

Received 2/16/12  
all

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form		1 ACCOUNT # <small>(Ethics Commission Fiers)</small>	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR FIRST MI <i>Thomas D</i>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="text-align: center; margin: 0;">Date Received <i>Received</i></p> <p style="text-align: center; margin: 0;"><b>FEB 10 2012</b></p> <p style="text-align: center; margin: 0;"><i>all</i></p> </div> <p style="text-align: center; margin-top: 5px;">Date Hand-delivered or Postmarked <i>2-15-12 2:00 P.M</i></p> <p style="text-align: center; margin-top: 5px;">Receipt #      Amount</p> <p style="text-align: center; margin-top: 5px;">Date Processed</p> <p style="text-align: center; margin-top: 5px;">Date Imaged</p>	
	NICKNAME LAST SUFFIX <i>Tom Hushen</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT SUITE # CITY STATE ZIP CODE <i>2321 La Hacienda Rd Hgn. TX 78552</i>		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 423-2725</i>		
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST MI <i>Richard</i>		
	NICKNAME LAST SUFFIX <i>Rick De Los Santos</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT SUITE # CITY STATE ZIP CODE <i>2625 Lotus Hgn. TX 78552</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 454-4516</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <i>1 16 12      2 15 12</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 16 12</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>None</i>	13 OFFICE SOUGHT (if known) <i>Commissioner District 3</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box Apt Suite # City State Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Thomas Hushen 16 ACCOUNT # (Ethics Commission Filers) T-4

17 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ 1,048.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,998.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$ 743.10
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1254.90
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

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]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Tom Hushen this the 15<sup>th</sup> day of Feb. 20 12 to certify which witness my hand and seal of office

*[Signature]* AMANDA C. ELIZONDO City Sec'y.  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <b>2</b>	
2 FILER NAME <b>Thomas Hushon</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2/11/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>JAN <del>ARAT</del> Nelson</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address City State, Zip Code <b>34065 FM 295 ARLINGHAM TX 78583</b>		(If travel outside of Texas complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/10/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Roy D. SALAZAR</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <b>2925 CLIFFORD HSN. TX. 78550</b>		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/1/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Dial Denkin</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <b>P.O. BOX 2186 HANLINSW. TX 78551</b>		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/2/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Velma GANZA</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <b>12264 Pauline Rd Lyford TX 78569</b>		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/20/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Richard De Los Santos</b>	Amount of contribution (\$) <b>(1,500.00) - 14</b>	In-kind contribution description (if applicable) <b>political signs</b>
Contributor address City State Zip Code <b>2625 Lotus HSN. TX. 78550</b>		(If travel outside of Texas complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Thomas Huska</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/8/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Alegna</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>Invitations (520.00) TH</i>
6 Contributor address, City, State, Zip Code <i>1801 S. 77 175th. Rd. 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)  Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)  Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)  Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)  Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F <b>31</b> T.H.		2 FILER NAME <b>Thomas Husher</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/17/12</b>		5 Payee name <b>City OF Harlingen</b>			
6 Amount (\$) <b>24.60</b>		7 Payee address, City, State Zip Code <b>118 E. Tyler Harlingen, TX. 78552</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>printing</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>List of Voters T.H.</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/7/12</b>		Payee name <b>Alegria Printings</b>			
Amount (\$) <b>\$381.00</b>		Payee address City State Zip Code <b>1801 So. 77 Hgn. TX. 78550</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense TV</b>		Description (If travel outside of Texas, complete Schedule T) <b>push 2 candidates</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/2/12</b>		Payee name <b>Home Depot</b>			
Amount (\$) <b>27.50</b>		Payee address City State Zip Code <b>4710 So Expw 83 Harlingen TX. 78552</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Supplies For Signs/other</b>		Description (If travel outside of Texas, complete Schedule T) <b>Supplies T.H.</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2-12-12</b>		Payee name <b>Seyo's</b>			
Amount (\$) <b>310.00</b>		Payee address City State Zip Code <b>302 Edcarray Hgn TX. 78552</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage (Event exps)</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food Beverage T.H.</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED