

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. MARK E.	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 5px 0;">Date Received</p> <p style="text-align: center; color: blue; margin: 5px 0;">FILED FOR RECORD AT 2:37PM</p> <p style="text-align: center; color: red; font-weight: bold; margin: 5px 0;">FEB 22 2016</p> <p style="text-align: center; font-size: x-small; margin: 5px 0;">KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>Rebecca Adams</u> DEPUTY</p> </div>	
	NICKNAME LAST SUFFIX SKURKA		
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 FIRST MI MRS. ZITA G.	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX SKURKA	Receipt # Amount \$	
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 type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input checked="" 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 Month Day Year 02 / 01 / 2016 THROUGH 02 / 22 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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

\$ 0

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

\$ 19,082.00

EXPENDITURE
TOTALS

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

\$ 12.00

4. TOTAL POLITICAL EXPENDITURES

\$ 23,541.15

CONTRIBUTION
BALANCE

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

\$ 7,666.23

OUTSTANDING
LOAN TOTALS

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

\$ 3,000.00

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 22nd day of February, 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 <i>MARK E. SKURKA</i>		20 Filer ID (Ethics Commission Filers) <i>42116</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>19,025.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>57.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1,000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>23,541.15</i>
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: 5
2 FILER NAME MARIL E. SKURKA		3 Filer ID (Ethics Commission Filers) 42116
4 Date 2/2/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY C. GARZA	7 Amount of contribution (\$) 5,000.00
6 Contributor address; City; State; Zip Code 620 E. SINTON ST. SINTON, TX 78387		
8 Principal occupation / Job title (See Instructions) DENTIST		9 Employer (See Instructions) SELF
Date 2/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLORIA JEAN PRAESEL	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code 2441 CRICKET HOLLOW CORPUS CHRISTI TX 78414		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions) UNKNOWN
Date 2/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAIG SILO	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 802 N. CARANCA HWY STE 900 CORPUS CHRISTI TX 78401		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 2/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN J. PHIPPS	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 303 KING WILLIAM SAN ANTONIO, TX 78204		
Principal occupation / Job title (See Instructions) ATTORNEY		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

2/3/16

5 Full name of contributor out-of-state PAC (ID#: _____)

DAVID ENGEL

6 Contributor address; City; State; Zip Code

230 AMISTAD CORPUS CHRISTI, TX 78404

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

BUSINESS MAN

9 Employer (See Instructions)

SELF

Date

2/8/16

Full name of contributor out-of-state PAC (ID#: _____)

JOE P. FULTON

Contributor address; City; State; Zip Code

PO BOX 2250 CORPUS CHRISTI TX 78403

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

2/9/16

Full name of contributor out-of-state PAC (ID#: _____)

ALEX HARRIS

Contributor address; City; State; Zip Code

2138 HIGHWAY 286 CORPUS CHRISTI TX 78415

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

DEVELOPER

Employer (See Instructions)

SELF

Date

2/11/16

Full name of contributor out-of-state PAC (ID#: _____)

HARLINE DACUS ^{BARGER} DREYER LLP.

Contributor address; City; State; Zip Code

8750 N. CENTAL EXPRESSWAY, STE 1100 DALLAS TX 75231

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

ATTORNEYS

Employer (See Instructions)

HARLINE DACUS ^{BARGER} DREYER LLP.

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. SILURKA

3 Filer ID (Ethics Commission Filers)

42116

4 Date

2/12/16

5 Full name of contributor out-of-state PAC (ID#: _____)

ROBERT GONZALEZ

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

5901 HARVEST HILL CORPUS CHRISTI TX 78414

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

2/17/16

Full name of contributor out-of-state PAC (ID#: _____)

CARS 4 CREDIT

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

PO BOX 271477 CORPUS CHRISTI TX 78427

Principal occupation / Job title (See Instructions)

BUSINESS

Employer (See Instructions)

CARS 4 CREDIT

Date

2/10/16

Full name of contributor out-of-state PAC (ID#: _____)

CWA - COPE PCC

Amount of contribution (\$)

700.00

Contributor address; City; State; Zip Code

501 3RD STREET, NW WASHINGTON DC 20001

Principal occupation / Job title (See Instructions)

UNION

Employer (See Instructions)

CWA - COPE PCC

Date

2/12/16

Full name of contributor out-of-state PAC (ID#: _____)

WILLIAM COCKE

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

241 CAPE ARON DR

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

UNKNOWN

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

2/14/16

5 Full name of contributor out-of-state PAC (ID#: _____)

CHRISTOPHER PIETSCH

6 Contributor address; City; State; Zip Code

110 SEA VIEW LANE CORPUS CHRISTI TX 78411

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

UNKNOWN

9 Employer (See Instructions)

UNKNOWN

Date

2/16/16

Full name of contributor out-of-state PAC (ID#: _____)

BRADFORD A. WYATT

Contributor address; City; State; Zip Code

PO DRAWER 10 REALITOS TX 78376

Amount of contribution (\$)

4,000.00

Principal occupation / Job title (See Instructions)

BUSINESS

Employer (See Instructions)

WYATT RANCHES

Date

2/17/16

Full name of contributor out-of-state PAC (ID#: _____)

THE HASTINGS LAW FIRM

Contributor address; City; State; Zip Code

PO BOX 2587

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

THE HASTINGS LAW FIRM

Date

2/12/16

Full name of contributor out-of-state PAC (ID#: _____)

LAURA LEAL ESTRADA

Contributor address; City; State; Zip Code

3518 FAIRMONT DR CORPUS CHRISTI TX 78408

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

LIFT FUND

Employer (See Instructions)

LIFT FUND

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) 42116
4 Date 2/14/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. MARK HANCOCKSON MD. AND ANNE HENNIS 6 Contributor address; City; State; Zip Code 4763 OCEAN DR CORPUS CHRISTI TX 78412	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) DOCTOR & ATTORNEY		9 Employer (See Instructions) SELF & SELF
Date 2/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR H. BOSS, JR. Contributor address; City; State; Zip Code 13846 CAPTAINS ROW CORPUS CHRISTI TX 78418	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) DENTIST		Employer (See Instructions) SELF
Date 2/16/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. TED GARLEY Contributor address; City; State; Zip Code 2930 DENVER CORPUS CHRISTI TX 78404	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) INVESTOR - SELF
Date 2/20/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID L. BROOKS Contributor address; City; State; Zip Code 7305 DIAMOND RIDGE DR CORPUS CHRISTI TX 78413	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CREDIT UNION		Employer (See Instructions) CREDIT UNION

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 2/22/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST R. GARZA	8 Amount of Contribution \$ 57.00	9 In-kind contribution description 22 DAYS OF STORAGE FOR CAMPAIGN SIGNS
7 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.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) CERTIFIED PUBLIC ACCOUNTANT		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
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	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
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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		\$ 0
5 Date of loan 2/11/16	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 1000.00
6 Is lender a financial Institution? Y (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) 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input 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: 4	2 FILER NAME MARK E. SKURKA	3 Filer ID (Ethics Commission Filers) 42116
4 Date 2/7/16	5 Payee name THOMAS HOLBEIN	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code SOUTH TEXAS VOICE AND HOLBEIN PUBLISHING	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/8/16	Payee name MAGIC 105	
Amount (\$) 500.00	Payee address; City; State; Zip Code PO BOX 270547 CORPUS CHRISTI, TX 78427	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/10/16	Payee name CHANNEL 3	
Amount (\$) 10,191.50	Payee address; City; State; Zip Code S.P.E.D. CORPUS CHRISTI TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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
	9 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 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. SKURKA	3 Filer ID (Ethics Commission Filers) 42116
4 Date 2/11/16	5 Payee name QUADRANT PRODUCTIONS	
6 Amount (\$) 1700.00	7 Payee address; City; State; Zip Code 4301 OCEAN DR CORPUS CHRISTI, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 2/12/16	Payee name GRUNWALD PRINTING
Amount (\$) 5703.40	Payee address; City; State; Zip Code 1418 MORGAN AVE. CORPUS CHRISTI, TX 78404
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 MAIL-OUT FLYER
9 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
9 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 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. SKURKA	3 Filer ID (Ethics Commission Filers) 42116
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4 Date 2/12/16	5 Payee name KRIS TV CHANNEL 6
--------------------------	--

6 Amount (\$) 4,000.00	7 Payee address; City; State; Zip Code STAPLES ST. CORPUS CHRISTI TX 78401
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(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 AD
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/15/16	Payee name KRIS TV CHANNEL 6
------------------------	--

Amount (\$) 84.25	Payee address; City; State; Zip Code STAPLES ST. CORPUS CHRISTI, TX 78401
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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
-------------------------------	--	--

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

Date 2/18/16	Payee name MAGIC 105
------------------------	--------------------------------

Amount (\$) 400.00	Payee address; City; State; Zip Code PB BOX 270547 CORPUS CHRISTI TX 78427
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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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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>2/18/16</i>	5 Payee name <i>TEXAS DEMOCRATIC PARTY</i>				
6 Amount (\$) <i>1200.00</i>	7 Payee address; City; State; Zip Code <i>1106 LAVACA, STE100 AUSTON, TX 78701</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>RENTAL 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>TEXAS VAN, USAGE</i>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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