

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) **2** Total pages filed: **8**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	Mr.	Daniel	R	
	NICKNAME	LAST	SUFFIX	Date Received
	Dan	Suckley		Date Filed 10/11/2022

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1602 Yorktown Blvd., Corpus Christi, Texas, 78418				
Change of Address					

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Filed (if different from 2 above) (mark with *)
	(361)	960-4077		

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	Mr.	Rakesh	M		
	NICKNAME	LAST	SUFFIX	Date Processed	
	Rick	Patel		Date Imaged	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	13773 Eaglesnest Bay Dr., Corpus Christi, Texas, 78418				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	442-5323	

9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	8	22	22		10	10	22

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
	11	8	22	<input checked="" type="checkbox"/> General	Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		City Council District #4

14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	


GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

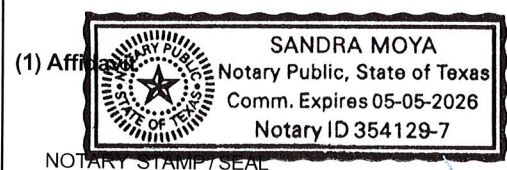
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Dan Suckley		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 7,400.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,957.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,957.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,442.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Daniel R. Suckley this the 11th day of October, 2022, to certify which, witness my hand and seal of office.

Sandra Moya Signature of officer administering oath
 Sandra Moya Printed name of officer administering oath
 Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

DAN SUCKLEY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,957.83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 OF 3

2 FILER NAME

Dan Suckley

3 Filer ID (Ethics Commission Filers)

4 Date

08/24/2022

5 Full name of contributor

out-of-state PAC (ID#: _____)

Piper Property Management & Contracting LLC

6 Contributor address;

City;

State;

Zip Code

581 Yorktown, Corpus Christi, Texas, 78418

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

Property Management/Contracting

9 Employer (See Instructions)

Self

Date

08/31/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Wayne & Janice Meyr

Contributor address;

City;

State;

Zip Code

4038 Waldron Road, Corpus Christi, Texas, 78418

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

B & R Supply & Equipment Co.

Date

09/07/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Corpus Christi Professional Fire Fighters Association

Contributor address;

City;

State;

Zip Code

6014 Ayers Road, Corpus Christi, Texas, 78415

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

09/07/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Gene & Celeste Guernsey

Contributor address;

City;

State;

Zip Code

340 Grant Place, Corpus Christi, Texas, 78411

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Real Estate Broker

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 3
2 FILER NAME DAN SUCKLEY		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/99	5 Full name of contributor out-of-state PAC (ID#: _____) MIRABAL MONTALVO & ASSOCIATES	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 5702 S. STAPLES CORPUS E-1 CHRISTI TX 78413		
8 Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		9 Employer (See Instructions) SELF
Date 9/7/99	Full name of contributor out-of-state PAC (ID#: _____) LANDS GREENWOOD 2018 LLC	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 5702 S. STAPLES CORPUS E-1 CHRISTI TX 78413		
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		Employer (See Instructions) SELF
Date 9/7/99	Full name of contributor out-of-state PAC (ID#: _____) MOSSA PAYMAN MISTAGHASI	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code P.O. BOX 331308 CORPUS CHRISTI TX 78463		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date 9/15/22	Full name of contributor out-of-state PAC (ID#: _____) PATT & BEN WALLACE	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 101 N. SHORELINE BLVD. CORPUS TX STE 600 CHRISTI 78401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) AMERICAN BANK
<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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 3
2 FILER NAME DAN SUCKLEY		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/22	5 Full name of contributor out-of-state PAC (ID#: _____) GARY & RACHELLE GRAHAM	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 14613 S. PADRE ISLAND CONUS DRIVE CHRISTI TX 78418		
8 Principal occupation / Job title (See Instructions) REAL ESTATE / PROPERTY MGMT.		9 Employer (See Instructions) SELF
Date 10/3/22	Full name of contributor out-of-state PAC (ID#: _____) FRED & VANESSA BRASELTON	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5337 YORKTOWN BLVD. CONUS STE. 10D CHRISTI TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/22	Full name of contributor out-of-state PAC (ID#: _____) MIKE WILSON	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 6065 ENNIS JASLIN CONUS CHRISTI TX 78412		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date	Full name of contributor out-of-state PAC (ID#: _____) COASTAL BEND HOMEBUILDERS ASSOC.	Amount of contribution (\$) 750.00
Contributor address; City; State; Zip Code 5325 YORKTOWN CONUS CHRISTI TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 of 2	2 FILER NAME DAN SUCKLEY	3 Filer ID (Ethics Commission Filers)
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4 Date 8/22/22	5 Payee name CITY OF CORPUS CHRISTI
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6 Amount (\$) 100.00	7 Payee address; 1201 LEOPARD CORPUS CHRISTI	City;	State; TEXAS	Zip Code 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description CANDIDATE FILING FEE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/22	Payee name HOME DEPOT
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Amount (\$) 211.26	Payee address; 5041 S. PADRE ISLAND DR.	City; CORPUS CHRISTI	State; TX	Zip Code 78411
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description SIGN POSTS AND SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/22	Payee name HOME DEPOT
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Amount (\$) 10.80	Payee address; 5041 S. PADRE ISLAND DR.	City; CORPUS CHRISTI	State; TX	Zip Code 78411
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description SIGN SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY 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

If the requested information is not applicable, DO NOT include this page in the report.

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) |

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1 Total pages Schedule F1: 2 of 2	2 FILER NAME DAN SUCKLEY	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/22	5 Payee name MIKA'S SPIRITS N MORE	
6 Amount (\$) 486.80	7 Payee address; City; State; Zip Code 6006 AYERS CHRISTI TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description T-SHIRTS AND PRINTING
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9/29/22	Payee name TEXAS A:M-CC LIBRARY MARKETPLACE		
Amount (\$) 6.93	Payee address; City; State; Zip Code 6300 OCEAN DRIVE CORNUS CHRISTI TEXAS 78412		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description TAGS TO ACCOMPANY T-SHIRTS	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 9/29/22	Payee name GULF BUSINESS FIRMS		
Amount (\$) 1,142.04	Payee address; City; State; Zip Code 6317 HARWICK DR. CORNUS CHRISTI TX 78417		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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