

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	OFFICE USE ONLY			
	NICKNAME	LAST FENLAW	SUFFIX	Date Received FILED FOR RECORD UPSHUR COUNTY, TX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	1631 FM 852		GILMER, TX 75644				
JAN 30 2026							
LORY HARVEY ELECTIONS ADMINISTRATOR BY <i>[Signature]</i>							
Date Hand-Delivered or Date Postmarked							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 918-9537	EXTENSION				
	BY			Receipt #	Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST BRANDON	MI	Date Processed			
	NICKNAME	LAST HENSON	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY:	STATE: ZIP CODE		
	117 INDIGO TRAIL			GILMER, TX 75644			
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 918-9537	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 01	Day 01	Year / 2026	Month 02	Day 02	Year / 2026	
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026		ELECTION TYPE <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					

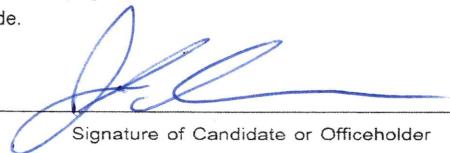
GO TO PAGE 2

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)	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3100.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 1736.16
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1884.76
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5500.00

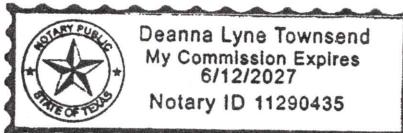
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 30th day of January,
2021, 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 _____, 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 LOGAN SAWYER	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) 100.00
	6 Contributor address; - - - - -	City; State; Zip Code TX	
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 BECKY ALESHIRE	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 1000.00
	Contributor address; - - - - -	City; State; Zip Code TX	
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions) ADVANCED INDUSTRIES	
Date 01/16/2026	Full name of contributor JERRY OGEA	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 1000.00
	Contributor address; - - - - -	City; State; Zip Code , TX	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) SELF	
Date 01/16/2026	Full name of contributor BRETT HARRISON	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
	Contributor address; - - - - -	City; State; Zip Code TX	
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 EDWARD CHOY	<input type="checkbox"/> out-of-state PAC (ID#: -----)	7 Amount of contribution (\$) 100.00
	6 Contributor address; -----	City; State; Zip Code TX	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF	
Date 01/16/2026	Full name of contributor TOM LOFTIS	<input type="checkbox"/> out-of-state PAC (ID#: -----)	Amount of contribution (\$) 50.00
	Contributor address; -----	City; State; Zip Code TX	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) HEWLETT PACKARD	
Date 01/16/2026	Full name of contributor SUNG KIM	<input type="checkbox"/> out-of-state PAC (ID#: -----)	Amount of contribution (\$) 250.00
	Contributor address; -----	City; State; Zip Code TX	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 01/16/2026	Full name of contributor CHERYL RISINGER	<input type="checkbox"/> out-of-state PAC (ID#: -----)	Amount of contribution (\$) 100.00
	Contributor address; -----	City; State; Zip Code TX	
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: 1
2 FILER NAME JOEY FENLAW			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 01/12/2026	7 Name of lender JOEY FENLAW	<input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; 1631 FM 852	City; GILMER, TX 75644	10 Interest rate
		State; Zip Code	11 Maturity date
12 Principal occupation / Job title (See Instructions) ATTORNEY		13 Employer (See Instructions) GREGG COUNTY DA OFFICE	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" 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	18 Guarantor address;	19 Amount Guaranteed (\$)
		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?	Lender address;	City; State; Zip Code	Interest rate
Y <input checked="" type="checkbox"/> N			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" 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	Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

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

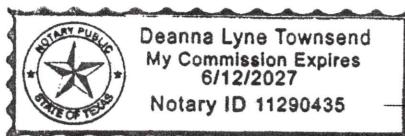
OFFICE USE ONLY	
FILED FOR RECORD	
UPSHUR COUNTY, TEXAS	
JAN 30 2026	
LORY HADIE	
ELECTION	
Date Hand Delivered or Date Postmarked	
BY <i>[Signature]</i> DEPUTY	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name JOEY FENLAW	Filer ID #
---------------------------	------------

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

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**