

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

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MRS

MARGUERITE

R

NICKNAME

LAST

SUFFIX

LOVE

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

505 MAGNOLIA, BURKBURNETT TX 76354

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

224-7989

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR.

JASON

B

NICKNAME

LAST

SUFFIX

BRIAN

LOVE

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY

STATE

ZIP CODE

505 MAGNOLIA, BURKBURNETT TX 76354

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

642-6083

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

4

1

25

THROUGH

Month

Day

Year

4

23

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

3

25

ELECTION TYPE

☐

Primary

☐

Runoff

☒

Other
Description

☐

General

☐

Special

BURKBURNETT CITY ELECTIONS

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

MRS. MARGUERITE R. 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)

\$ 700.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,333.96

CONTRIBUTION
BALANCE

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

\$ 800.24

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, BURKBURNETT TX, 76354 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in WICHITA County, State of TEXAS, on the 23 day of APRIL, 2025

(month)

(year)

Marguerite Love

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 700.00
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	\$ 1333.96
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

The Instruction Guide explains how to complete this form.

2 FILER NAME

4 Data

out-of-state PAC ID# _____

04/03/2025

6 Contributor address:

City:

State;

Zip Code

WICHITA FALLS TX 76308

250.00

9 Employer (See Instructions)

RETIRED

Date _____

out-of-state PAC (ID# _____)

04/03/2025

Contributor address:

City:

State;

Zip Code

BURKBURNETT TX 76354

250.00

Employer (See Instructions)

RETIRED

Date _____

out-of-state PAC ID# _____

04/03/2025

Contributor address;

City:

Slate:

Zip Code

BURKBURNETT TX 76354

200.00

Employer (See Instructions)

RETIRED

Date _____

out-of-state PAC ID# _____

Contributor address:

City:

State;

Zip Code

Employer (See Instructions)

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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		2 FILER NAME <i>Mrs. Marguerite Love</i>		3 Filer ID (Ethics Commission Filers)	
4 Date 04/03/2025		5 Payee name CITY OF BURKBURNETT			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 501 SHEPPARD RD, BURKBURNETT TX 76354			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) RENTAL EXPENSE		(b) Description HALL RENTAL FOR MEET/GREET		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <i>Marguerite Love</i> Office sought <i>Mayor</i> Office held <i>None</i>					
Date 04/09/2025		Payee name JERRY TOFT			
Amount (\$) 812.01		Payee address; City; State; Zip Code 1309 DANBERRY, BURKBURNETT TX 76354			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description REIMBURSEMENT FOR SIGNS/DOOR HANGERS		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <i>Marguerite Love</i> Office sought <i>Mayor</i> Office held <i>None</i>					
Date 04/15/2025		Payee name BURKBURNETT INFORMER STAR			
Amount (\$) 247.50		Payee address; City; State; Zip Code 417 N AVE C, BURKBURNETT TX 76354			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description AD IN PAPER - 3 WEEKS.		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <i>Marguerite Love</i> Office sought <i>Mayor</i> Office held <i>None</i>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED