

# 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:

7

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MR

FIRST

JOEY

MI

NICKNAME

LAST

FENLAW

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

1631 FM 852

APT / SUITE #;

CITY;

STATE;

ZIP CODE

GILMER, TX 75644

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

( 903 )

PHONE NUMBER

918-9537

EXTENSION

OFFICE USE ONLY

FILED FOR RECORD  
UPSHUR COUNTY, TEXAS

JAN 30 2026

LORY HADLEY  
ELECTIONS ADMINISTRATOR

Date Hand-Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

117 INDIGO TRAIL

CITY;

GILMER,

STATE;

TX

ZIP CODE

75644

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

( 903 ) 918-9537

PHONE NUMBER

EXTENSION

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

01

01

2026

THROUGH

Month

Day

Year

02

02

2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03

03

2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

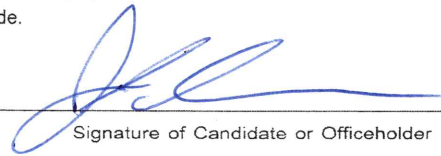
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

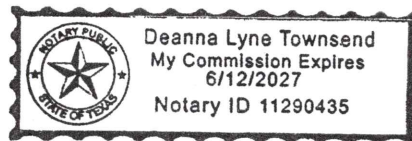
15 C/OH NAME <b>JOEY FENLAW</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1736.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1884.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5500.00

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 or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joey Fenlaw this the 30<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.  
Deanna Lyne Townsend Deanna Lyne Townsend NOTARY  
Signature of officer administering oath Printed name of officer administering oath 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 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****SUBTOTAL  
AMOUNT**

- |     |   |            |
|-----|---|------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 3100.00 |
| 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   | \$ 500.00  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 1736.16 |
| 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: 2
2 FILER NAME JOEY FENLAW		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOGAN SAWYER 6 Contributor address; City; State; Zip Code TX	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) PROSECUTOR		9 Employer (See Instructions) WOOD COUNTY D.A. OFFICE
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKY ALESHIRE Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions) ADVANCED INDUSTRIES
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY OGEA Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) SELF
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRETT HARRISON Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) FILES, HARRISON, & MILLSLAGLE, PC
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 FILER NAME JOEY FENLAW		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD CHOY 6 Contributor address; City; State; Zip Code TX	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM LOFTIS Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) HEWLETT PACKARD
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUNG KIM Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHERYL RISINGER Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) BUSINESS MANAGER		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.		

**LOANS****SCHEDULE E**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 E: <b>1</b>
2 FILER NAME <b>JOEY FENLAW</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>01/12/2026</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOEY FENLAW</b>	9 Loan Amount (\$) <b>500.00</b>
6 Is lender a financial Institution? <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>1631 FM 852 GILMER, TX 75644</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		13 Employer (See Instructions) <b>GREGG COUNTY DA OFFICE</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <b>Y</b> <b>N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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  
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: <b>1</b>		2 FILER NAME <b>JOEY FENLAW</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/27/2026</b>		5 Payee name <b>SIGNSONTHECHEAP.COM</b>			
6 Amount (\$) <b>928.57</b>		7 Payee address; <b>1152 STONEHOLLOW DR. SUITE 120</b>		City; <b>AUSTIN,</b>	State; <b>TX</b>
				Zip Code <b>78785</b>	
		<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>POLITICAL SIGNS</b>		
	(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					
Date <b>01/29/2026</b>		Payee name <b>VISTAPRINT</b>			
Amount (\$) <b>807.59</b>		Payee address; <b>275 WYMAN STREET,</b>		City; <b>WALTHAM,</b>	State; <b>MA</b>
				Zip Code <b>02451</b>	
		<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>POLITICAL MAILING SERVICE</b>		
	<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					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
		<input type="checkbox"/> Check if individual's residence address.			
<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					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
		<input type="checkbox"/> Check if individual's residence address.			
<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					

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.*

Filer name <b>JOEY FENLAW</b>	Filer ID #
----------------------------------	------------

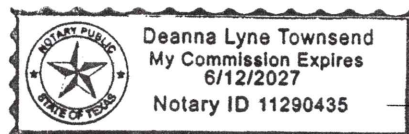
<b>OFFICE USE ONLY</b>	
<b>FILED FOR RECORD</b>	
UPSHUR COUNTY, TEXAS	
<b>JAN 30 2026</b>	
LORY HADIC	
ELECTIO	
Date Hand delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

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 30th day of January, 2026, to certify which, witness my hand and seal of office.

Deanna Lyne Townsend  
Signature of officer administering oath

Deanna Lyne Townsend  
Printed name of officer administering oath

NOTARY STATE OF TEXAS  
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**