

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID 00087763		2 Total pages filed: 10		OFFICE USE ONLY					
				Date Received					
				ELECTRONICALLY FILED 01/23/2026					
3 CANDIDATE / OFFICEHOLDER NAME		FIRST Mr. Matthew J.		Date Hand-delivered or Date Postmarked					
		NICKNAME Kolodoski		Receipt # _____					
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)		Amount _____					
5 ORIGINAL PERIOD COVERED		Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year	Date Processed	
6 EXPLANATION OF CORRECTION								Date Imaged	

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

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**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												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 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															
<p>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.</p>															
<p>Mr. Matthew J. Kolodoski _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME Kolodoski, Matthew J. (Mr.)	<b>19</b> Filer ID (Ethics Commission Filers) 00087763
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A(J): 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)**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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 Francisco, 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**

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

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

## **SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 9/10
<b>2</b> FILER NAME  Kolodoski, Matthew J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers)  00087763
<b>4</b> Date  12/03/2025	<b>5</b> Name of person from whom amount is received  Frost Bank	<b>8</b> Amount (\$)  \$0.16
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Fort Worth, TX 76162	
	<b>7</b> Purpose for which amount is received  Interest Payment	<input type="checkbox"/> Check if political contribution returned to filer

# OUTSTANDING LOANS

## SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 10/10
<b>2</b> FILER NAME Kolodoski, Matthew J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087763
LENDER INFORMATION	<b>4</b> Name of lender Kolodoski, Matthew	
	<b>5</b> Lent address; City; State; Zip Code  Addison, TX 75001	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>6</b> Name of guarantor	
	<b>7</b> Guarantor address; City; State; Zip Code	