

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	OFFICE SECRETARY'S OFFICE	
	NICKNAME	LAST	SUFFIX	Date Received	Amount
Thomas		0		Received MAR 8 2012	
Tom		Husken		Date Hand Delivered or Postmarked 3-8-12 HARRIS, TX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #	CITY	STATE	ZIP CODE
<input type="checkbox"/> change of address	2321 La Hacienda Rd. Hs. TX 78552				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(956)	423-2725			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Imaged	
	NICKNAME	LAST	SUFFIX		
Richard					
Rick		De Los Santos			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #	CITY	STATE: ZIP CODE
	2625 Lotus		Hsn-	TX-	78552
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(956)	454-4516			
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	THROUGH	Month Day Year
	2	16	12		3 / 8 / 12
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
	3	16	12		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
	None			Commissioner Dist. 3	
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.				
<input type="checkbox"/> additional pages	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

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)

\$ 6,290.45

EXPENDITURE
TOTALS

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

\$ 40.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,825.00

CONTRIBUTION
BALANCE

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

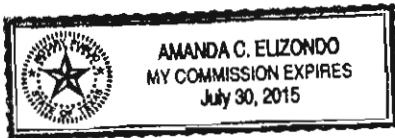
\$ 465.45

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

Amanda C. Elizondo

City Secy.

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 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#: Donoth 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 Saldivan	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: <u>2</u>	
2 FILER NAME <u>Thomas, Husher</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>2/28/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JAVIER GUTIERREZ</u>	7 Amount of contribution (\$) <u>\$1000</u>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <u>2606 La Hacienda Rd Hsn. Tx 78557</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>2/29/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lillian Kim</u>	Amount of contribution (\$) <u>\$400.00</u>	In-kind contribution description (if applicable) <u>Sign Rental</u>
Contributor address, City, State, Zip Code <u>1022 E. Tyler #1 Hsn. Tx. 78550</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/28/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>David Perez</u>	Amount of contribution (\$) <u>\$350.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>810 N. 13th Hsn. Tx. 78550</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/26/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>B. J. Moore</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>709 Town Lane Hsn. Tx 78550</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/28/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Frank Diaz</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable) <u>Brochures</u>
Contributor address, City, State, Zip Code <u>1495 So. 15th Hsn. Tx 78552</u>		(If travel outside of Texas, complete Schedule T)	
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:	2 FILER NAME <i>Thomas Husken</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/24/12</i>	5 Payee name <i>Valley Morning Star</i>
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6 Amount (\$) <i>4,000.00</i>	7 Payee address City: State: Zip Code <i>1310 So. Commerce Harlingen, TX 78552</i>
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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>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/2/12</i>	Payee name <i>Key Mortgage</i>
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Amount (\$) <i>\$550.00</i>	Payee address: City: State: Zip Code <i>1022 E. Tyler Harlingen TX 78552</i>
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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>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name <i>Home Depot</i>
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Amount (\$) <i>\$235.00</i>	Payee address: City: State: Zip Code <i>4710 So. Expwy 83 HSN-TX-78552</i>
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/27/12</i>	Payee name <i>U.S. POST OFFICE</i>
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Amount (\$)	Payee address: City: State: Zip Code <i>1502 New Combes Hwy HSN-TX-78550</i>
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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>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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