

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8325.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 79.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 804.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11832.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000.00

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 1st day of February, 2016, to certify which, witness my hand and seal of office.

Margaret Meade Margaret Meade Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MARK E. SKURKA		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	\$ 3400.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4925.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 804.83
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: 3
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 1/5/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNY BARRE	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1001 THIRD ST, STE 1 CORPUS CHRISTI TX 78404		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) ANDERSON LEHRMAN BARRE & MARAIST LLP
Date 1/5/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS N. & ROBERT ADLER	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 106 RAINBOW LANE CORPUS CHRISTI TX 78411		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 1/9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE A. BERRY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5540 OSO PARKWAY, Unit 2 CORPUS CHRISTI, TX 78413-6226		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 1/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID R. RESENDEZ	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 914 GLENOAK CORPUS CHRISTI, TX 78418		
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF

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 4/20/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY L. HERRMAN	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1201 THIRD ST. CORPUS CHRISTI TX 78404		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) HERRMAN & HERRMAN, PLLC
Date 1/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA M. EISEHAWER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PBM 298 298 14493 SPID, STE A CORPUS CHRISTI TX 78418		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 1/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY G. COLLINS	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO BOX 1988		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 1/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SERGIO TAVARES	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3232 OCEAN DR CORPUS CHRISTI TX 78404		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF
<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 1/26/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E.V. BONNER	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code P.O. BOX 9400 CORPUS CHRISTI TX 78469		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 1/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY D. HARRISON	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 218 MITCHELL ST. CORPUS CHRISTI, TX 78411-1210		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 1/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK GLEIMER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4634 OSO PKWY CORPUS CHRISTI, TX 78413		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 1/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD SHOCKLEY, JR.	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6701 SHILLINGWAY CORPUS CHAISTI TX 78414		
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) I.B.C Bank

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: 1	
2 FILER NAME MARK E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 1/29/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT WHITEHURST	8 Amount of Contribution \$ 4850.00	9 In-kind contribution description CAMPAIGN BILLBOARD
7 Contributor address; City; State; Zip Code 115 WACO ST. CORPUS CHRISTI, TX 78401		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS MAN		11 Employer (FOR NON-JUDICIAL) (See Instructions) COOPER OUTDOOR ADVERTISING	
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 1/31/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST R. GARZA	Amount of Contribution \$ 75.00	In-kind contribution description STORAGE FOR CAMPAIGN SIGNS
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) CERTIFIED PUBLIC ACCOUNTANT		Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
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)			

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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: 1	2 FILER NAME MARK E. SKURKA	3 Filer ID (Ethics Commission Filers) 42116
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4 Date 1/5/16	5 Payee name MUECES DEMOCRATIC PARTY
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code CORPUS CHRISTI, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1/2 BANQUET TABLE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/5/16	Payee name MUECES DEMOCRATIC PARTY
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Amount (\$) 75.00	Payee address; City; State; Zip Code CORPUS CHRISTI, TX
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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 POLITICAL AD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/29/16	Payee name EL PUEBLITO, HOMER VILLARREAL
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Amount (\$) 150.00	Payee address; City; State; Zip Code ROBSTOWN, TX
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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 POLITICAL AD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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