

# 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 FIRST MI

AMINE

NICKNAME LAST SUFFIX

QOURZAL

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

WOODWAY, TX 76712

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(254) 644-6312

6 CAMPAIGN  
TREASURER  
NAME

MS / ☒ MRS / MR FIRST MI

SUZANNE

E

NICKNAME LAST SUFFIX

SIBLEY

## OFFICE USE ONLY

Date Received

D. Barkley

Date Hand-delivered or Date Postmarked

4-28-25

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

WOODWAY, TX 76712

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(254) 366-9389

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 Month Day Year

04 / 03 / 2025

THROUGH

04 / 25 / 2025

11 ELECTION

ELECTION DATE

Month Day Year

05 / 03 / 25

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any) MAYOR

COUNCILMEMBER WARD 1 PL 2

13 OFFICE SOUGHT (if known)

WARD 1 PL 2

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

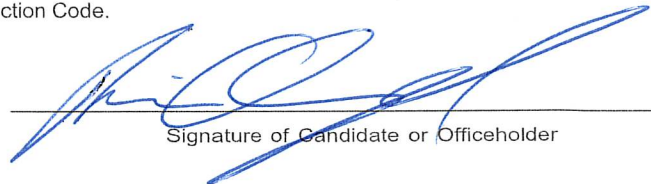
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

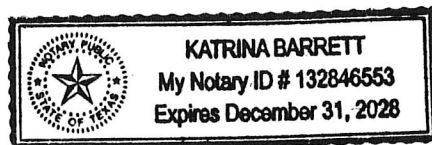
|                                      |   |  |
|--------------------------------------|---|--|
| 15 C/OH NAME<br><b>AMINE QOURZAL</b> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS               | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <b>0</b>                            |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <b>1,669.22</b>                     |
| EXPENDITURE TOTALS                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <b>0</b>                            |
|                                      | 4. TOTAL POLITICAL EXPENDITURES   | \$ <b>1,441.67</b>                     |
| CONTRIBUTION BALANCE                 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <b>1,316.82</b>                     |
| OUTSTANDING LOAN TOTALS              | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <b>0</b>                            |

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 Amine Qourzal this the 24 day of April, 2025, to certify which, witness my hand and seal of office.  
Katrina Barrett Katrina Barrett Notary  
Signature of officer administering oath Printed name of officer administering oath 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

AMINE QOURZAL

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                          |  |             |
|-----|--------------------------|--|-------------|
| 1.  | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 1,275    |
| 2.  | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 394.22   |
| 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              | \$ 1,441.67 |
| 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                        | \$ 0        |
| 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        |

# 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: <b>2</b>           |
| 2 FILER NAME<br><b>AMINE QOURZAL</b>                      |  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>04/04/25</b>                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>RYAN GIBSON</b><br><hr/> 6 Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>WOODWAY TX 76712</b> | 7 Amount of contribution (\$)<br><b>\$250</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                 |

|   |   |  |
|---|---|--|
| Date<br><b>04/04/25</b>                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CURTIS ODLE</b><br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>WOODWAY, TX 76712</b> | Amount of contribution (\$)<br><b>\$25</b> |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)                |

|   |  |   |
|---|--|---|
| Date<br><b>04/08/25</b>                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CHRIS DELEENHEER</b><br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>WOODWAY, TX 76712</b> | Amount of contribution (\$)<br><b>\$250</b> |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)                 |

|   |   |   |
|---|---|---|
| Date<br><b>04/09/25</b>                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>BRENT WILSON</b><br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>MCGREGOR, TX 76657</b> | Amount of contribution (\$)<br><b>\$500</b> |
| 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.

# 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<br><b>AMINE GOURZAL</b>  |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>04/14/25</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CLINT MCHENRY</b> | 7 Amount of contribution (\$)<br><b>\$50</b> |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED] <b>WOODWAY, TX 76712</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)                               |   | 9 Employer (See Instructions)                |

|   |   |   |
|---|---|---|
| Date<br><b>04/18/25</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>MIKE HOLMAN</b> | Amount of contribution (\$)<br><b>\$100</b> |
| Contributor address; City; State; Zip Code<br>[REDACTED] <b>WOODWAY, TX 76712</b> |   |   |
| Principal occupation / Job title (See Instructions)                               |   | Employer (See Instructions)                 |

|  |   |   |
|--|---|---|
| Date<br><b>04/22/25</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>REAGAN RAMSOWER</b> | Amount of contribution (\$)<br><b>\$100</b> |
| Contributor address; City; State; Zip Code<br>[REDACTED] <b>WOODWAY TX 76712</b> |   |   |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See Instructions)                 |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>1</b>   |  |
| 2 FILER NAME<br><b>AMINE QOURZAL</b>   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <b>0</b>   |  |
| 5 Date<br><b>04/16/25</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>GARY TULLY</b> | 8 Amount of Contribution \$<br><b>\$166.67</b>                                  | 9 In-kind contribution description<br><b>MAILERS</b> |
| 7 Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <b>WOODWAY, TX</b>              |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |   |  |
| Date<br><b>04/16/25</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CARLA GRAY</b>   | Amount of Contribution \$<br><b>\$227.55</b>                                    | In-kind contribution description<br><b>MAILERS</b>   |
| Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <b>WOODWAY, TX</b>                |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |  |
| Contributor's principal occupation (FOR JUDICIAL)  |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |  |
| Contributor's employer/law firm (FOR JUDICIAL)   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |   |  |
|  |  |   |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |  |

# 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 FILER NAME<br><b>AMINE QOURZAL</b>                                  |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>04/08/25</b>  |   | 5 Payee name<br><b>HOLE IN THE ROOF</b>                               |   |                                       |  |
| 6 Amount (\$)<br><b>495.</b>   |   | 7 Payee address;<br><b>1125 WASHINGTON, WACO, TX 76701</b>            |   | City; State; Zip Code                 |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  |   | (b) Description<br><b>EXTRA SIGNS</b>     |                                       |  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |   |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH  |   |   |   |                                       |  |
| Candidate / Officeholder name: <b>AMINE QOURZAL</b> Office sought: <b>COUNCIL WARD 1 PL2</b> Office held: <b>MAYOR</b> |   |   |   |                                       |  |
| Date<br><b>04/09/25</b>  |   | Payee name<br><del>AMINE QOURZAL</del> <b>MODERN TEXAS LIVING</b>     |   |                                       |  |
| Amount (\$)<br><b>250</b>  |   | Payee address;<br><b>AM 425 NORTH CEDAR RIDGE, ROBINSON, TX 76706</b> |   |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  |   | Description<br><b>AD IN MAGAZINE</b>      |                                       |  |
|  | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |   |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH  |   |   |   |                                       |  |
| Candidate / Officeholder name: <b>AMINE QOURZAL</b> Office sought: <b>COUNCIL WARD 1 PL2</b> Office held: <b>MAYOR</b> |   |   |   |                                       |  |
| Date<br><b>04/14/25</b>  |   | Payee name<br><b>SQUARESPACE</b>                                      |   |                                       |  |
| Amount (\$)<br><b>38.38</b>  |   | Payee address;<br><b>225 VARICK ST. NEW YORK, NEW YORK 10014</b>      |   |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  |   | Description<br><b>WEBSITE HOSTING FEE</b> |                                       |  |
|  | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |   |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH  |   |   |   |                                       |  |
| Candidate / Officeholder name: <b>AMINE QOURZAL</b> Office sought: <b>COUNCIL WARD 1 PL2</b> Office held: <b>MAYOR</b> |   |   |   |                                       |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |   |   |   |                                       |  |

# 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  
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 F1:  |   | 2 FILER NAME<br><b>AMINE QOURZAL</b>   |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>04/14/25</b>   |   | 5 Payee name<br><b>UPS STORE</b>   |  |                                       |  |
| 6 Amount (\$)<br><b>247.82</b>  |   | 7 Payee address; City; State; Zip Code<br><b>4300 WEST WACO DR. #2B WACO, TX 76710</b> |  |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  |  | (b) Description<br><b>FLYERS</b>         |                                       |  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |                                       |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |  |                                       |  |
| Candidate / Officeholder name Office sought Office held<br><b>AMINE QOURZAL COUNCIL WARD 1 PL 2 MAYOR</b> |   |  |  |                                       |  |
| Date<br><b>04/14/25</b>   |   | Payee name<br><b>HOME DEPOT</b>  |  |                                       |  |
| Amount (\$)<br><b>28.10</b>   |   | Payee address; City; State; Zip Code<br><b>5605 WEST WACO DR WACO TX 76712</b>         |  |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  |  | Description<br><b>HARDWARE FOR SIGNS</b> |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |  |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |  |                                       |  |
| Candidate / Officeholder name Office sought Office held<br><b>AMINE QOURZAL COUNCIL WARD 1 PL2 MAYOR</b>  |   |  |  |                                       |  |
| Date<br><b>04/14/25</b>   |   | Payee name<br><b>UNION BRANDS</b>  |  |                                       |  |
| Amount (\$)<br><b>200</b>   |   | Payee address; City; State; Zip Code<br><b>8100 WOODWAY DR WACO, TX 76712</b>          |  |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>  |  | Description<br><b>EVENT SPACE</b>        |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |  |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |  |                                       |  |
| Candidate / Officeholder name Office sought Office held<br><b>AMINE QOURZAL COUNCIL WARD 1 PL 2 MAYOR</b> |   |  |  |                                       |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |   |  |  |                                       |  |

# 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  
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 F1:                                   |  | 2 FILER NAME<br><b>AMINE QOURZAL</b>                 |   | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>04/16/2025</b>                                  |  | 5 Payee name<br><b>HOLE IN THE ROOF</b>              |   |                                       |                     |
| 6 Amount (\$)<br><b>159.90</b>                               |  | 7 Payee address;<br><b>1125 WASHINGTON AVE</b>       |   | City;<br><b>WACO</b>                  | State;<br><b>TX</b> |
|  |  |  |   | Zip Code<br><b>76712</b>              |                     |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> |  | (b) Description<br><b>LARGE SIGNS</b>                                     |                                       |                     |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |   |                                       |                     |
| Candidate / Officeholder name<br><b>AMINE QOURZAL</b>        |  |  |   |                                       |                     |
| Office sought<br><b>COUNCIL WARD 1 PL 2</b>                  |  |  |   |                                       |                     |
| Office held<br><b>MAYOR</b>                                  |  |  |   |                                       |                     |
| Date<br><b>04/22/2025</b>                                    |  | Payee name<br><b>ACE HARDWARE</b>                    |   |                                       |                     |
| Amount (\$)<br><b>22.47</b>                                  |  | Payee address;<br><b>1424 HEWITT DRIVE, WACO, TX</b> |   | City;<br><b>WACO</b>                  | State;<br><b>TX</b> |
|  |  |  |   | Zip Code<br><b>76712</b>              |                     |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>     |  | Description<br><b>HARDWARE FOR SIGNS</b>                                  |                                       |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |  |   |                                       |                     |
| Candidate / Officeholder name<br><b>AMINE QOURZAL</b>        |  |  |   |                                       |                     |
| Office sought<br><b>COUNCIL WARD 1 PL 2</b>                  |  |  |   |                                       |                     |
| Office held<br><b>MAYOR</b>                                  |  |  |   |                                       |                     |
| Date   |  | Payee name   |   |                                       |                     |
| Amount (\$)  |  | Payee address;                                       |   | City;                                 | State;              |
|  |  |  |   | Zip Code                              |                     |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)                                   |  | Description   |                                       |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |  |   |                                       |                     |
| Candidate / Officeholder name                                |  |  |   |                                       |                     |
| Office sought  |  |  |   |                                       |                     |
| Office held  |  |  |   |                                       |                     |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**