

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 42116	2 Total pages filed: 25 24																	
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">MS / MRS / MR</td> <td style="width:25%; font-size: small;">FIRST</td> <td style="width:25%; font-size: small;">MI</td> </tr> <tr> <td style="text-align: center;">MR.</td> <td style="text-align: center;">MARK</td> <td style="text-align: center;">E.</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;">SKURKA</td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR.	MARK	E.	NICKNAME	LAST	SUFFIX	SKURKA			<p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p style="font-size: x-small;">Date Received</p> <p style="text-align: center; color: blue; font-weight: bold;">FILED FOR RECORD AT 3:20 PM</p> <p style="text-align: center; color: red; font-weight: bold;">JAN 15 2016</p> <p style="font-size: x-small; color: blue;">KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY: DEPUTY</p> <p style="font-size: x-small;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; font-size: x-small;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																		
MR.	MARK	E.																		
NICKNAME	LAST	SUFFIX																		
SKURKA																				
Receipt #	Amount \$																			
Date Processed																				
Date Imaged																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: x-small;">APT / SUITE #;</td> <td style="width:25%; font-size: x-small;">CITY;</td> <td style="width:25%; font-size: x-small;">STATE;</td> <td style="width:25%; font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">P.O. Box 270425 CORPUS CHRISTI, TX 78469</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 270425 CORPUS CHRISTI, TX 78469													
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																
P.O. Box 270425 CORPUS CHRISTI, TX 78469																				
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">AREA CODE</td> <td style="width:50%; font-size: x-small;">PHONE NUMBER</td> <td style="width:25%; font-size: x-small;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(361)</td> <td style="text-align: center;">851-0293</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(361)	851-0293														
AREA CODE	PHONE NUMBER	EXTENSION																		
(361)	851-0293																			
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">MS / MRS / MR</td> <td style="width:25%; font-size: small;">FIRST</td> <td style="width:25%; font-size: small;">MI</td> </tr> <tr> <td style="text-align: center;">MRS.</td> <td style="text-align: center;">ZITA</td> <td style="text-align: center;">G.</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;">SKURKA</td> </tr> </table>	MS / MRS / MR	FIRST	MI	MRS.	ZITA	G.	NICKNAME	LAST	SUFFIX	SKURKA									
MS / MRS / MR	FIRST	MI																		
MRS.	ZITA	G.																		
NICKNAME	LAST	SUFFIX																		
SKURKA																				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: x-small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: x-small;">APT / SUITE #;</td> <td style="width:15%; font-size: x-small;">CITY;</td> <td style="width:15%; font-size: x-small;">STATE;</td> <td style="width:10%; font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">4410 BLUEFIELD DR. CORPUS CHRISTI, TX 78413</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	4410 BLUEFIELD DR. CORPUS CHRISTI, TX 78413											
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																
4410 BLUEFIELD DR. CORPUS CHRISTI, TX 78413																				
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">AREA CODE</td> <td style="width:50%; font-size: x-small;">PHONE NUMBER</td> <td style="width:25%; font-size: x-small;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(361)</td> <td style="text-align: center;">851-0293</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(361)	851-0293												
AREA CODE	PHONE NUMBER	EXTENSION																		
(361)	851-0293																			
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)									
<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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">01</td> <td style="text-align: center;">2015</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2015</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07	01	2015		12	31	2015			
Month	Day	Year	THROUGH	Month	Day	Year														
07	01	2015		12	31	2015														
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: x-small;">ELECTION DATE</td> <td colspan="2" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month Day Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="text-align: center;">03 / 01 / 2016</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	03 / 01 / 2016	<input type="checkbox"/> General	<input type="checkbox"/> Special								
ELECTION DATE	ELECTION TYPE																			
Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff																		
03 / 01 / 2016	<input 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 CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

MARK E. SKURKA

15 Filer ID (Ethics Commission Filers)

42116

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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$

355.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

16375.00

EXPENDITURE
TOTALS

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

\$

401.40

4. TOTAL POLITICAL EXPENDITURES

\$

7626.48

CONTRIBUTION
BALANCE

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

\$

8022.52

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

2,000.00

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, 2016, to certify which, witness my hand and seal of office.

Margaret Meade
Signature of officer administering oath

Margaret Meade
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MARK E. SKUPKA		20 Filer ID (Ethics Commission Filers) 42116
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,355.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,020.00	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 228.65	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 9/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST R. GARZA	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 10201 LEOPARD ST CORPUS CHRISTI TX 78410		
8 Principal occupation / Job title (See Instructions) CERTIFIED PUBLIC ACCOUNTANT		9 Employer (See Instructions) SELF EMPLOYED
Date 10/06/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON BORRISO	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 5350 S. STAPLES, SUITE 401 CC TX 78411		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/07/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK L. MCNIEFF, JR.	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 113 NAPLES ST. CORPUS CHRISTI, TX 78404-1828		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/07/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM A. DUDLEY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1126 3RD STREET CORPUS CHRISTI, TX 78404		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 10/08/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD MINTZ	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4875 OCEAN DR. CORPUS CHRISTI TX 78412		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 10/08/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. MITCHELL CLARK	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code P.O. BOX 2701 CORPUS CHRISTI, TX 78403-2701		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELVYN N. KLEIN	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 615 N. UPPER BROADWAY, STE 1940 C.C. TX 78401-0780		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/13/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK HOLSTEIN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 819 N. UPPER BROADWAY ST. C.C. TX 78401		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 10/13/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF WIGINGTON	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 123 NORTH CARRIZO ST. CORPUS CHRISTI TX 78401		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 10/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL GEORGE	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 902 BUFFALO CORPUS CHRISTI TX 78401-2218		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL G. TERRY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 800 N. SHORELINE BLVD N.T. #2000 C.C. TX 78401		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HARLINE DACUS BARGER DREYER LLP
Date 10/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT C. WOLTER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 325 SANTA MONICA PL CORPUS CHRISTI TX 78411		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 10/16/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM A. THAU, III 6 Contributor address; City; State; Zip Code 9708 S. PADRE ISLAND DR, STE A101 CCTY 78418-5766	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 10/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM C. WHEAT Contributor address; City; State; Zip Code 101 N. SHORELINE BLVD, STE 201 CCTY 78401	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAS W. THOMASSON Contributor address; City; State; Zip Code 615 N. UPPER BROADWAY, STE 800 CCTY 78477	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES W. ZAHN, JR. Contributor address; City; State; Zip Code 2106 STATE HWY. 361, STE C. PORT ARANSAS TX 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 10/26/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAY E. GILSON 6 Contributor address; City; State; Zip Code 10 ROCK CREEK DR CORPUS CHRISTI TX 78412	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 10/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES MCKIBBEN Contributor address; City; State; Zip Code 555 N. CARANCAHUA, STE 1100 CORPUS CHRISTI, TX 78401	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLAN L. POTTER Contributor address; City; State; Zip Code P.O. BOX 3159 CORPUS CHRISTI, TX 78463-3159	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 10/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUSEMAN & STEWART, PLLC Contributor address; City; State; Zip Code 615 N. BROADWAY, STE. 2000 C.C., TX 78401	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) ATTORNEYS		Employer (See Instructions) HUSEMAN & STEWART, PLLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 11/2/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERNARD & KIMBERLEY SEGER 6 Contributor address; City; State; Zip Code 1602 GLENDAL DR CORPUS CHRISTI, TX 78418	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 11/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. A. VILLAGOMEZ Contributor address; City; State; Zip Code 5029 BROMLEY DR.	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD & PATRICIA FINK Contributor address; City; State; Zip Code 8306 EBB EPINARD CT ANNANDALE, VA	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) FEDERAL GOVERNMENT
Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. PATRICK WOLTER Contributor address; City; State; Zip Code 417 CORAL PL.	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DONNELL, ABERNETHY, & KIESCHNICK, PC
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 11/19/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBECCA R. KIESCHNICK	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 964 E. MARKET SINTON, TX 78387		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) DONNELL, ABERNETHY, & KIESCHNICK
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL D. CHAPA	Amount of contribution (\$) 560⁰⁰
Contributor address; City; State; Zip Code 500 N. SHORELINE, STE 1111 CORPUS CHRISTI TX 78401		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LINEBARGER, GOGGAN, BLAIR & SAMPSON, LLP
Date 11/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL D. CHAPA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 500 N. SHORELINE, STE 1111 CORPUS CHRISTI TX 78401		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) BLAIR LINEBARGER, GOGGAN, BLAIR & SAMPSON, LLP
Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT D. THORPE, SR.	Amount of contribution (\$) 350⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 11/19/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT GONZALEZ	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 5959 S. STAPLES		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) GONZALEZ & GONZALEZ, LL.P.
Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA EASTWOOD-ALANIZ	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4657 OCEAN DRIVE CORPUS CHRISTI, TX 78412		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 11/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSTIN & JORDAN ANDERSON	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 338 ATLANTIC CORPUS CHRISTI TX 78404		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID & POLLY DUNN	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 611 S. UPPER BROADWAY CORPUS CHRISTI, TX 78401		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARIL SILURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 11/19/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL & MARIA CABALLERO 6 Contributor address; City; State; Zip Code 5338 GREENBRIAN CORPUS CHRISTI, TX 7	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) BUSINESS MAN		9 Employer (See Instructions) SELF EMPLOYED
Date 11/23/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY & JENNIFER LAMANTIA Contributor address; City; State; Zip Code 8761 STATE HWY 44 CORPUS CHRISTI 78406	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions) L & F DISTRIBUTORS
Date 11/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDRO P. GARCIA Contributor address; City; State; Zip Code 6438 LONG MEADOW CORPUS CHRISTI, TX 78413	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS FLOOD Contributor address; City; State; Zip Code 914 PRESTON AT MAIN, STE 800 HOUSTON, TX 77002	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 12/18/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY DEVLIN	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARET CLEMENTE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD WOOLSEY	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 555 N. CARANCAHUA, SUITE 1160 CC TX 78401		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) WOOLSEY & ASSOCIATES
Date 11/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH HANNAM	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 1314 BEARD DR. CORPUS CHRISTI 78413-2012		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARK E. SIKURKA		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN T. FLOOD	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 802 N. CARANCAHUA ST. SUITE 900 CCTY 78401		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARNOLD DELA PAZ	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1891 COUNTRY RD 26 CONROUS CHRISTITY 78416		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN F. MENDELLOFF	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 7605 SAUVE TERRE CONROUS CHRISTITY 78414		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	2
2 FILER NAME MARK E. SKURIA		3 Filer ID (Ethics Commission Filers) 42116	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/1/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST R. GARZA	8 Amount of Contribution \$ 240.00	9 In-kind contribution description LABOR FOR POSTING CAMPAIGN SIGNS
7 Contributor address; City; State; Zip Code 10201 LEOPARD ST CORPUS CHRISTI, TX 78410		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ACCOUNTANT / CPA		11 Employer (FOR NON-JUDICIAL) (See Instructions) ERNEST R. GARZA & COMPANY PC	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 12/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST R. GARZA	Amount of Contribution \$ 30.00	In-kind contribution description GASOLINE
Contributor address; City; State; Zip Code 10201 LEOPARD ST CORPUS CHRISTI, TX 78410		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ACCOUNTANT / CPA		Employer (FOR NON-JUDICIAL) (See Instructions) ERNEST R. GARZA & COMPANY PC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/11/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN SENDEJAR	8 Amount of Contribution \$ 300.00	9 In-kind contribution description 100 fence posts for campaign signs
7 Contributor address; City; State; Zip Code 5426 KING ACRES CORPUS CHRISTI TX 78414		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS MANAGER		11 Employer (FOR NON-JUDICIAL) (See Instructions) CITY OF CORPUS CHRISTI	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST R. GARZA	Amount of Contribution \$ 450.00	In-kind contribution description STORAGE FOR CAMPAIGN SIGNS
Contributor address; City; State; Zip Code 10201 LEDPARD ST CORPUS CHRISTI, TX 78410		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ACCOUNTANT - CPA		Employer (FOR NON-JUDICIAL) (See Instructions) ERNEST R. GARZA & COMPANY PC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/4/15	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK E. SKURKA	9 Loan Amount (\$) 500.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 4410 BLUEFIELD DR. CORPUS CHRISTI, TX 78413	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) NUECES COUNTY DISTRICT ATTORNEY		13 Employer (See Instructions) NUECES COUNTY DISTRICT ATTORNEY
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10/4/15	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK E. SKURKA	Loan Amount (\$) 500.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 4410 BLUEFIELD DR CORPUS CHRISTI, TX 78413	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) NUECES COUNTY DISTRICT ATTORNEY		Employer (See Instructions) NUECES COUNTY DISTRICT ATTORNEY
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME MARK E. SKURKA	3 Filer ID (Ethics Commission Filers) 42116
--	---------------------------------------	---

4 Date 9/30/15	5 Payee name MAGIC 104.9 FM
--------------------------	---------------------------------------

6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 2209 N. PADRE ISLAND DR. CORPUS CHRISTI, TX 78
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN RADIO ADS
------------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/4/15	Payee name H.E.B 12/139
------------------------	-----------------------------------

Amount (\$) 392.00	Payee address; City; State; Zip Code 5801 WEBER RD. CORPUS CHRISTI, TX 78413
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE STAMPS FOR MAIL-OUT.
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/4/15	Payee name US POSTMASTER
------------------------	------------------------------------

Amount (\$) 49.00	Payee address; City; State; Zip Code 4801 EVERHART RD CORPUS CHRISTI TX 78411-9998
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE STAMPS FOR MAIL-OUT
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MARIL E. SIKURILIA	3 Filer ID (Ethics Commission Filers) 42116
4 Date 10/4/15	5 Payee name US POSTMASTER	
6 Amount (\$) 49.00	7 Payee address; City; State; Zip Code 4801 EVERHART RD CORPUS CHRISTI TX 78411-9998	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAMPS FOR CAMPAIGN MAIL-OUT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/4/15	Payee name US POSTMASTER	
Amount (\$) 49.00	Payee address; City; State; Zip Code 4801 EVERHART RD CORPUS CHRISTI TX 78411-9998	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAMPS FOR CAMPAIGN MAIL-OUT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/5/15	Payee name S & B PRINTING INC	
Amount (\$) 621.03	Payee address; City; State; Zip Code 203 AIRLINE RD, SUITE C1 CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOR CAMPAIGN MAIL-OUT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MARK E. SZURKA	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/15	5 Payee name EL DEFENSOR - HOMER VILLARREAL	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code RODGSTOWN, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COTTON FEST CAMPAIGN AD
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/7/15	Payee name US POSTMASTER	
Amount (\$) 38.00	Payee address; City; State; Zip Code SOUTHSIDE STATION CORPUS CHRISTI TX 78413-9998	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PO BOX RENEWAL
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/13/15	Payee name FAST SIGNS	
Amount (\$) 167.97	Payee address; City; State; Zip Code 1220 AIRLINE Rd, STE ¹⁷⁰ 700 CORPUS CHRISTI TX 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN BANNERS
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MARK E. SKURKA	3 Filer ID (Ethics Commission Filers) 42116
4 Date 11/13/15	5 Payee name GULF COAST PRINTING	
6 Amount (\$) 605.38	7 Payee address; City; State; Zip Code 6901 S. PADRE ISLAND DR. CORPUS CHRISTI TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOR CAMPAIGN MAIL-OUT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/19/15	Payee name HAVANA / BLEU BISTRO	
Amount (\$) 192.38	Payee address; City; State; Zip Code 500 N. WATER ST #105 CORPUS CHRISTI TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEET AND GREET
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/20/15	Payee name EL DEFENSON	
Amount (\$) 100.00	Payee address; City; State; Zip Code ROBSTOWN TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MARK E. SKURICKA	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date 11/20/15	5 Payee name MAGIC 104.9 FM
---------------------------	---------------------------------------

6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 2209 N. PADRE ISLAND CORPUS CHRISTI TX
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN RADIO ADS
------------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/7/15	Payee name COMMERCIAL SCREEN PRINTING
------------------------	---

Amount (\$) 756.13	Payee address; City; State; Zip Code 4001 AYERS SR. CORPUS CHRISTI, TX
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOR CAMPAIGN MAIL-OUT
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/18/15	Payee name EL PUEBLITO - HOME VILLARREAL
-------------------------	--

Amount (\$) 100.00	Payee address; City; State; Zip Code ROBSTOWN, TX
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>MARK E. SKURKA</i>	3 Filer ID (Ethics Commission Filers) <i>42116</i>
4 Date <i>12/18/15</i>	5 Payee name <i>TEXAS DEMOCRATIC PARTY</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>1601 LANARK ST, SUITE 100 AUSTIN, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>DONATION TO DEMOCRATIC PARTY</i>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>11/17/15</i>	Payee name <i>DANWAL, INC</i>
-------------------------	----------------------------------

Amount (\$) <i>3076.54</i>	Payee address; City; State; Zip Code <i>12404 Hwy 155 South TYLER, TX 75703</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>CAMPAIGN SIGNS</i>
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME MARK O. SKURKA	3 Filer ID (Ethics Commission Filers) 42116
4 Date 8/16/15	5 Payee name EL PUEBLITO	
6 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code ROBSTOWN, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN AD <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/21/15	Payee name PRICES CHEF	
Amount (\$) 38.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1800 S ALAMEDA ST. CORPUS CHRISTI, TX 78404	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description MEALS FOR WORKERS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/19/15	Payee name PAUL SKURKA JR	
Amount (\$) 2500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code CORPUS CHRISTI TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description CAMPAIGN WORKER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME MARK SKURKA		3 Filer ID (Ethics Commission Filers) 42116	
4 Date 12/19/15		5 Payee name CHRISTIAN SKURKA			
6 Amount (\$) 2500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code CORPUS CHRISTI TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description CAMPAIGN WORKER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date 12/21/15		Payee name PAUL SKURKA JR			
Amount (\$) 2000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code CORPUS CHRISTI, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description CAMPAIGN WORKER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date 12/21/15		Payee name CHRISTIAN SKURKA			
Amount (\$) 2000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code CORPUS CHRISTI, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description CAMPAIGN WORKER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED