

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: center; font-size: 24px; font-weight: bold;">5</div>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: MARK MI: E NICKNAME: _____ LAST: SKURKA SUFFIX: _____	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received: FILED FOR RECORD AT 11:07 AM <div style="text-align: center; color: red; font-weight: bold; font-size: 18px;">JAN 15 2015</div> <div style="font-size: 10px;"> KARA SANDS CLERK COUNTY COURT, NUECES COUNTY, TEXAS Date Hand-delivered or Postmarked: _____ DEPUTY </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> <td style="padding: 2px;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount	Date Processed	Date Imaged
Receipt #	Amount						
Date Processed	Date Imaged						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO 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: MRS. FIRST: ZITA MI: G. NICKNAME: _____ LAST: SKURKA SUFFIX: _____						
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 / 2014 12 / 31 / 2014						
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					

GO TO PAGE 2

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

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

17 CONTRIBUTION TOTALS

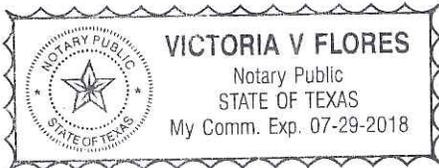
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
4. TOTAL POLITICAL EXPENDITURES	\$ 1,270.47
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 64.35
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.

Mark Skurka

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 15, to certify which, witness my hand and seal of office.

Victoria V Flores
Signature of officer administering oath

Victoria V Flores
Printed name of officer administering oath

Notary Public
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 12/31/14	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 CAMPAIGN SIGNS
6 Contributor address; City; State; Zip Code 6102 AUERS 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 | 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: 2	2 FILER NAME MARK E. SKURKA	3 ACCOUNT # (Ethics Commission Filers) 42116
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4 Date 7-16-14	5 Payee name NUECEC COUNTY DEMOCRATIC PARTY
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6 Amount (\$) 600.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3765 S. ALAMEDA # 324 CORPUS CHRISTI, TX 78411
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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) CAMPAIGN POLITICAL PARTY / BANQUET <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 8-4-14	Payee name HELP
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Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4833 SARATOGA BLVD 447 CORPUS CHRISTI, TX 78413
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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) SPONSOR - PUTTING u / POLITICIANS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 9-20-14	Payee name EL DEFENSOR
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Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code INDIANA ST ROBSTOWN TX 78380
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) NEWSPAPER AD - HISPANIC HERITAGE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 12-8-14	Payee name EL PUERTO
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Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code ROBSTOWN, TX 78380
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) XMAS AD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) |

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1 Total pages Schedule G: 2	2 FILER NAME MARK E. SKURKA	3 ACCOUNT # (Ethics Commission Filers) 42116
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4 Date 10-10-14	5 Payee name MULY BRANDS
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6 Amount (\$) 24.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2120 S. STAPLES CORPUS CHRISTI, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD	(b) Description (If travel outside of Texas, complete Schedule T) COTTONFEST - CAMPAIGN WORKER'S <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10-11-14	Payee name SAM'S CLUB
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Amount (\$) 71.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4833 SPID CORPUS CHRISTI TX 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) CANDY FOR OCTOBER FEST PARADE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 11-20-14	Payee name SOUTHSIDE STATION POST OFFICE
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Amount (\$) 74.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6742 WEBER ROAD CORPUS CHRISTI TX 78413
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEE'S	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN P.O. BOX EXPENSES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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