birth is 11/14/1958.

My address is 418 Whitney Oaks Ln, Stafford, TX, 77477.
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 9th day of July, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Mathew M Vairamon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-10-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ninan Mathullah, Missouir City TX 72459</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>500</i> <i>Cash</i>
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>7-5-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Daniel Alexander</i> Contributor address; City; State; Zip Code <i>Houston</i>	Amount of contribution (\$) <i>300</i>
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>7-5-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Samuel Philip</i> Contributor address; City; State; Zip Code <i>Manuel</i>	Amount of contribution (\$) <i>200</i>
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Mathew M Vairamon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7-5-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Daniel Rajan</i>	7 Amount of contribution (\$) <i>200</i>
6 Contributor address; City; State; Zip Code <i>Sugar Land</i>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$) 10413

6-1-2025

Mathew M Vairam

8 Lender address;

City;

State;

Zip Code

10 Interest rate

☐ Y ☐ N

11 Maturity date

13 Lender's Job Title

15 Law Firm of lender's spouse (if any)

16 If lender is a child, law firm of parent(s) (if any)

18

☐ none☐ Check if personal funds were deposited into political account (See instructions)

20 Name of guarantor

22 Amount Guaranteed (\$)

☐ not applicable

21 Guarantor address:

City;

State;

Zip Code

24 Guarantor's Job Title

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, law firm of parent(s) (if any)

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.