

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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY APR 25 2025		
	Ms.	Treva	S.			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received Date Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	"HisPoet"	Johnson				
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	
	1428 Wall St.	Beaumont Tx	77701			
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Received Date Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	(409)	5506334				
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Date Received Date Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	Ms.	Treva	S.			
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Received Date Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	HisPoet	Johnson				
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	
	1428 Wall St.	Beaumont Tx	77701			
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION	Date Received Date Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	(409)	5506334				
11 ELECTION	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	Final Report (Attach C/OH - FR)	
	July 15	<input checked="" type="checkbox"/> 8th day before election	Exceeded Modified Reporting Limit			
12 OFFICE	Month	Day	Year	Month	Day	Year
	3	25	25	THROUGH	4	23
13 OFFICE SOUGHT (if known)	ELECTION DATE	ELECTION TYPE				
	Month Day Year 5 / 3 / 25	Primary XXI General	Runoff	Other Description	Special	
14 NOTICE FROM POLITICAL COMMITTEE(S)	OFFICE HELD (if any)	OFFICE SOUGHT (if known)				
		School District Trustee				
Additional Pages	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				
<input type="checkbox"/> GENERAL	Treva S. Johnson Campaign					
	COMMITTEE ADDRESS					
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
	Treva S. Johnson					
COMMITTEE CAMPAIGN TREASURER ADDRESS						
1428 Wall St. Beaumont Tx 77701						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Treva S. Johnson

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) \$ 5,080.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,080.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 3,746.53

4. TOTAL POLITICAL EXPENDITURES \$ 3,746.53

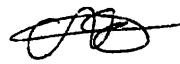
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,333.47

OUTSTANDING
LOAN TOTALS

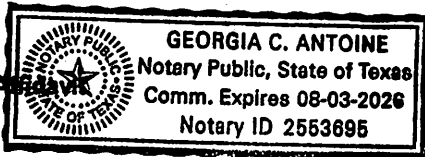
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

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) Affirm

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Treva S Johnson this the 25 day of April, 2025, to certify which, witness my hand and seal of office.

Georgia C Antoine Georgia C Antoine Coordinator
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)

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

SUBTOTALS - C/OH

19 FILER NAME **Treva S. Johnson**
 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE
 SUBTOTAL AMOUNT

1	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,080.00
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4		SCHEDULE E: LOANS	\$
5	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,746.53
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

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

1 Total pages Schedule A1

2 FILER NAME
Treva S. Johnson

4 Date
04/08/2025

5 Full name of contributor
Cory Crenshaw

6 Contributor address, City, State, Zip Code
850 Park St
Lawrence, TX 75401

7 Amount of contribution (\$) **5,000.00**

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self employed

Date
04/08/2025

Full name of contributor
Brenda Reynolds

Contributor address, City, State, Zip Code

Amount of contribution (\$) **30.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/20/2025

Full name of contributor
Irmalyn Thomas

Contributor address, City, State, Zip Code

Amount of contribution (\$) **50.00**

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

Full name of contributor

Contributor address, City, State, Zip Code

Amount of contribution (\$)

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.

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
- Loan Repayment/Rent/Rentals
- Office Overhead/Rental Expense
- Printing Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)
- Event Expense
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Lean Repayment/Rent/Rentals
- Office Overhead/Rental Expense
- Printing Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

1 Total pages Schedule F1 2 FILER NAME Treva S. Johnson 3 Filer ID (Ethics Commission Filer)

4 Date 04/12/2025 5 Payee name UZ Printing

6 Amount (\$) 783.86 7 Payee address: 5900 Bingle Rd. Houston Tx 77092

8 (a) Category (See Categories listed at the top of this schedule) Advertising expenses (b) Description Signs (c) Check if travel outside of Texas. Complete Schedule T

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 04/16/2025 Payee name BeAd

Amount (\$) 212.17 Payee address: 4110 Washington Blvd Beaumont Tx 77705

PURPOSE OF EXPENDITURE Advertising Expenses Category (See Categories listed at the top of this schedule) Signs Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 04/18/2025 Payee name Cumulus Media

Amount (\$) 653.44 Payee address: 755 S. 11th st. Beaumont Tx 77701

PURPOSE OF EXPENDITURE Advertising Expenses Category (See Categories listed at the top of this schedule) Radio Ads Description

Complete ONLY 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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Trevia S. Johnson	3 Filer ID (Ethics Commission Filers)
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4 Date 4/19/25	5 Payee name Vista Print
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6 Amount (\$) \$445.70	7 Payee address, City, State, Zip Code 275 WYMAN ST Waltham MA 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	(b) Description T-shirts, promo materials
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/25	Payee name Home Depot
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Amount (\$) 368.77	Payee address, City, State, Zip Code Easter Beaumont Beaumont Tx
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Tpost, driver, campaign supplies
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/12/25	Payee name Howes
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Amount (\$) 17892	Payee address, City, State, Zip Code Dawson Rd Beaumont Tx
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description campaign supplies & hardware
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 FILER NAME Treva S. Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 4/18/25		5 Payee name Treasure Bell			
6 Amount (\$) \$ 250		7 Payee address: 1428 Wall St Beaumont Tx 77701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Campaign/paying out Agent/solicitor votes		
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/18/25		Payee name Winter Mouton			
Amount (\$) \$ 250		Payee address: 1428 Wall St Beaumont Tx 77701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Campaign/paying out Agent/solicitor votes		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/8/25		Payee name HEB			
Amount (\$) 260.61		Payee address: Collabor St Beaumont Tx 77705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Food for meet + greet		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made by Candidate/Officer/Political Committee
- Legal Services
- Gift/Awards/Memorials Expense
- Food/Beverage Expense
- Fees
- Event Expense
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Travel In District
- Travel Out Of District
- Solicitation/Underwriting Expense
- Transportation Equipment & Related Expense
- Other (enter a category not listed above)

The instruction guide explains how to complete this form.

- Total pages Schedule F1
- FILER NAME
Trevia S. Johnson
- Filer ID (Ethics Commission Filer)

4 Date 4/11/25
5 Payee name Chris J. Like-Graphics

6 Amount (\$) 113.50
7 Payee address: Online Houston TX
City: State: Zip Code:

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule) Advertising
(b) Description Post cards

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officer/holder name
Office sought
Office held

Date 4/5/25
Payee name Dorothy's Board Gail

Amount (\$) 856.00
Payee address: 4237 Holtz Center Dr. Beaumont TX 77705
City: State: Zip Code:

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Event Expense
Description Meet ~~at~~ building meet food provided

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officer/holder name
Office sought
Office held

Date 4/23/25
Payee name Monique & Co.

Amount (\$) 4155.00
Payee address: Online Beaumont TX
City: State: Zip Code:

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Advertising
Description Commercial/Media

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officer/holder name
Office sought
Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solution/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: 2 FILER NAME: Revu Johnson

4 Date: 4/14/05

5 Payee name: Krogers

6 Amount (\$): \$29.56

7 Payee address: Dawson Rd
 City: Brewer's Tx 77666

8 (a) Category (See Categories listed at the top of this schedule): Travel in District
 (b) Description: CAS

9 Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name: _____
 Office sought: _____
 Office held: _____

Date: _____
 Payee name: _____
 Amount (\$): _____
 Payee address: _____
 City: _____
 State: _____
 Zip Code: _____

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
 Description

Complete ONLY if direct expenditure to benefit C/OH
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Candidate / Officeholder name
 Office sought
 Office held

Date
 Payee name
 Amount (\$)
 Payee address
 City
 State
 Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
 Description

Complete ONLY if direct expenditure to benefit C/OH
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Candidate / Officeholder name
 Office sought
 Office held

Date
 Payee name
 Amount (\$)
 Payee address
 City
 State
 Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED