FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LOVE JOE R						INC [FCFS]									Directo	r		10% Ov	I		
(Last) (First) (Middle)					2	Date of Earliest Transaction (Month/Day/Year)									Officer below)	(give title		Other (s below)	specify		
690 E. LAMAR BLVD., #400						2/20/2		lilali	isaction (Moi	11U1/L	ay/ rear)										
(Street)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
ARLINGTON TX 76011															X Form filed by One Reporting Person						
(City) (State) (Zip)											Form filed by More than One Reporting Person										
		Ta	ble I - Nor	า-Deriง	/ativ	/e S	ecuritie	s A	cquired, I	Dis	posed (of, or B	enefi	cially	Owned						
Date			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A)	or F	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock													\neg		130,109			D			
			Table II -												Owned						
1. Title of	2.	3. Transaction	3A. Deemed			, cai	5. Numb		S, option			7. Title a			8. Price of	9. Numbe	er of	10.	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Da if any (Month/Day/	(c	Transaction Code (Instr. 8)		of I		Expiration Date (Month/Day/Year			of Securities Underlying Derivative Secu (Instr. 3 and 4)			Derivative Security (Instr. 5)	derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(0)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num								
Options	\$30	12/20/2005			A	ľ	(A) 10,000	(D)	12/20/2005	+	2/20/2015	Commoi		000	\$0 ⁽¹⁾	10,00	0	D			
Options	\$34	12/20/2005			A		10,000		12/20/2005	13	2/20/2015	Common	1 10	.000	\$0 ⁽¹⁾	10,00	0	D			
Options	\$38	12/20/2005			A		10,000		12/20/2005	+	2/20/2015	Stock		.000	\$0 ⁽¹⁾	10,00		D	<u> </u>		
Options	\$25	12/23/2003					10,000		01/28/2005	+	1/28/2015	Stock		.000	Ψ 0	10,00		D			
										╁		Stock									
Options	\$30								01/28/2005	╁	1/28/2015	Stock	. 10,	,000		10,00		D	-		
Options	\$35						_		01/28/2005	0	1/28/2015	Stock	10,	,000		10,00	0	D	-		
Options	\$6.67								04/12/1999	04	4/12/2009	Common Stock	37	,500		37,50	0	D			
Options	\$40								01/28/2005	0:	1/28/2015	Common Stock	10,	,000		10,00	0	D			
Warrants	\$5.33								02/18/1998	02	2/18/2013	Common Stock	125	,000		125,00	00	D			
Options	\$19.33								01/29/2004	0:	1/29/2014	Common Stock	15	,000		15,00	0	D			
Ontions	40.07								04 100 100 00			Common	1 15	000							

Explanation of Responses:

1. Issued pursuant to Company stock option plan.

/s/ Joe R. Love

** Signature of Reporting Person

12/22/2005

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.