

Revised 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 # (Ethics Commission Files)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Thomas D	<b>OFFICE USE ONLY</b> Date Received: Received FEB 10 2012 all Date Hand-delivered or Postmarked: 2-15-12 2:00 P.M. Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Tom Hushen		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 2321 La Hacienda Rd Hgn. TX 78552		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 423-2725		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Richard	<b>OFFICE USE ONLY</b> Date Received: Received FEB 10 2012 all Date Hand-delivered or Postmarked: 2-15-12 2:00 P.M. Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX 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 Hgn. TX 78552		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 454-4516		
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 (officerholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th 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 1 16 12 THROUGH 2 15 12		
11 ELECTION	ELECTION DATE Month Day Year 3 16 12	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) None	13 OFFICE SOUGHT (if known) Commissioner District 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filer)

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

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
3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4	TOTAL POLITICAL EXPENDITURES	\$ 743.10
5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1256.90
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

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 <b>2</b>	
2 FILER NAME <b>Thomas Hushon</b>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <b>2/11/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Arturo 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 ARLINGTON 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 Hgn. 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>PO Box 2186 Hamlinen. 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 (\$)	In-kind contribution description (if applicable) <b>political signs</b>
Contributor address City State Zip Code <b>2625 Lotus Hgn. 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 *Thomas Hushe* 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>Aleyra</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>Invitations</i>
6 Contributor address: City, State, Zip Code <i>1801 S. 77 145th. D. 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)
		(If travel outside of Texas, complete Schedule T)	

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)
		(If travel outside of Texas, complete Schedule T)	

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)
		(If travel outside of Texas, complete Schedule T)	

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)
		(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 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F <u>31</u> T.R.	<b>2</b> FILER NAME <u>Thomas Husher</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <u>1/17/12</u>	<b>5</b> Payee name <u>City of Harlingen</u>	
<b>6</b> Amount (\$) <u>24.60</u>	<b>7</b> Payee address, City, State, Zip Code <u>118 E. Tyler Harlingen, TX 78552</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <u>printing</u>	
	<b>(b)</b> 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
<b>Date</b> <u>2/7/12</u>	<b>Payee name</b> <u>Alegria Printings</u>	
<b>Amount (\$)</b> <u>\$381.00</u>	<b>Payee address</b> City State Zip Code <u>1801 So. 77 Hqn. TX. 78550</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	
	<b>Description</b> (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
<b>Date</b> <u>2/2/12</u>	<b>Payee name</b> <u>Home Depot</u>	
<b>Amount (\$)</b> <u>27.50</u>	<b>Payee address</b> City State Zip Code <u>4710 So Expw 83 Harlingen TX. 78552</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <u>Supplies for signs</u>	
	<b>Description</b> (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
<b>Date</b> <u>2-12-12</u>	<b>Payee name</b> <u>Seyo's</u>	
<b>Amount (\$)</b> <u>310.00</u>	<b>Payee address</b> City State Zip Code <u>302 Edcrauey Hqn TX. 78552</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <u>Food/Beverage</u>	
	<b>Description</b> (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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED