Revised 2/16/12 ace

30 DAYS BEFORE THE ELECTION

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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

OFFICE USE ONLY

Date Received: Received FEB 10 2012 ace

Date Hand-delivered or Postmarked: 2-15-12 2:00 P.m.

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: FIRST: Thomas MI: D NICKNAME: Tom LAST: Hushen SUFFIX:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX: 2321 La Hacienda Rd APT / SUITE #: CITY: Hgn. STATE: TX ZIP CODE: 78552	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 423-2725 EXTENSION:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: FIRST: Richard MI: NICKNAME: Rick LAST: De Los Santos SUFFIX:	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2625 Lotus APT / SUITE #: CITY: Hgn. STATE: TX ZIP CODE: 78552	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 454-4516 EXTENSION:	
9 REPORT TYPE	☐ January 15 ☑ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 1 Day 16 Year 12 THROUGH Month 2 Day 15 Year 12	
11 ELECTION	ELECTION DATE Month 3 Day 16 Year 12 ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☑ 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 ☐ 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: Thomas Hushen T.4

16 ACCOUNT # (Ethics Commission Filers)

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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)	$ 3,514.00 T.H ~~1,998.00~~
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ ~~2,263.10~~ ~~743.10~~ 743.10 T.H
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1257.90
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.

AMANDA C. ELIZONDO
MY COMMISSION EXPIRES
July 30, 2015

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Tom Hushen this the 15th 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

Texas Ethics Commission P.O Box 12070 Austin Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Hushen

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 2/11/12

5 Full name of contributor: ☐ out-of-state PAC (ID#) T.H. ~~Arthur~~ RAT Nelson

6 Contributor address City State Zip Code: 34065 FM 295 Arroyo City TX 78583

7 Amount of contribution ($): $100.00

8 In-kind contribution description (if applicable):

(If travel outside of Texas complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/10/12	Roy D. Salazar 2925 Clifford Hgn. TX. 78550	250.00	

(If travel outside of Texas complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/1/12	Dial Dunkin PO BOX 2186 Harlingen, TX 78551	500.00	

(If travel outside of Texas complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/2/12	Velma Garza 12264 Pauline Rd Lyford TX 78569	100.00	

(If travel outside of Texas complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/20/12	Richard De Los Santos 2625 Lotus Hgn. TX. 78550	T.H. 1,500.0	political signs (1,500.00) T.H.

(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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Hirsch

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/8/12	~~Alegra~~ Sharron Jackson Fitt 1801 S. 77 Hsn. TX 78550	Fitt $20.00	Invitations ($20.00) TH

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Printer

10 Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ 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 ☐ 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 ☐ 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 foradditional 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 31 T.H.
2 FILER NAME: Thomas Hushen
3 ACCOUNT # (Ethics Commission Filers):

4 Date: 1/17/12
5 Payee name: City OF Harlingen
6 Amount ($): 24.60
7 Payee address / City / State / Zip Code: 118 E. Tyler Harlingen, TX. 78550
8 PURPOSE OF EXPENDITURE
(a) Category (See categories listed at the top of this schedule): printing
(b) Description (If travel outside of Texas, complete Schedule T): List of Voters T.H.
9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Date: 2/7/12
Payee name: Alegra printing
Amount ($): $381.00
Payee address / City / State / Zip Code: 1801 So. 77 Hgn. TX. 78550
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Advertising Expense T.H.
Description (If travel outside of Texas, complete Schedule T): push cards T.H.
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Date: 2/2/12
Payee name: Home Depot
Amount ($): 27.50
Payee address / City / State / Zip Code: 4710 So Expw 83 Harlingen TX. 78552
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Supplies For Signs/Other T.H.
Description (If travel outside of Texas, complete Schedule T): Supplies T.H.
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Date: 2-12-12
Payee name: Seyo's
Amount ($): 310.00
Payee address / City / State / Zip Code: 302 Ed Carey Hgn TX. 78550
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Food / Beverage (Event expens)
Description (If travel outside of Texas, complete Schedule T): Food Beverage T.H.
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED