

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00087763		2 Total pages filed: 10		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Matthew J.	MI	
	NICKNAME		LAST Kolodoski	SUFFIX	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> Runoff		<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit		
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)		
5 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2025	THROUGH		Month Day Year 12/31/2025
OFFICE USE ONLY					
Date Received ELECTRONICALLY FILED 01/23/2026					
Date Hand-delivered or Date Postmarked					
Receipt #		Amount			
Date Processed					
Date Imaged					

6 EXPLANATION OF CORRECTION

An expense for annual family holiday cards (\$2,746.01) that had a campaign logo on them was not included in the original semi-annual report. The corrected report added this as an expense from personal funds. The family sends these annually and it was paid with personal funds, so it was inadvertently not included on the initial report. However, since the campaign logo was included on the holiday cards, the report was corrected to include this expense. The initial report was made in good faith, and this amendment was made as soon as this issue was identified. Because (1) the correction to a semi-annual report was made before any complaints were filed and (2) the original report was made in good faith without any intent to mislead or misrepresent the information contained, I request the corrected report be consider filed on the date the original report was filed (January 15, 2026) and that no late-filing penalty be assigned.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Matthew J. Kolodoski

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00087763	2 Total pages filed: 10									
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Matthew J.</td> <td style="width: 40%;">MI </td> </tr> <tr> <td colspan="3"> <hr/> </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Kolodoski</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Matthew J.	MI 	<hr/>			NICKNAME	LAST Kolodoski	SUFFIX	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/23/2026
	MS / MRS / MR Mr.	FIRST Matthew J.	MI 									
<hr/>												
NICKNAME	LAST Kolodoski	SUFFIX										
ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4900 Airport Pkwy #367 Addison, TX 75001 <input type="checkbox"/> Change of Address												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4900 Airport Pkwy #367 Addison, TX 75001		Date Hand-delivered or Date Postmarked									
	<table style="width: 100%;"> <tr> <td style="width: 60%;">Receipt #</td> <td style="width: 40%;">Amount</td> </tr> </table>		Receipt #	Amount	Date Processed							
	Receipt #	Amount										
	Date Imaged											
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mrs.</td> <td style="width: 30%;">FIRST Laura E.</td> <td style="width: 40%;">MI </td> </tr> <tr> <td colspan="3"> <hr/> </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Jones</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Laura E.	MI 	<hr/>			NICKNAME	LAST Jones	SUFFIX	
	MS / MRS / MR Mrs.	FIRST Laura E.	MI 									
<hr/>												
NICKNAME	LAST Jones	SUFFIX										
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1415 Legacy Drive Suite 350 Frisco, TX 75034												
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1415 Legacy Drive Suite 350 Frisco, TX 75034											
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 387-9056											
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" 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 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 checked="" 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 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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<input 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)									
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025											
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special				
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other									
<input type="checkbox"/> General	<input type="checkbox"/> Special											
OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 3 District 5										

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Kolodoski, Matthew J. (Mr.)	14 Filer ID (Ethics Commission Filers) 00087763
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,829.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,400.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,510.00

17 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.

Mr. Matthew J. Kolodoski

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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
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SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Kolodoski, Matthew J. (Mr.)		19 Filer ID (Ethics Commission Filers) 00087763	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	2,510.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,760.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	3,069.40
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1.80

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/10	
2 FILER NAME Kolodoski, Matthew J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087763	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 11/20/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolodoski, Matthew		9 Loan Amount (\$) \$2,510.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Addison, TX 75001		10 Interest Rate 0
			11 Maturity Date
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Partner	
14 Lender's Employer/Law Firm Gette Law PLLC		15 Law Firm of lender's spouse (if any) Vela Wood Staley Young	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/10	2 FILER NAME Kolodoski, Matthew J. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087763
4 Date 12/23/2025	5 Payee name Maddskillz Media	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 130 Maverick Lane Pilot Point, TX 76258	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer fee for future fundraising event.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Republican Party of Texas	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Wells Fargo	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 995 W. Bethany Dr Allen, TX 75013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee for cashier's check.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 7/10		2 FILER NAME Kolodoski, Matthew J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087763	
4 Date 12/08/2025		5 Payee name Postable			
6 Amount (\$) \$2,746.01 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 154 Grand St New York, NY 11249			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and mailing expense for holiday cards depicting campaign logo.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/21/2025		Payee name Uber			
Amount (\$) \$49.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1455 Market St #400 San Fransisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber fees for filing candidate paperwork.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/21/2025		Payee name Vonlane			
Amount (\$) \$274.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3800 Maple Ave Dallas, TX 75219			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Austin for filing with Republican Party of Texas.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 8/10
2 FILER NAME Kolodoski, Matthew J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087763
4 Date 07/03/2025	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$0.34
	6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	7 Purpose for which amount is received Interest Payment <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/05/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.39
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	Purpose for which amount is received Interest Payment <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/04/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.35
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	Purpose for which amount is received Interest Payment <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/03/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.29
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	Purpose for which amount is received Interest Payment <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/05/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.27
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	Purpose for which amount is received Interest Payment <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 2/2 Rpt: 9/10

2 FILER NAME

Kolodoski, Matthew J. (Mr.)

3 Filer ID (Ethics Commission Filers)
00087763

4 Date

12/03/2025

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

\$0.16

6 Address of person from whom amount is received; City; State; Zip Code

Fort Worth, TX 76162

7 Purpose for which amount is received

Interest Payment

☐ Check if political contribution returned to filer

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
Sch: 1/1 Rpt: 10/10

2 FILER NAME

Kolodoski, Matthew J. (Mr.)

3 Filer ID (Ethics Commission Filers)
00087763

LENDER
INFORMATION

4 Name of lender
Kolodoski, Matthew

5 Lender address; City; State; Zip Code

Addison, TX 75001

GUARANTOR
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address; City; State; Zip Code