

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) 42116	2 Total pages filed: <div style="text-align: right; font-size: 24px; font-weight: bold;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. MARK E. <hr/> NICKNAME LAST SUFFIX - SKUKRA Skurka	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY FILED FOR RECORD Date Received AT 3:56 M <div style="text-align: center; font-size: 18px; font-weight: bold;">JAN 15 2014</div> DIANA T. BARRERA <small>Clerk, County Court, Nueces County, Texas</small> Date Handled/Forwarded or Postmarked By [Signature] Deputy <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 270425, CORPUS CHRISTI, TX 78469		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 851-0293		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. ZITA G. <hr/> NICKNAME LAST SUFFIX SKURKA		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4410 BLUEFIELD DR., CORPUS CHRISTI, TX 78413		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 851-0293		
9 REPORT TYPE	<input checked="" 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 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 07 / 01 / 2013 THROUGH 12 / 31 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NUECES COUNTY DISTRICT ATTORNEY	13 OFFICE SOUGHT (if known) NUECES COUNTY DISTRICT ATTORNEY	

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2014-037

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

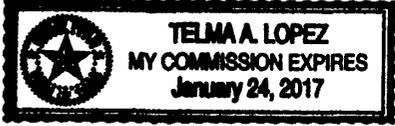
14 C/OH NAME MARK E. SKURKA	15 ACCOUNT # (Ethics Commission Filers) 42116
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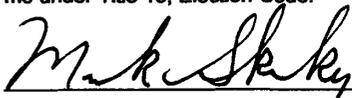
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL	COMMITTEE NAME
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,142.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 64.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Skurka, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Telma A. Lopez
 Printed name of officer administering oath

Notary
 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: 1	
2 FILER NAME MARK E. SKURKA		3 ACCOUNT # (Ethics Commission Filers) 42116	
4 Date 12/31/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERNEST GARZA	7 Amount of contribution (\$) 450.00	8 In-kind contribution description (if applicable) STORAGE RENTAL FOR CAMPAIGN SIGNS
6 Contributor address; City; State; Zip Code 6102 AYERS ST. #106, CORPUS CHRISTI, TX 78415		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CERTIFIED PUBLIC ACCOUNTANT		10 Employer (See Instructions) SELF	
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME MARK E. SKURKA	3 ACCOUNT # (Ethics Commission Filers) 42116
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4 Date 7/3/13	5 Payee name LULAC #1
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6 Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 10807, CORPUS CHRISTI, TX 78460-0807
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description (If travel outside of Texas, complete Schedule T) FERIA DE LOS FLORES AD
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Date 9/1/13	Payee name GSPEED WEB SERVICES
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Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 817 CRESTVIEW DR., CORPUS CHRISTI, TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSES	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WEB SERVICES
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Date 10/15/13	Payee name SAM'S CLUB
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Amount (\$) 113.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code EVERHART RD, CORPUS CHRISTI, TX 78415
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD AND BEVERAGES	Description (If travel outside of Texas, complete Schedule T) SUPPLIES FOR COTTON FEST PARADE
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Date 10/19/13	Payee name EL CHARRO NO. 5
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Amount (\$) 61.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 131 AVENUE A, ROBSTOWN, TX 78380
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD AND BEVERAGE EXPENSES	Description (If travel outside of Texas, complete Schedule T) FOOD FOR WORKERS AT COTTON FEST PARADE
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Officerholder/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 G: 3		2 FILER NAME MARK E. SKURKA		3 ACCOUNT # (Ethics Commission Filers) 42116	
4 Date 10/19/13		5 Payee name STRIPES #7131			
6 Amount (\$) 20.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 5002 AYERS, CORPUS CHRISTI, TX 78413			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSES		(b) Description (If travel outside of Texas, complete Schedule T) FUEL FOR TRUCK IN PARADE	
Date 10/20/13		Payee name DR. HECTOR GARCIA MEMORIAL FOUNDATION			
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code CORPUS CHRISTI, TX 78415			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DONATION		Description (If travel outside of Texas, complete Schedule T) FOR MEMORIAL FOUNDATION	
Date 11/18/13		Payee name SOUTHSIDE STATION			
Amount (\$) 72.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code CORPUS CHRISTI, TX 78413-9998			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN P.O. BOX 270425	
Date 12/8/13		Payee name EL PUEBLITO			
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code ROBSTOWN, TX 78380			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSES		Description (If travel outside of Texas, complete Schedule T) NEWSPAPER CAMPAIGN AD	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3	2 FILER NAME MARK E. SKURKA	3 ACCOUNT # (Ethics Commission Filers) 42116
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4 Date 12/10/13	5 Payee name LULAC #1
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6 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 10807, CORPUS CHRISTI, TX 78460-0807
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION	(b) Description (If travel outside of Texas, complete Schedule T) TOY BOWL
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Date 12/17/13	Payee name NUECES COUNTY DEMOCRATIC PARTY
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Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code CORPUS CHRISTI, TX 78415
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN POLITICAL PARTY
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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