

**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 # (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX.	APT / SUITE #:	CITY: STATE: ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #. CITY: STATE: ZIP CODE
	AREA CODE	PHONE NUMBER	EXTENSION
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 type="checkbox"/> July 15 <input checked="" 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
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
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.		

OFFICE SECRETARY ONLY
 Date Received
Received
 MAR 8 2012
 CITY SECRETARY'S OFFICE
 Date Hand-carried or Postmarked
3-8-12
 HANSEN, TX
 Receipt # Amount
 Date Processed
 Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Thomas Hushen

15 ACCOUNT # (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,245.55

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,995.55 T.H.
~~6,790.45~~

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 40.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,175.00 T.H.
~~5,825.00~~

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

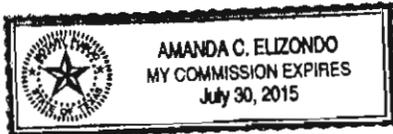
\$ 465.45

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 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.

Thomas Hushen
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas Hushen, this the 8th day of March, 20 12, to certify which, witness my hand and seal of office.

Amanda C. Elizondo
Signature of officer administering oath

Amanda C. Elizondo
Printed name of officer administering oath

City Secy.
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. 2	
2 FILER NAME Thomas Hask		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/1/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard De Los Santos	7 Amount of contribution (\$) \$750.00	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code 2625 Lotus Hsn. Tx. 78552		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur S. Hushen	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 8 mercer Drive Simpsonville South Carolina 29680		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/2/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlene Prinity	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 2317 Hacienda Rd Hsn. Tx. 78552		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/2/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donothu Gomez	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 2317 Hacienda Rd Hsn. Tx. 78552		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Saldovar	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 2306 Hacienda Rd Hsn. Tx. 78552		(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	
2 FILER NAME Thomas, Husher		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/28/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAVIER Gutierrez	7 Amount of contribution (\$) \$1000	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 2606 La Hacienda Rd Houston TX 78557 <small>(If travel outside of Texas, complete Schedule T)</small>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liliam Kim	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable) Sign Rental
Contributor address, City, State, Zip Code 1022 E. Tyler #1 HSN. TX. 78550 <small>(If travel outside of Texas, complete Schedule T)</small>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Perez	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 810 N. 13th HSN. TX. 78550 <small>(If travel outside of Texas, complete Schedule T)</small>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) B. J. Moore	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 709 Town Lane HSN. TX. 78550 <small>(If travel outside of Texas, complete Schedule T)</small>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Diaz	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) Brochures
Contributor address, City, State, Zip Code 1495 So. 15th Harlingen TX 78552 <small>(If travel outside of Texas, complete Schedule T)</small>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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:	2 FILER NAME <i>Thomas Husken</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/24/12</i>	5 Payee name <i>Valley Morning Star</i>	
6 Amount (\$) <i>4,000.00</i>	7 Payee address, City, State, Zip Code <i>1310 So. Commerce Harlingen, TX 78552</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>News Paper</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/2/12</i>	Payee name <i>Key Mortgage</i>	
Amount (\$) <i>\$550.00</i>	Payee address, City, State, Zip Code <i>1022 E. Tyler Harlingen TX 78552</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Vinyl and Backs for Billboard</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <i>Home Depot</i>	
Amount (\$) <i>\$235.00</i>	Payee address, City, State, Zip Code <i>4710 So. Exway 83 Hsn-TX-78552</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other (material for signs) (POSTS)</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/27/12</i>	Payee name <i>U.S. POST OFFICE</i>	
Amount (\$) <i>\$350.00</i>	Payee address, City, State, Zip Code <i>1502 New Combes Hwy Hsn-TX-78550</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertisement</i>	Description (If travel outside of Texas, complete Schedule T) <i>Postage</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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