

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 MRS FIRST MARGUERITE MI R NICKNAME LOVE LAST SUFFIX			OFFICE USE ONLY Date Received 	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX 505 MAGNOLIA, BURKBURNETT TX 76354 APT / SUITE # CITY STATE ZIP CODE			Change of Address	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (940) PHONE NUMBER 224-7989 EXTENSION			Date Hand-delivered Date Postmarked Receipt # Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME MS / MRS / MR MR FIRST JASON MI B NICKNAME BRIAN LAST SUFFIX LOVE				
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # 505 MAGNOLIA, BURKBURNETT TX 76354 CITY, STATE ZIP CODE (Residence or Business)				
8 CAMPAIGN TREASURER PHONE AREA CODE (940) PHONE NUMBER 642-6083 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 1 Day 17 Year 25 THROUGH Month 3 Day 31 Year 25				
11 ELECTION ELECTION DATE Month 5 Day 3 Year 25			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special BURKBURNETT CITY ELECTIONS	
12 OFFICE OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) MAYOR	
14 NOTICE FROM POLITICAL COMMITTEE(S) 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME MARGUERITE LOVE	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) \$ 100.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 0.00 4. TOTAL POLITICAL EXPENDITURES \$ 915.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,434.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

Marguerite Love

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 MARGUERITE LOVE and my date of birth is _____.

My address is 505 MAGNOLIA ST BURKBURNETT TX 76354 USA.

(street) (city) (state) (zip code) (country)

Executed in WICHITA County, State of TEXAS, on the 31ST day of MARCH, 2025.

(month) (year)

Marguerite Love

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME MARGUERITE LOVE	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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. <input checked="" type="checkbox"/> 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	\$

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 FILER NAME MARGUERITE LOVE			3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2025	5 Full name of contributor W BERNARD FUDGE	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 250.00
6 Contributor address: [REDACTED] BURKBURNETT TX 76354		City: _____ State: _____ Zip Code	
8 Principal occupation / Job title (See Instructions) RETIRED ATTORNEY		9 Employer (See Instructions)	
Date 03/29/2025	Full name of contributor W BERNARD FUDGE	out-of-state PAC (ID# _____)	Amount of contribution (\$) 2,000.00
Contributor address: [REDACTED] BURKBURNETT TX 76354		City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions) RETIRED ATTORNEY		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address:		City: _____ 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: _____ 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.			

**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 MARGUERITE LOVE	3 Filer ID (Ethics Commission Filers)	
4 Date 02/21/2025	5 Payee name TNT SIGNS & GRAPHICS		
6 Amount (\$) 357.23	7 Payee address: 6301 SOUTHWEST PKWY, WICHITA FALLS TX 76310	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN SIGNS (YARD)	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MARGUERITE LOVE	Office sought MAYOR	Office held
Date 02/24/2025	Payee name TNT SIGNS & GRAPHICS		
Amount (\$) 48.71	Payee address: 6301 SOUTHWEST PKWY, WICHITA FALLS TX 76310	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN SIGNS (YARD)	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MARGUERITE LOVE	Office sought MAYOR	Office held
Date 03/13/2025	Payee name SIGNS ON THE CHEAP		
Amount (\$) 509.86	Payee address: 11525A STONEHOLLOW DR STE 100, AUSTIN TX 78758	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN SIGNS (YARD)	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MARGUERITE LOVE	Office sought MAYOR	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME MARGUERITE LOVE	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2025	5 Payee name TNT SIGNS & GRAPHICS	
6 Amount (\$) 357.23	7 Payee address; ✓ Reimbursement from political contributions intended	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN YARD SIGNS
	(c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense	
	9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H MARGUERITE LOVE	
Date 02/24/2025	Payee name TNT SIGNS & GRAPHICS	Office sought Office held
Amount (\$) 48.71	Payee address; ✓ Reimbursement from political contributions intended 6301 SOUTHWEST PKWY, WICHITA FALLS TX 76310	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN YARD SIGNS
	Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H MARGUERITE LOVE	
Date 03/06/2025	Payee name MARGUERITE LOVE	Office sought Office held
Amount (\$) 509.86	Payee address; ✓ Reimbursement from political contributions intended 11525A STONEHOLLOW DR STE 100, AUSTIN TX 78758	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN YARD SIGNS
	Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H MARGUERITE LOVE	
Office sought Office held		

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