

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 MRS	FIRST MARGUERITE	MI R	OFFICE USE ONLY		
	NICKNAME	LAST LOVE	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 505 MAGNOLIA, BURKBURNETT TX 76354				 <p>Date Hand-delivered or mailed postmarked Receipt # Date Processed Date Imaged</p>	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 224-7989	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST JASON	MI B			
	NICKNAME BRIAN	LAST LOVE	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 505 MAGNOLIA, BURKBURNETT TX 76354					STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 642-6083	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 4	Day 1	Year / 25	Month 4	Day / 23	Year / 25
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> <input type="checkbox"/> General <input type="checkbox"/> Special Other Description BURKBURNETT CITY ELECTIONS		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) MAYOR		
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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

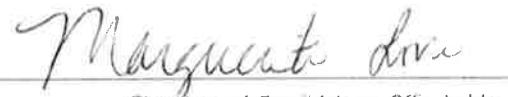
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME 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
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 700.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 1,333.96
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 800.24
	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.



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)

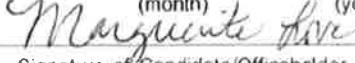
Executed in **WICHITA**

County, State of **TEXAS**

on the **23** day of **APRIL**, 20**25**

(month)

(year)



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. ■ 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. ■ 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	\$

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			3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2025	5 Full name of contributor RANDOLPH UMLAH	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 250.00
	6 Contributor address: [REDACTED]	City: _____ State: _____ Zip Code: _____ WICHITA FALLS TX 76308	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)	
Date 04/03/2025	Full name of contributor VIVIAN UMLAH	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
	Contributor address: [REDACTED]	City: _____ State: _____ Zip Code: _____ BURKBURNETT TX 76354	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 04/03/2025	Full name of contributor DONNA HARRIS	out-of-state PAC (ID# _____)	Amount of contribution (\$) 200.00
	Contributor address: [REDACTED]	City: _____ State: _____ Zip Code: _____ BURKBURNETT TX 76354	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address: [REDACTED]	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 <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; 501 SHEPPARD RD, BURKBURNETT TX 76354	City: _____ State: _____ Zip Code
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. _____	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Marguerite Love</i>	Office sought <i>Mayor</i>
Date 04/09/2025	Payee name JERRY TOFT	Office held <i>None</i>
Amount (\$) 812.01	Payee address; 1309 DANBERRY, BURKBURNETT TX 76354	City: _____ State: _____ Zip Code
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. _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Marguerite Love</i>	Office sought <i>Mayor</i>
Date 04/15/2025	Payee name BURKBURNETT INFORMER STAR	Office held <i>None</i>
Amount (\$) 247.50	Payee address; 417 N AVE C, BURKBURNETT TX 76354	City: _____ State: _____ Zip Code
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. _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Marguerite Love</i>	Office sought <i>Mayor</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED