

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JOEY NICKNAME LAST SUFFIX FENLAW			OFFICE USE ONLY FILED FOR RECORD UPSHUR COUNTY, TEXAS JAN 15 2026 LORY HARVEY ELECTIONS ADMINISTRATOR BY Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1631 FM 852 GILMER TX 75644					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 918-9537					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. BRANDON NICKNAME LAST SUFFIX HENSON					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 117 INDIGO TRAIL GILMER, TEXAS 75645					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 841-3966					
9 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)					
10 PERIOD COVERED	Month 10	Day 22	Year / 2025	Month 12	Day / 31	Year / 2025
11 ELECTION	Month 03	Day / 03	Year / 2026	ELECTION DATE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) CRIMINAL DISTRICT ATTORNEY		
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.					
<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				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

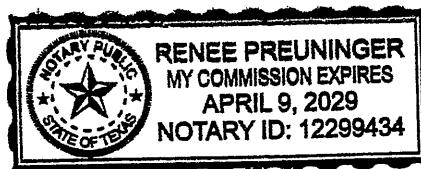
15 C/OH NAME JOEY FENLAW		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,079.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 520.97
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
OUTSTANDING LOAN TOTALS		

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joey Fenlaw this the 15th day of January,
20 26, to certify which, witness my hand and seal of office.

Renee Preuninger
Signature of officer administering oath

Renee Preuninger
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) _____ (year) _____

[Signature]
Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME JOEY FENLAW	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" 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 checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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 A1: 1/2
2 FILER NAME JOEY FENLAW			3 Filer ID (Ethics Commission Filers)
4 Date 01/2026	5 Full name of contributor MARSHA DRAKE	<input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code TX	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASSISTANT		9 Employer (See Instructions) GREGG COUNTY	
Date 01/2026	Full name of contributor MARK BREDDING	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code TX	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 01/2026	Full name of contributor TED BEATY	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code TX	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 01/2026	Full name of contributor CRAIG BASS	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code TX	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2/2
2 FILER NAME JOEY FENLAW			3 Filer ID (Ethics Commission Filers)
4 Date 01/2026	5 Full name of contributor SCOTT PEAL	□ out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$500.00
6 Contributor address;	City; TX	State; Zip Code	
8 Principal occupation / Job title (See Instructions) PROSECUTOR		9 Employer (See Instructions) PANOLA COUNTY	
Date 01/2026	Full name of contributor LIZ BELAIRE	□ out-of-state PAC (ID#:)	Amount of contribution (\$) \$350.00
Contributor address;	City; TEXAS	State; Zip Code	
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF	
Date	Full name of contributor	□ out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address;	City; TX	State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	□ out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address;	City; TX	State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

LOANS**SCHEDULE E**

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule E: 1
<p>2 FILER NAME JOEY FENLAW</p>				3 Filer ID (Ethics Commission Filers)
<p>4 TOTAL OF UNITEMIZED LOANS</p>				\$
<p>5 Date of loan 10/22/2025</p>	<p>7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>JOEY FENLAW</p>			<p>9 Loan Amount (\$) \$5,000</p>
<p>6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N</p>	<p>8 Lender address; City; State; Zip Code</p> <p>1631 FM 852 GILMER TEXAS 75644</p>	<p>10 Interest rate</p> <p>11 Maturity date</p>		
<p>12 Principal occupation / Job title (See Instructions) PROSECUTOR</p>		<p>13 Employer (See Instructions) GREGG COUNTY DISTRICT ATTORNEY'S OFFICE</p>		
<p>14 Description of Collateral <input checked="" type="checkbox"/> none</p>		<p>15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>		
<p>16 GUARANTOR INFORMATION</p> <p><input checked="" type="checkbox"/> not applicable</p>	<p>17 Name of guarantor</p> <p>18 Guarantor address; City; State; Zip Code</p>			<p>19 Amount Guaranteed (\$)</p>
<p>20 Principal Occupation (See Instructions)</p>	<p>21 Employer (See Instructions)</p>			
<p>Date of loan</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#_____)</p>			<p>Loan Amount (\$)</p>
<p>Is lender a financial institution?</p> <p>Y <input checked="" type="checkbox"/> N</p>	<p>Lender address; City; State; Zip Code</p>			<p>Interest rate</p> <p>Maturity date</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
<p>Description of Collateral</p> <p><input type="checkbox"/> none</p>		<p><input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>		
<p>GUARANTOR INFORMATION</p> <p><input type="checkbox"/> not applicable</p>	<p>Name of guarantor</p> <p>Guarantor address; City; State; Zip Code</p>			<p>Amount Guaranteed (\$)</p>
<p>Principal Occupation (See Instructions)</p>		<p>Employer (See Instructions)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

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 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: 1/2	2 FILER NAME JOEY FENLAW	3 Filer ID (Ethics Commission Filers)	
4 Date 11/09/2025	5 Payee name SIGNSONTHECHEAP.COM		
6 Amount (\$) \$94.18	7 Payee address; 11525A STONEHOLLOW DR. SUITE 120 AUSTIN, <input type="checkbox"/> Check if individual's residence address.	City: TX Zip Code 78785	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description BUSINESS CARDS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/26/2025	Payee name SIGNSONTHECHEAP.COM		
Amount (\$) \$561.64	Payee address; 1152 STONEHOLLOW DR. SUITE 120 AUSTIN, <input type="checkbox"/> Check if individual's residence address.	City: TX	State: Zip Code 78785
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNS	
	<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 12/26/2025	Payee name SIGNSONTHECHEAP.COM		
Amount (\$) \$1235.51	Payee address; 1152A STONEHOLLOW DR. SUITE 120 AUSTIN, <input type="checkbox"/> Check if individual's residence address.	City: TX	State: Zip Code 78785
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNS	
	<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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 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: 2/2	2 FILER NAME JOEY FENLAW	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/2025	5 Payee name AMAZON.COM	
6 Amount (\$) \$117.40	7 Payee address; 410 TERRY AVE N <input type="checkbox"/> Check if individual's residence address.	City; SEATTLE State; WA Zip Code 98109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGN STAKES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 01/11/202	Payee name SIGNSONTHECHEAP.COM	
Amount (\$) \$70.35	Payee address; 11525A STONEHOLLOW DR. SUITE 120 <input type="checkbox"/> Check if individual's residence address.	City; AUSTIN TX State; Zip Code 78785
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BUSINESS CARDS
	<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
Date	Payee name	
Amount (\$)	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

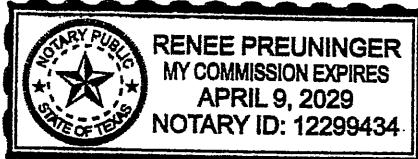
OFFICE USE ONLY	
FILED FOR TX CO. UPSHUR COUNTY, TEXAS	
JAN 15 2026	
LORY HAPLE	
ELECTIONS AND CAMPAIGN FINANCIAL REPORT	
BY DEPUTY	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name	Joey Fenlaw	Filer ID #
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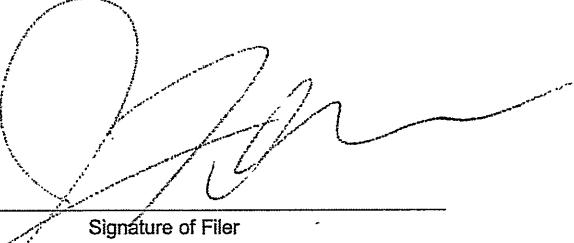
1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL



Signature of Filer

Sworn to and subscribed before me by Joey Fenlaw this the 15th day of January,
20 26, to certify which, witness my hand and seal of office.

Renee Preuninger
Signature of officer administering oath

Renee Preuninger
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**