

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: **15**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **(MR)** FIRST MI

AMINE

NICKNAME LAST SUFFIX

QOURZAL

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

WOODWAY, TX 76712

Change of Address

*D. Barkley
City Secretary*

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(254) 644-6312

Date Hand-delivered or Date Postmarked

7-2-25

6 CAMPAIGN
TREASURER
NAME

MS (MRS) MR FIRST MI

SUZANNE

NICKNAME LAST SUFFIX

SIBLEY

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

01 / 15 / 2025 THROUGH 04 / 03 / 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 PLACE 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 AMINE QOURZAL 16 Filer ID (Ethics Commission Filers)

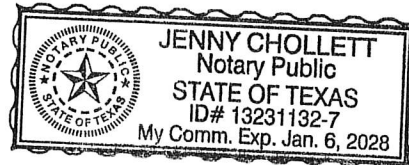
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,220
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,816
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,403.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

[Handwritten Signature]
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 2nd day of April, 2025, to certify which, witness my hand and seal of office.

Jenny Chollett Signature of officer administering oath
Jenny Chollett Printed name of officer administering oath
Notary Public 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	\$ 5,220
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 3,816.66
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: 8
2 FILER NAME AMINE GOUREAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD ALLEN	7 Amount of contribution (\$) \$ 500
6 Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROY GLASSON	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN WIDASKI ; LOUIS HIRSCH	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS ODLE	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
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 AMINE QOUZZAL		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN HOFFMAN	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 01/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM SWARTZ	Amount of contribution (\$) \$450
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 01/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT & SUSAN GIDDINGS	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 01/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID & AUDREY CORTES	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 <i>AMINE QOURZAL</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>01/30/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CYNTHIA ROYAL</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>WOODWAY, TX 76712</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>02/07/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANIS QOURZAL</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code [REDACTED] <i>WACO, TX 76712</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>02/07/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SASON MACGREGOR</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code [REDACTED] <i>WOODWAY, TX 76712</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>02/07/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AMAL QOURZAL</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code [REDACTED] <i>WACO, TX 76706</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>AMINE QOURZAL</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/10/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ABDERRAHMANE QOURZAL</i> 6 Contributor address; City; State; Zip Code [REDACTED] <i>WOODWAY TX 76712</i>	7 Amount of contribution (\$) <i>\$250</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>02/12/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAMELA R. WATTS</i> Contributor address; City; State; Zip Code [REDACTED] <i>WOODWAY TX 76712</i>	Amount of contribution (\$) <i>\$50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>02/12/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALEX PIEDRA</i> Contributor address; City; State; Zip Code [REDACTED] <i>WOODWAY TX 76712</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>02/12/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MITCH REINHOLT</i> Contributor address; City; State; Zip Code [REDACTED] <i>WARSAW IN 46582</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME AMINE QOURZAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHMAD JENKINS	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code [REDACTED] WEST HOLLYWOOD CA 90046		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANE KITTNER	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT HARRIS	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANJAY PATEL	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code [REDACTED] HARRISBURG NC 28075		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME AMINE QOUZZAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD TULLIS	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY DENNIS	Amount of contribution (\$) \$20
Contributor address; City; State; Zip Code [REDACTED] HEWITT TX 76643		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT HOWARD	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code [REDACTED] BAY CITY TX 77414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA GRANDY	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 AMINE QOURZAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN GREEN	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code [REDACTED] WOODWAY TX 76712		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOAQUIN RAMOS	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code [REDACTED] MIAMI, FL 33145		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAIRE McDONALD	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code [REDACTED] WOODWAY, TX 76712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIC SOBER	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code [REDACTED] ORANGE, CA 92867		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 <i>AMINE QOURZAL</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/14/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MUNIR LALANI</i> 6 Contributor address; City; State; Zip Code [REDACTED] <i>WACO, TX 76702</i>	7 Amount of contribution (\$) <i>\$250</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>03/21/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BETSY DANIELS</i> Contributor address; City; State; Zip Code [REDACTED] <i>WOODWAY TX 76712</i>	Amount of contribution (\$) <i>\$50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>03/22/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARSHALL STEWMAN</i> Contributor address; City; State; Zip Code [REDACTED] <i>WOODWAY TX 76712</i>	Amount of contribution (\$) <i>\$250</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>03/24/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GREGG GLIME</i> Contributor address; City; State; Zip Code [REDACTED] <i>WOODWAY TX 76712</i>	Amount of contribution (\$) <i>\$250</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 4	2 FILER NAME AMINE QOURZAL	3 Filer ID (Ethics Commission Filers)
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4 Date 09/13/2025	5 Payee name SQUARESPACE
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6 Amount (\$) 38.38	7 Payee address; 225 VARICK STREET	City; NEW YORK	State; NY	Zip Code 10014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE HOSTING FEE
	(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 AMINE QOURZAL	Office sought COUNCIL WARD 1 PLACE 2	Office held MAYOR
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Date 02/12/2025	Payee name SQUARESPACE
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Amount (\$) 38.38	Payee address; 225 VARICK STREET	City; NEW YORK	State; NY	Zip Code 10014
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE HOSTING FEE
	<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 AMINE QOURZAL	Office sought COUNCIL WARD 1 PL 2	Office held MAYOR
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Date 03/10/2025	Payee name DAVE WHITBY
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Amount (\$) 150	Payee address; 1506 WANDERING TRL.	City; WOODWAY	State; TX	Zip Code 76712
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	Description DONATION TO DAVE WHITBY FOR WOODWAY
	<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
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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 | 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 AMINE QOURZAL	3 Filer ID (Ethics Commission Filers)
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4 Date 03/12/2025	5 Payee name SQUARESPACE
-----------------------------	------------------------------------

6 Amount (\$) 38.38	7 Payee address; 225 VARICK STREET	City; NEW YORK	State; NY	Zip Code 10014
-------------------------------	--	--------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE HOSTING FEE
	(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 AMINE QOURZAL	Office sought COUNCIL WARD 1 PL 2	Office held MAYOR
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Date 03/19/2025	Payee name JANELL GILMAN
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Amount (\$) 150	Payee address; 420 BROUGHTON DR.	City; WOODWAY	State; TX	Zip Code 76712
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	Description DONATION TO JANELL GILMAN FOR WOODWAY
	<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
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Date 03/20/2025	Payee name HOLE IN THE ROOF
---------------------------	---------------------------------------

Amount (\$) 1,330	Payee address; 1125 WASHINGTON AVE	City; WACO	State; TX	Zip Code 76701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD SIGNS
	<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 AMINE QOURZAL	Office sought COUNCIL WARD 1 PL 2	Office held MAYOR
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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 | 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 AMINE COURZAL	3 Filer ID (Ethics Commission Filers)
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4 Date 03/24/2025	5 Payee name ACE HARDWARE
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6 Amount (\$) 25.06	7 Payee address; 1424 HEWITT DR.	City; WACO	State; TX	Zip Code 76712
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNAGE HARDWARE
	(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 AMINE COURZAL	Office sought COUNCIL WARD 1 PL 2	Office held MAYOR
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Date 03/25/2025	Payee name HOLE IN THE ROOF
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Amount (\$) 546.46	Payee address; 1125 WASHINGTON AVE	City; WACO	State; TX	Zip Code 76701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description LARGE SIGNS
	<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 AMINE COURZAL	Office sought COUNCIL WARD 7 PL 2	Office held MAYOR
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Date 04/02/2025	Payee name FADI SALEM
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Amount (\$) 500	Payee address; 2946 PRIMROSE DR.	City; WACO	State; TX	Zip Code 76706
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE DEVELOPMENT
	<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 AMINE COURZAL	Office sought COUNCIL WARD 1 PL 2	Office held
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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	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 AMINE QOURZAL	3 Filer ID (Ethics Commission Filers)
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4 Date 04/02/2025	5 Payee name FADI SALEM
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6 Amount (\$) 500	7 Payee address; 2946 PRIMROSE DR.	City; WACO	State; TX	Zip Code 76706
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	(b) Description IN-KIND DONATION FOR WEBSITE FOR DAVE WHITBY
	(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
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Date 04/02/2025	Payee name FADI SALEM
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Amount (\$) 500	Payee address; 2946 PRIMROSE DR.	City; WACO	State; TX	Zip Code 76706
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	Description IN-KIND DONATION FOR WEBSITE FOR SANELL GILMAN
	<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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED