

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	OFFICE USE ONLY Date Received <i>July 8, 2024</i> Date Hand-delivered or Date Postmarked <i>July 8, 2024</i> Receipt # Amount \$ Date Processed <i>July 12, 2024</i> Date Imaged <i>July 12, 2024</i>			
	.MR. NICKNAME	William LAST	SUFFIX				
Busby							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS							
ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
229 Concho River Dr, Glenn Heights, Texas 75154							
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	886-5115					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Mr. NICKNAME	Alfredo LAST	SUFFIX				
Gonzalez							
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)		229 Concho River Dr, Glenn Heights, Texas 75154					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	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 checked="" type="checkbox"/> July 15 <input 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	Day	Year	THROUGH	Month	Day	Year
	01	/ 01	/ 2024		06	/ 30	/ 2024
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	NA			Glenn Heights City Council Place 1			
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.						
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
		<input type="checkbox"/> SPECIFIC	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		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,653.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 90.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,563.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

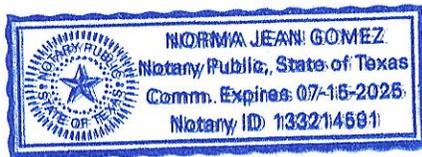
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by William Busby this the 8th day of July, 2024, to certify which, witness my hand and seal of office.

Norma Jean Gomez Norma Jean Gomez manager
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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,653.55
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	\$ 90.05
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	\$ 950.00
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:
2 FILER NAME William Busby		3 Filer ID (Ethics Commission Filers)
4 Date 06-26-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley Kyles	7 Amount of contribution (\$) \$52.40
6 Contributor address; City; State; Zip Code [REDACTED] Dallas, Texas 75228		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Self
Date 06-26-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Parmer	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code [REDACTED] Fort Worth, Texas 76116		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher McMurrough	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code [REDACTED] Arlington, Texas 76017		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 06-26-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mona Bailey	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code [REDACTED] North Richland Hills, Texas 76180		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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 William Busby		3 Filer ID (Ethics Commission Filers)
4 Date 06-26-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Honorable Keith Bell	7 Amount of contribution (\$) \$208.65
6 Contributor address; City; State; Zip Code [REDACTED] Forney TX 75126		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Intex Electric
Date 06-27-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason Morgan	Amount of contribution (\$) \$15.94
Contributor address; City; State; Zip Code [REDACTED] Little Elm, Texas 75068		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Run GenZ
Date 06-27-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Baca	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code [REDACTED] Glenn Heights TX 75154		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Citibank
Date 06-27-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Vigilante	Amount of contribution (\$) 104.48
Contributor address; City; State; Zip Code [REDACTED] Irving TX 75061		
Principal occupation / Job title (See Instructions) Physician Liasion		Employer (See Instructions) Healthcare

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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 William Busby		3 Filer ID (Ethics Commission Filers)
4 Date 06-28-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Cedar	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75230		
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions) Unknown
Date 06-29-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Honorable Justin Chapa	Amount of contribution (\$) \$26.35
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McDowell Hetherington LLP
Date 06-30-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Weaver	Amount of contribution (\$) \$26.35
Contributor address; City; State; Zip Code [REDACTED] Glenn Heights TX 75154		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Southwest Airlines
Date 06-30-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricky Lightfoot	Amount of contribution (\$) \$1,041.98
Contributor address; City; State; Zip Code [REDACTED] Irving TX 75061		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lightfoot Construction

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	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 William Busby	3 Filer ID (Ethics Commission Filers)
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4 Date 06-26-24	5 Payee name Anedot
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6 Amount (\$) \$31.95	7 Payee address; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Fees
	(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 06-27-24	Payee name Anedot
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Amount (\$) \$7.82	Payee address; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Fees
	<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 06-30-24	Payee name Anedot
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Amount (\$) \$50.28	Payee address; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Fees
	<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 PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME William Busby	3 Filer ID (Ethics Commission Filers)
4 Date 06-26-24	5 Payee name Squarespace	
6 Amount (\$) \$300 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 225 VARICK STREET, 12TH FLOOR NEW YORK, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website
	(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	Office sought Office held
Date 06-28-24	Payee name DataZap	
Amount (\$) \$650 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 555 W Granada Blvd Ste G6 Ormond Beach, FL 32174	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<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	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED