

# 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 <i>MR.</i>	FIRST <i>JOHN</i>	MI <i>K</i>	OFFICE USE ONLY
	NICKNAME	LAST <i>THORNE</i>	SUFFIX	Date Received FILED FOR RECORD At <i>2:47</i> , o'clock <i>P</i> <i>M. Mays</i> JAN 14 2026
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>[REDACTED]</i>			APT / SUITE #: CITY: STATE: ZIP CODE
<input type="checkbox"/> Change of Address <b>5 CANDIDATE/ OFFICEHOLDER PHONE</b> <b>6 CAMPAIGN TREASURER NAME</b> <b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) <b>8 CAMPAIGN TREASURER PHONE</b> <b>9 REPORT TYPE</b> <b>10 PERIOD COVERED</b> <b>11 ELECTION</b> <b>12 OFFICE</b> <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>				
AREA CODE <i>[REDACTED]</i> PHONE NUMBER <i>[REDACTED]</i> EXTENSION <i>[REDACTED]</i> MS / MRS / MR <i>MR.</i> FIRST <i>JOHN</i> MI <i>K</i> NICKNAME LAST <i>THORNE</i> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: <i>[REDACTED]</i> AREA CODE <i>[REDACTED]</i> PHONE NUMBER <i>[REDACTED]</i> EXTENSION <i>[REDACTED]</i> <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) Month Day Year <i>1/15/26</i> THROUGH Month Day Year <i>7/15/26</i> ELECTION DATE <i>3/3/26</i> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special OFFICE HELD (if any) <i>JP PCT 1</i> OFFICE SOUGHT (if known) <i>JP PCT 1</i> 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 <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS 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

JOHN K TITORNE

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 375.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 SIGNATURE

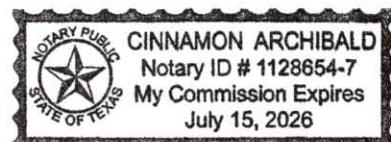
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*John K Titorne*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cinnamon Archibald this the 14 day of January, 2020, to certify which, witness my hand and seal of office.

Cinnamon Archibald Signature of officer administering oath

Cinnamon Archibald Printed name of officer administering oath

Justice of the Peace 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**

JOHN K. THORNE

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 375.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0