CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 Filer ID (Ethics Comr | nission Filers) | 2 Total pages filed: 58 | OFFICE USE ONLY |
|---------------------------------------|---|---|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | Mr | Tennell AST SUFFIX Atkins | Date Received |
| 4 ORIGINAL REPORT TYPE | January 15 July 15 X 30th day before election 8th day before election | Runoff Other (specify) Exceeded \$500 limit 15th day after treasurer appointment (officeholder only) Final report | Date Hand-delivered or Date Postmarked Receipt # Amount \$ |
| 5 ORIGINAL PERIOD COVERED | Month Day Year 01 / 01 / 202 | Month Day Yea 1 THROUGH 03 / 22 / 202 | |
| 6 EXPLANATION OF CO | DRRECTION ay Balance (Line 5, Covershe | et 2)-\$31,624.53 | |
| 7 AFFIDAVIT | rep | vear, or affirm, under penalty of perjuort is true and correct. eck ONLY if applicable: | ury, that this corrected |
| | ma ser Otl rep tha | miannual reports: I swear, or affirm de in good faith and without an intent the information contained in the reports: I swear, or affirm, the ort not later than the 14th business the report as originally filed is inaccaffirm, that any error or omission in a made in good faith. | ent to mislead or to misrepre- eport. nat I am filing this corrected is day after the date I learned curate or incomplete. I swear, |
| | | * * * Electronically Cer | rtified * * * |
| AFFIX NOTARY STA | MP / SEAL ABOVE | Signature of Candidate | e or Officeholder |
| | ed belote file, by tile said | nnell Atkins, this the | 19th day of May , |
| 20_23, to certify | which, witness my hand and sea | of office. | |
| Signature of officer ad | lministering oath | Printed name of officer administering oath | Title of officer administering oath |
| Re | emember To Attach An | y Part Of The Campaign Finance | Report Form |

Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 58 |
|---|--|---|---|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST Mr Tennell | MI | OFFICE USE ONLY |
| NAME | NICKNAME LAST | SUFFIX | Date Received |
| | Atkins | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | CITY; STATE; ZIP CODE Dallas TX 75232 | |
| Change of Address | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (469) 417 8939 | EXTENSION | Date Hand-delivered or Date Postmarked Receipt # Amount \$ |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST Velma | MI | |
| NAME | NICKNAME LAST | SUFFIX | Date Processed |
| | Milliner | | Date Imaged |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SI | UITE #; CITY; | STATE; ZIP CODE |
| TREASURER ADDRESS (Residence or Business) | 1407 Laura Lane | Dallas TX 75241 | |
| , | AREA CODE PHONE NUMBER | EXTENSION | |
| 8 CAMPAIGN TREASURER PHONE | (214) 371 7482 | EXTENSION | |
| 9 REPORT TYPE | January 15 X 30th day before e | lection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 8th day before ele | ction Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD | Month Day Year | Month | Day Year |
| COVERED | 01 / 01 / 2021 | THROUGH 03 | / 22 / 2021 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year X Primary | Runoff Other | |
| | General | Description Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known Council District 8 |) |
| 14 NOTICE FROM POLITICAL | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED. | S MAY HAVE BEEN MADE WITHOUT THE CAND | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR |
| COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME | | |
| Additional Pages | GENERAL COMMITTEE ADDRESS | | |
| | SPECIFIC COMMITTEE CAMPAIGN TRE | ASURER NAME | |
| | COMMITTEE CAMPAIGN TRE | EASURER ADDRESS | |
| | | | |
| | GO TO | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Mr Tennell Atkins | | | | | 16 Filer | ID (Ethics | Commission Filers) |
|-----------------------------------|---------------------|--|--------------------|-----------------------|-----------------|-----------------|------------------------|
| 17 CONTRIBUTION TOTALS | PLED | L UNITEMIZED POLITIONS, OR GUAI FRIBUTIONS MADE ELE | RANTEES OF LO | DANS, OR | N | \$ 0.00 | |
| | | L POLITICAL CONTR R THAN PLEDGES, LO | | ANTEES OF LOANS |) | \$ 1958 | 35.00 |
| EXPENDITURE TOTALS | 3. TOTAL | L UNITEMIZED POLITIC | CAL EXPENDITU | RE. | | \$ 0.00 | |
| | 4. TOTA | L POLITICAL EXPEN | DITURES | | | \$ 2546 | 54.16 |
| CONTRIBUTION BALANCE | | L POLITICAL CONTRIBU | JTIONS MAINTA | INED AS OF THE LA | ST DAY | \$ 3162 | 24.53 |
| OUTSTANDING LOAN TOTALS | | L PRINCIPAL AMOUNT (DAY OF THE REPORTI | | ANDING LOANS AS (| OF THE | \$ 1500 | 00.00 |
| | | nder penalty of perjury, ed by me under Title 15, | | panying report is tru | ue and cor | rect and in | cludes all information |
| | | | | | | | |
| | | | ** | **ELECTRONICA | ALLY CE | RTIFIED | *** |
| | | | | Signature of C | andidate d | or Officeho | der |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Places com | nloto oitho | r ontion holo | | | |
| | | Flease Colli | piete eitile | r option belo | W. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (1) Affidavit | | | | | | | |
| | | | | | | | |
| NOTARY STAMP/SEA | AL. | | | | | | |
| Sworn to and subscribed | before me by | | | this the | : | day of | |
| 20 , to certify | | | | | | | |
| 20, to certify | Willich, Withessiny | nand and sear of office. | | | | | |
| Signature of officer administe | ering oath | Printed name of o | fficer administeri | ng oath | | Title of office | er administering oath |
| | | | OR | | | | |
| (2) Unsworn Declarati | ion | | | | | | |
| My name is | | | , an | d my date of birth i | s | | |
| My address is | | | | | | | |
| - | | treet) | | (city) | | | |
| Executed in | , | , | on the | | | | |
| Executed in | | | , 5.1 410 | (mon | th) | (year) | |
| | | | | Signature of Cand | idate/Office | eholder (De | clarant) |
| | | | | | | (= 0 | , |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | FILER NAME Ir Tennell Atkins | mmission Filers) | | | | |
|-----|--|---|------------------|--------------|--|--|
| 21 | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | |
| 1. | SCHEDULE A1: MONETARY | Y POLITICAL CONTRIBUTIONS | | \$ 18,585.00 | | |
| 2. | SCHEDULE A2: NON-MONI | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | | |
| 3. | SCHEDULE B: PLEDGED C | CONTRIBUTIONS | | \$ 0.00 | | |
| 4. | SCHEDULE E: LOANS | | | \$ 0.00 | | |
| 5. | SCHEDULE F1: POLITICAL | L EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ 25,464.16 | | |
| 6. | SCHEDULE F2: UNPAID IN | CURRED OBLIGATIONS | | \$ 0.00 | | |
| 7. | SCHEDULE F3: PURCHAS | SE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS | \$ 0.00 | | |
| 8. | SCHEDULE F4: EXPENDIT | TURES MADE BY CREDIT CARD | | \$ 0.00 | | |
| 9. | SCHEDULE G: POLITICAL | . EXPENDITURES MADE FROM PERSONAL FUI | NDS | \$ 0.00 | | |
| 10. | SCHEDULE H: PAYMENT N | MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ 0.00 | | |
| 11. | SCHEDULE I: NON-POLITIC | CAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ 0.00 | | |
| 12. | SCHEDULE K: INTEREST, TO FILER | CREDITS, GAINS, REFUNDS, AND CONTRIBUT | FIONS RETURNED | \$ 0.00 | | |

SCHEDULE A1

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

| The | Instruction Guide explains how to o | complete this | form. | 1 Total pages Schedule A1: 1 of 7 |
|---|--|--------------------------------|-----------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | s | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/01/2021 | Full name of contributor AECOM PAC Contributor address; 2000 K Street Suite 800 | City; | State; Zip Code ngton, DC 20008 | 7 Amount of contribution (\$) 1000.00 |
| 8 Principal occup | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date 02/25/2021 | Full name of contributor Yueh Sam Yang Contributor address; 201 E Arapaho Rd | City; | State; Zip Code dson, TX 75081 | Amount of contribution (\$) 200.00 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date 02/25/2021 | Full name of contributor Eric Chao-Han Ko Contributor address; 5916 Crownover Court | City: | State; Zip Code TX 75093 | Amount of contribution (\$) 250.00 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 02/25/2021 | Full name of contributor Helene YC Lee Contributor address; 1417 Chesterton Dr | out-of-state PAC City; Richard | State: Zip Code dson, TX 75080 | Amount of contribution (\$) 200.00 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 fo | orm. | 1 Total pages Schedule A1: 2 of 7 |
|--|--|---------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atki | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ut-of-state PAC (IE |)#: | 7 Amount of contribution (\$) |
| 03/11/2021 | Metroplex Association of Realtors, Inc. | , | 2500.00 |
| | 6 Contributor address; City; 8201 N Stemmons Frwy Dallas, T. | State; Zip Code X 75247 | |
| 8 Principal occi | upation / Job title (See Instructions) 9 | Employer (See Instruction | ons) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 03/16/2021 | Simmie Cooper | | 1000.00 |
| | Contributor address; City; 6513 Sudbury Road Plano, TX | State; Zip Code | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor |)#:) | Amount of contribution (\$) |
| 03/16/2021 | Mohamad Akhavizadeh | | 1000.00 |
| | Contributor address; City; 9400 N Central Expressway Suite 47 Dallas, T. | State; Zip Code X 75231 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date 03/16/2021 | Full name of contributor |)#:) | Amount of contribution (\$) 1000.00 |
| | Contributor, address; City; 4552 Hitching Post Lane Plano, TX | State: Zip Code (75024-2144 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | | | |
| | | | |

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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 7 |
|---|---|-------------------|-----------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | 18 | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 01/08/2021 | Alfred Herron | _ | | 250.00 |
| | 6 Contributor address; 1221 Bar Harbor | City; Dallas, | State; Zip Code TX 75232 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 01/02/2021 | eddie reeves | | | 250.00 |
| | Contributor address; 9438 spring hollow dr | City; | State; Zip Code TX 75243 | |
| Principal occup | aation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/01/2021 | Apartment Association of C | Freater Dallas-PA | AC | 2500.00 |
| | Contributor address; 5728 LBJ Frwy Suite 100 | City; Dallas, | State; Zip Code TX 75240 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date 02/23/2021 | Full name of contributor Yueh Sam Yang | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 200.00 |
| | Contributor address; 201 E Arapaho Rd | City; Richar | State: Zip Code dson, TX 75061 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | | | | |

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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 f | orm. | 1 Total pages Schedule A1: 4 of 7 |
|------------------|---|----------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (I | D#:) | 7 Amount of contribution (\$) |
| 02/08/2021 | Jim S Lake Jr | | 1000.00 |
| | 6 Contributor address; City; 1704 W Colorado Blvd Dallas, T | State; Zip Code | |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor | ID#:) | Amount of contribution (\$) |
| 01/02/2021 | Michael B Russell | | 500.00 |
| | Contributor address; City; 1065 Peach Street NE Suite 3104 Atlanta, | State; Zip Code GA 30309-3980 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor | ID#:) | Amount of contribution (\$) |
| 01/26/2021 | Jenny Hyun Joo Suh | | 1000.00 |
| | Contributor address; City; 2012 Boxwood Drive Irving, T | State; Zip Code 'X 75063-5513 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date 01/18/2021 | Full name of contributor | D#:) | Amount of contribution (\$) 250.00 |
| | Contributor address; City; 943 Liberty St Dallas, T | State: Zip Code ГХ 75204 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | | | |

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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: 5 of 7 |
|---|---|------------------|---------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | ıs. | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 01/05/2021 | Kennon L Tenison | | | 1000.00 |
| | 6 Contributor address; 4041 W Wheatland Rd | City; | State; Zip Code , TX 75237 | |
| 8 Principal occup | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 01/06/2021 | Ruby L Lewis | | | 1000.00 |
| | Contributor address; 1207 N Bishop | City; | State; Zip Code , TX 75208 | |
| Principal occup | nation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/02/2021 | Kwang Sim Chong | | | 1000.00 |
| | Contributor address; 927 Condor Dr | City; Coppe | State; Zip Code II, TX 75019 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 03/08/2021 | Full name of contributor Joan Waine | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 500.00 |
| | Contributor address; 10020 Caribou Trail | City; Dallas, | State: Zip Code TX 75238 | |
| | | | | |

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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: 6 of 7 |
|---|---|------------------|---|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkir | ıs | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/03/2021 | Full name of contributor | City; | State; Zip Code Forth, TX 76107-3657 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date 02/25/2021 | Full name of contributor david g luther jr Contributor address; 619 kessler springs dr | City; | State; Zip Code, TX 75208 | Amount of contribution (\$) 250.00 |
| Principal occup | nation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 03/01/2021 | Full name of contributor mason c brown III Contributor address; P.O. Box 29615 | out-of-state PAC | State; Zip Code TX 75229 | Amount of contribution (\$) 1000.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 02/27/2021 | Full name of contributor Veletta Forsythe Contributor address; 622 Blair Blvd | | State: Zip Code | Amount of contribution (\$) 250.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| | | | | |

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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 | s form. | 1 Total pages Schedule A1: 7 of 7 |
|------------------|---|------------------|-------------------------------|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | ns | | | |
| 4 Date | 5 Full name of contributor | ut-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 02/13/2021 | Larry Offutt | | | 100.00 |
| | | City; | State; Zip Code | |
| | 6038 Bryan Pkwy | | , TX 75206 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | ltions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 01/01/2021 | Chris Heinbaugh | | | 35.00 |
| | Contributor address; | City; | State; Zip Code | |
| | 1429 Caddo Street Suite G | - | , TX 75204 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/15/2021 | Joanna St Angelo | | | 100.00 |
| | Contributor address; 3630 Harry Hines Blvd | City; | State; Zip Code , TX 75219 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| | Contributor address; | City; | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| | | | | |

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| Th | ne Instruction Guide explains how to complete this form | 1 Total pages Schedule A2: 1 of 1 | | | |
|--------------------------|---|--------------------------------------|---------------|---------------------------|--|
| | 2 FILER NAME Mr Tennell Atkins | | | | mmission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIO | SNC | \$ | |
| 5 Date 02/01/2021 | 6 Full name of contributor □ out-of-state PAC (ID#: Chad West 7 Contributor address; City; State; 3606 S. Tyler St Dallas, TX 75224 | Zip Co |)) ode | | 9 In-kind contribution description Billboard de of Texas. Complete Schedule T. |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 | Employe | er (FOR NON-JUDICI/ | <u> </u> |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 | Contribu | itor's job title (FOR JU | DICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 | Law firm | of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| Date | Full name of contributor | Zip C | Code | Amount of Contribution \$ | In-kind contribution description |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | ı | Employe | er (FOR NON-JUDICI/ | |
| Contributor's | principal occupation (FOR JUDICIAL) | | Contribu | itor's job title (FOR JU | DICIAL)(See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | | Law firm | of contributor's spou | se (if any) (FOR JUDICIAL) |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | 1 | | | |
| | | | | | |
| | ATTACH ADDITIONAL COPIES OF 1 | THIS S | CHEDL | JLE AS NEEDED | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | outer (onter a category normalized above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/22/2021 | 5 Payee name CCP | | |
| 6 Amount (\$) 50.00 | 7 Payee address; 5534 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Printing | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/02/2021 | Payee name CCP | | |
| Amount (\$) 75.00 | Payee address; 5534 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printing | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/14/2021 | Payee name Office Depot | | |
| Amount (\$) 143.44 | Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 2 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 02/23/2021 | 5 Payee name Office Depot | | | |
| 6 Amount (\$) 44.37 | 7 Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description office supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/06/2021 | Office Depot | | | |
| Amount (\$) 98.05 | Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/08/2021 | Payee name Office Depot | | | |
| Amount (\$) 143.00 | Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 3 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/09/2021 | 5 Payee name Office Depot | | | |
| 6 Amount (\$) 34.50 | 7 Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description office supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/09/2021 | Office Depot | | | |
| Amount (\$) 197.15 | Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/21/2021 | Payee name Boston Market | | | |
| Amount (\$) 21.91 | Payee address; 735 E Pleasant Run Rd Desoto, TX 75115 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 4 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/12/2021 | 5 Payee name Baby Back Shack | | |
| 6 Amount (\$) 13.15 | 7 Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/27/2021 | Payee name Baby Back Shack | | |
| Amount (\$) 29.71 | Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | Food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/03/2021 | Payee name Baby Back Shack | | |
| Amount (\$) 40.43 | Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 5 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/08/2021 | 5 Payee name Baby Back Shack | | |
| 6 Amount (\$) 10.72 | 7 Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/26/2021 | Payee name Baby Back Shack | | |
| Amount (\$) 31.66 | Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/12/2021 | Payee name Baby Back Shack | | |
| Amount (\$) 19.00 | Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 6 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 01/06/2021 | 5 Payee name Burger King | | | |
| 6 Amount (\$) 22.80 | 7 Payee address; 2403 W Wheatland Rd Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/18/2021 | Burger King | | | |
| Amount (\$) 15.54 | Payee address; 2403 W Wheatland Rd Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/18/2021 | Payee name Cheddars | | | |
| Amount (\$) 31.68 | Payee address; 39640 LBJ Frwy Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 7 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 03/15/2021 | 5 Payee name Chilis | | | |
| 6 Amount (\$) 50.74 | 7 Payee address; 2503 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/16/2021 | Chilis | | | |
| Amount (\$) 40.57 | Payee address; 2503 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/06/2021 | Payee name Chipotle Mexican Grill | | | |
| Amount (\$) 26.25 | Payee address; 39779 LBJ Frwy Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | , |
|--|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 8 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 03/22/2021 | 5 Payee name Churchs | | | |
| 6 Amount (\$) 18.67 | 7 Payee address; 1025 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/22/2021 | Churchs | | | |
| Amount (\$) 18.67 | Payee address; 1025 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | gexpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/22/2021 | Payee name Churchs | | | |
| Amount (\$) 18.67 | Payee address; 1025 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | , |
|--|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 9 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 03/10/2021 | 5 Payee name Colters | | | |
| 6 Amount (\$) 25.76 | 7 Payee address; 3904 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/14/2021 | Colters | | | |
| Amount (\$) 24.84 | Payee address; 3904 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/14/2021 | Payee name Colters | | | |
| Amount (\$) 25.71 | Payee address; 3904 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 10 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 01/20/2021 | 5 Payee name Cowboy Chicken | | | |
| 6 Amount (\$) 52.46 | 7 Payee address; 5315 Greenville Ave Dallas, TX 75206 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/23/2021 | Cowboy Chicken | | | |
| Amount (\$) 25.98 | Payee address; 5315 Greenville Ave Dallas, TX 75206 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/14/2021 | Payee name Golden Chick | | | |
| Amount (\$) 9.44 | Payee address; 3789 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|-------------------------------------|----|
| 1 Total pages Schedule F1: 11 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filer | s) |
| 4 Date 03/20/2021 | 5 Payee name Halls Honey Fried Chicken | | | |
| 6 Amount (\$) 20.09 | 7 Payee address; 4105 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 01/02/2021 | Payee name KFC | | | |
| Amount (\$) 6.48 | Payee address; 3415 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 01/30/2021 | Payee name KFC | | | |
| Amount (\$) 9.72 | Payee address; 3415 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not | listed above) |
|--|---|-------------------------------------|----------------------------------|------------------|
| 1 Total pages Schedule F1: 12 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Con | nmission Filers) |
| 4 Date 02/05/2021 | 5 Payee name La Madeline | | | |
| 6 Amount (\$) 31.52 | 7 Payee address; 6430 N Mac Arthur BlvdIrving, TX 75239 | City; | State; Z | ip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living exper | nse |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offic | e held |
| Date 02/27/2021 | Payee name Lisa Soul Food Cafe | | | |
| Amount (\$) 59.20 | Payee address; 2550 W Redbird Lane Dallas, TX 75237 | City; | State; Z | ip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living exper | nse |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offic | e held |
| Date 02/27/2021 | Payee name Lisa Soul Food Cafe | | | |
| Amount (\$) 56.27 | Payee address; 2550 W Redbird Lane Dallas, TX 75237 | City; | State; Z | ip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living exper | nse |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offi | ce held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|--|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 13 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/05/2021 | 5 Payee name Lisa Soul Food Cafe | | | |
| 6 Amount (\$) 60.59 | 7 Payee address; 2550 W Redbird Lane Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 03/15/2021 | Lisa Soul Food Cafe | | | |
| Amount (\$) 60.87 | Payee address; 2550 W Redbird Lane Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/22/2021 | Payee name Lisa Soul Food Cafe | | | |
| Amount (\$) 30.30 | Payee address; 2550 W Redbird Lane Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THI | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|--|--|----------------------------|----------------------|
| 1 Total pages Schedule F1: 14 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/22/2021 | 5 Payee name Lubys Cafeteria | | | |
| 6 Amount (\$) 34.82 | 7 Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 03/03/2021 | Lubys Cafeteria | | | |
| Amount (\$) 40.24 | Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/11/2021 | Payee name Lubys Cafeteria | | | |
| Amount (\$) 22.55 | Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|----------------------------|----------------------|
| 1 Total pages Schedule F1: 15 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/13/2021 | 5 Payee name Lubys Cafeteria | | | |
| 6 Amount (\$) 25.51 | 7 Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 03/16/2021 | Lubys Cafeteria | | | |
| Amount (\$) 12.55 | Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/16/2021 | Payee name McDonalds | | | |
| Amount (\$) 21.27 | Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | · |

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 Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a categor | ry not listed above) |
|--|---|-------------------------------------|----------------------------|----------------------|
| Total pages Schedule F1: 16 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 9 Date 01/16/2021 | 5 Payee name McDonalds | - | | |
| 6 Amount (\$) 21.27 | 7 Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date 01/16/2021 | Payee name McDonalds | | | |
| Amount (\$) 21.27 | Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date 02/11/2021 | Payee name McDonalds | | | |
| Amount (\$) 9.84 | Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|--|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 17 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/22/2021 | 5 Payee name McDonalds | | | |
| 6 Amount (\$) 16.84 | 7 Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 03/17/2021 | McDonalds | | | |
| Amount (\$) 19.11 | Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/13/2021 | Payee name Ojeda Family Rest. | | | |
| Amount (\$) 33.55 | Payee address; 2109 N Hampton Desoto, TX 75115 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 18 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/25/2021 | 5 Payee name Ojeda Family Rest. | | | |
| 6 Amount (\$) 45.74 | 7 Payee address; 2109 N Hampton Desoto, TX 75115 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/20/2021 | Outback | | | |
| Amount (\$) 56.25 | Payee address; 1101 N I-35 E Desoto, TX 75115 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/17/2021 | Payee name Pizza Hut | | | |
| Amount (\$) 14.86 | Payee address; 1450 N Pleasant Run Rd Lancaster, TX 75146 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-------------------------------------|---------|
| 1 Total pages Schedule F1: 19 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date 01/02/2021 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 500.00 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 01/31/2021 | Sams Club | | | |
| Amount (\$) 194.69 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 02/06/2021 | Payee name Sams Club | | | |
| Amount (\$) 185.63 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|--|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 20 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/13/2021 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 241.45 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 01/15/2021 | Saltgrass | | | |
| Amount (\$) 96.34 | Payee address; 747 N Hwy 67 Cedar Hill, TX 75104 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/15/2021 | Payee name Saltgrass | | | |
| Amount (\$) 96.34 | Payee address; 747 N Hwy 67 Cedar Hill, TX 75104 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (effici a category not listed above) | |
|---|---|-------------------------------------|--|--|
| 1 Total pages Schedule F1: 21 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/09/2021 | 5 Payee name South Dallas Cafe | | | |
| 6 Amount (\$) 63.27 | 7 Payee address; 7035 Marvin D Love Fwpallas, TX 75237 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 03/11/2021 | Payee name South Dallas Cafe | | | |
| Amount (\$) 22.18 | Payee address; 7035 Marvin D Love Fwpallas, TX 75237 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 03/19/2021 | Payee name South Dallas Cafe | | | |
| Amount (\$) 52.47 | Payee address; 7035 Marvin D Love Fwpallas, TX 75237 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , , | |
|--|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 22 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 01/09/2021 | 5 Payee name Soulmans BBQ | | | |
| 6 Amount (\$) 63.27 | 7 Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/11/2021 | Soulmans BBQ | | | |
| Amount (\$) 19.20 | Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/02/2021 | Payee name Soulmans BBQ | | | |
| Amount (\$) 17.48 | Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 23 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/11/2021 | 5 Payee name Soulmans BBQ | | |
| 6 Amount (\$) 22.18 | 7 Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/11/2021 | Soulmans BBQ | | |
| Amount (\$) 22.18 | Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/15/2021 | Payee name Soulmans BBQ | | |
| Amount (\$) 18.34 | Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , , | |
|--|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 24 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/19/2021 | 5 Payee name Soulmans BBQ | | | |
| 6 Amount (\$) 52.47 | 7 Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | ı expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/13/2021 | Payee name Taco Casa | | | |
| Amount (\$) 22.23 | Payee address; 8155 R L Thornton FrwyDallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/16/2021 | Payee name Wendys | | | |
| Amount (\$) 19.76 | Payee address; 2828 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|-------------------------------------|-----|
| 1 Total pages Schedule F1: 25 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission File | rs) |
| 4 Date 03/16/2021 | 5 Payee name Wendys | | | |
| 6 Amount (\$) 26.36 | 7 Payee address; 2828 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 03/19/2021 | Wendys | | | |
| Amount (\$) 22.15 | Payee address; 2828 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought | Office held | |
| Date 01/06/2021 | Payee name Walmart | | | |
| Amount (\$) 196.44 | Payee address; 150 N I-35 E Lancaster, TX 75146 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|--|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 26 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/18/2021 | 5 Payee name Texaco | | | |
| 6 Amount (\$) 38.61 | 7 Payee address; 5909 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description fuel | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office hell Council District 8 | | |
| Date 01/01/2021 | Payee name Sams Club | | | |
| Amount (\$) 29.50 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/14/2021 | Payee name Sams Club | | | |
| Amount (\$) 28.51 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 27 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 01/02/2021 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 22.45 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description fuel | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date 01/31/2021 | Payee name Sams Club | | | |
| Amount (\$) 29.01 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date 03/20/2021 | Payee name Sams Club | | | |
| Amount (\$) 40.72 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|-----------------------------------|------------------|
| 1 Total pages Schedule F1: 28 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Com | nmission Filers) |
| 4 Date 01/01/2021 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 35.72 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Z | ip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description fuel | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living exper | ise |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date 02/12/2021 | Payee name Sams Club | | | |
| Amount (\$) 36.45 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Z | ip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living exper | ise |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offic | e held |
| Date 02/16/2021 | Payee name Sams Club | | | |
| Amount (\$) 17.10 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Z | ip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expen | se |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offic | ce held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 29 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 02/23/2021 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 36.06 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description fuel | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date 03/01/2021 | Payee name Sams Club | | | |
| Amount (\$) 43.59 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/01/2021 | Payee name Sams Club | | | |
| Amount (\$) 31.92 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|-------------------------------|--------------------|
| 1 Total pages Schedule F1: 30 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 03/01/2021 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 40.17 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description fuel | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living e | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date 03/09/2021 | Payee name Sams Club | | | |
| Amount (\$) 42.71 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living e | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | C | Office held |
| Date 03/16/2021 | Payee name Sams Club | | | |
| Amount (\$) 37.19 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living e | xpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|---|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 31 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/11/2021 | 5 Payee name USPS | | |
| 6 Amount (\$) 146.00 | 7 Payee address; 55213 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/01/2021 | Extra Space Storage | | |
| Amount (\$) 261.00 | Payee address; 39050 LBJ Frwy Dallas, TX 75232 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Storage rental | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/01/2021 | Payee name Extra Space Storage | | |
| Amount (\$) 261.00 | Payee address; 39050 LBJ Frwy Dallas, TX 75232 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Storage rental | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|----------------------------|----------------------|
| Total pages Schedule F1: 32 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/12/2021 | 5 Payee name Home Depot | | | |
| 6 Amount (\$) 60.56 | 7 Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description office supplies | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | | n, TX, officeholder living | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/12/2021 | Office Depot | | | |
| Amount (\$) 17.26 | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date 03/13/2021 | Payee name Home Depot | | | |
| Amount (\$) 137.91 | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Office Overhead/Rental Expense | office supplies | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|---|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 33 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/13/2021 | 5 Payee name Home Depot | | | |
| 6 Amount (\$) 76.20 | 7 Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description office supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 03/16/2021 | Home Depot | | | |
| Amount (\$) 74.56 | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/22/2021 | Payee name Home Depot | | | |
| Amount (\$) 229.70 | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|--|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 34 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/22/2021 | 5 Payee name Home Depot | | | |
| 6 Amount (\$) 229.70 | 7 Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description office supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/06/2021 | Home Depot | | | |
| Amount (\$) 179.97 | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/15/2021 | Payee name MMS Company Ad Specialties, LLC | | | |
| Amount (\$) 1995.00 | Payee address; 217 N I-35 E Desoto, TX 75115 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Yard Signs | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|--|---------------------------------------|--|
| 1 Total pages Schedule F1: 35 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 03/15/2021 | 5 Payee name MMS Company Ad Specialties, LLC | | | |
| 6 Amount (\$) 1027.75 | 7 Payee address; 217 N I-35 E Desoto, TX 75115 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description T Shirts | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 01/01/2021 | Reilly Echols Printing, Inc | | | |
| Amount (\$) 1839.17 | Payee address; 1710 S Harwood Dallas, TX 75215 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Printing Expense | printing | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 01/02/2021 | Payee name M & M Advertising | | | |
| Amount (\$) 1800.00 | Payee address; P.O. Box 1418 Desoto, TX 75115 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Outdoor advertising | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 36 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 01/05/2021 | 5 Payee name Master-Mark Advertising Agency | | | |
| 6 Amount (\$) 300.00 | 7 Payee address; P.O. Box 1341 Desoto, TX 75115 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Paper posters | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 02/13/2021 | Payee name CCP | | | |
| Amount (\$) 19.08 | Payee address; 5534 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Printing Expense | printing | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/18/2021 | Payee name CCP | | | |
| Amount (\$) 40.00 | Payee address; 5534 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description printing | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|--|--|----------------------------|----------------------|
| 1 Total pages Schedule F1: 37 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/01/2021 | 5 Payee name CCP | | | |
| 6 Amount (\$) 75.00 | 7 Payee address; 5534 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description printing | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 01/15/2021 | Tajuan Brewster | | | |
| Amount (\$) 80.00 | Payee address; 716 Paula Court Mesquite, TX 75149 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/25/2021 | Payee name Tajuan Brewster | | | |
| Amount (\$) 80.00 | Payee address; 716 Paula Court Mesquite, TX 75149 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| oreal card aymen | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 38 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/15/2021 | 5 Payee name Lakisha Gaudy | | |
| 6 Amount (\$) 80.00 | 7 Payee address; 716 Paula Court Mesquite, TX 75149 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description employee pay | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/25/2021 | Payee name Lakisha Gaudy | | |
| Amount (\$) 80.00 | Payee address; 716 Paula Court Mesquite, TX 75149 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/15/2021 | Payee name Gail Turner | | |
| Amount (\$) 290.00 | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 39 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 01/25/2021 | 5 Payee name Gail Turner | | | |
| 6 Amount (\$) 210.00 | 7 Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description employee pay | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/30/2021 | Payee name Gai Turner | | | |
| Amount (\$) 185.00 | Payee address; 524 Sumac Place Desoto, TX 75115 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/09/2021 | Payee name Cheryle Washington | | | |
| Amount (\$) 200.00 | Payee address; 2310 N Henderson Ave Dallas, TX 75206 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | <u> </u> |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|--------------------------------|--------------------|
| 1 Total pages Schedule F1: 40 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics C | Commission Filers) |
| 4 Date 01/25/2021 | 5 Payee name Cheryle Washington | | | |
| 6 Amount (\$) 360.00 | 7 Payee address; 2310 N Henderson Ave Dallas, TX 75206 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description employee pay | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living ex | kpense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | 0 | ffice held |
| Date 02/25/2021 | Payee name | | | |
| 02/25/2021 | Cheryle Washington | | | |
| Amount (\$) 170.00 | Payee address; 2310 N Henderson Ave Dallas, TX 75206 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living ex | kpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | 0 | ffice held |
| Date 01/25/2021 | Payee name Lucy Cain | | | |
| Amount (\$) 250.00 | Payee address; 4312 Spring St Dallas, TX 75241 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | C | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

| | The instruction durac explains now to | complete tina form. | | |
|--|--|-------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 41 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 02/05/2021 | 5 Payee name Lucy Cain | | | |
| 6 Amount (\$) 240.00 | 7 Payee address; 4312 Spring St Dallas, TX 75241 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/09/2021 | Lucy Cain | | | |
| Amount (\$) 280.00 | Payee address; 4312 Spring St Dallas, TX 75241 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/25/2021 | Payee name Elite News | | | |
| Amount (\$) 1000.00 | Payee address; 4347 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | advertising | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|------------------------------------|-----------------|
| 1 Total pages Schedule F1: 42 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Comm | nission Filers) |
| 4 Date 02/08/2021 | 5 Payee name Zach Ballard | | | |
| 6 Amount (\$) 320.00 | 7 Payee address; 4201 Bunker Hill Garland, TX 75042 | City; | State; Zip | Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description consulting | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense | e |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| Date | Payee name | | | |
| 01/08/2021 | Zach Ballard | | | |
| Amount (\$) 750.00 | Payee address; 4201 Bunker Hill Garland, TX 75042 | City; | State; Zip | Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Consulting Expense | consulting | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense | ÷ |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| Date 02/13/2021 | Payee name Texas Democratic Party | | | |
| Amount (\$) 550.00 | Payee address; 1106 Lavaca Suite 100 Austin, TX 78701 | City; | State; Zip | Code |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) Fees | Description Voter Account Phone | List | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | • |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|--|--|----------------------------|----------------------|
| 1 Total pages Schedule F1: 43 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/10/2021 | 5 Payee name Democracy Toolbox | | | |
| 6 Amount (\$) 2000.00 | 7 Payee address; 8552 Royal County Dow MDKinn ey, TX 75070 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description consulting | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 01/02/2021 | Big Bang Endeavors | | | |
| Amount (\$) 600.00 | Payee address; 103 NW 14th St Grand Prairie, TX 75050 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Push card | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/03/2021 | Payee name Big Bang Endeavors | | | |
| Amount (\$) 340.99 | Payee address; 103 NW 14th St Grand Prairie, TX 75050 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description printing | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | , |
|---|---|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 44 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 01/01/2021 | 5 Payee name The Order Desk | | | |
| 6 Amount (\$) 691.59 | 7 Payee address; 9840 Monroe Dr Suite 1⊕allas, TX 75220 | City; | State; | Zip Code |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description mailing | | |
| OF EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date | Payee name | | | |
| 01/01/2021 | Phone Burner | | | |
| Amount (\$) 596.00 | Payee address; 1968 S Coast Hwy Suite L806 an Beach, CA 92651 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | C | Office held |
| Date 02/07/2021 | Payee name Phone Burner | | | |
| Amount (\$) 298.00 | Payee address; 1968 S Coast Hwy Suite L800 an Beach, CA 92651 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 45 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/07/2021 | 5 Payee name Phone Burner | | | |
| 6 Amount (\$) 298.00 | 7 Payee address; 19638 S Coast Hwy Suit ៤.ឯ ឱ្ 06 n Beach, CA 92651 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description phone | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/09/2021 | Payee name ATT | | | |
| Amount (\$) 369.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/21/2021 | Payee name ATT | | | |
| Amount (\$) 411.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 46 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/09/2021 | 5 Payee name ATT | | | |
| 6 Amount (\$) 360.00 | 7 Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description phone | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/01/2021 | Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/01/2021 | Payee name Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description rent | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 47 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/01/2021 | 5 Payee name Jefferson Monument | | | |
| 6 Amount (\$) 350.00 | 7 Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description rent | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | 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 | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| Complete ONLY 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 | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, 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 | S SCHEDULE AS NEE | EDED | |

City Secretary's Office

| | (214)670-3738 |
|--|------------------|
| FORI Cover Shee | MSR |
| 2. Total Pages Filed: 56 | |
| 3. Office Held | |
| c 15th day after campa treasurer appointment (officeholder only) c Final Report | |
| | |
| General c Spec | ial X N/A |
| LESS (OTHER THAN SS ITEMIZED | \$0.00 |
| OANS) | \$ 0.00 |
| LESS, UNLESS ITEMIZED | \$ 0.00 |
| | \$ 0.00 |
| (OTHER THAN PLEDGES ED | \$0.00 |
| LOANS) | \$ 19,585.00 |
| UNLESS ITEMIZED | \$ 0.00 |
| | \$ 25,464.16 |
| BUTIONS USED FOR ERIOD | \$0.00 |
| jury, that the accompany rmation required to be re | |
| CERTIFIED*** r Officeholder | |
| , this the19th | day |
| | |

| Supplement Officeholder | tal Report | | FOR Cover She | MSR etSR | |
|---|------------------------------|--|---|------------------|--|
| 1. CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST MI Tennell | 2. Total Pages Filed: 56 | | |
| | NICKNAME | LAST SUFFIX Atkins | 3. Office Held | | |
| 4. SUPPLEMENTAL REPORT TYPE | c January 15 | 30th day before election c Runoffc 8th day before election c Exceeded \$500 | c 15th day after camp treasurer appointme (officeholder only) c Final Report | | |
| 5. PERIOD / | 3 34,7 10 | limit | - Tind Report | | |
| COVERED | | 1/1/2021 THROUGH 3/22/2021 | | | |
| 6. ELECTION | Month Day Year | c Primary c Runoff c C | General c Spe | cial 🐰 N/A | |
| 7. OFFICE- HOLDER | CONTRIBUTION TOTALS | 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LE PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS | • | \$0.00 | |
| | | 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA | ANS) | \$0.00 | |
| | EXPENDITURE | 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LE | \$0.00 | | |
| | TOTALS | 4. TOTAL OFFICEHOLDER EXPENDITURES | | \$ 0.00 | |
| 8. POLITICAL | CONTRIBUTION TOTALS | 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | \$0.00 | |
| (Campaign) | | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | OANS) | \$ 19,585.00 | |
| | EXPENDITURE TOTALS | 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS U | NLESS ITEMIZED | \$ 0.00 | |
| | TOTALS | 8. TOTAL POLITICAL EXPENDITURES | | \$ 25,464.16 | |
| 9. OFFICEHOLDER FUN FOR CAMPAIGN PUR | | 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIB CAMPAIGN EXPEND TURES DURING THE REPORTING PER | | \$ 0.00 | |
| 10. AFFIDAVIT | | I swear, or affirm, under penalty of perju is true and correct and includes all inforr me under Title 15, Election code. | nation required to be r | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | ***ELECTRONICALLY CERTIFIED*** | | | |
| | | Signature of Candidate or | Officeholder | | |
| Sworn to and subscribed | before me, by the said Mr To | ennell Atkins, | this the19th | day | |
| of, 2 | 0_23, to certify which | witness my hand and seal of office. | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of officer add | ministering oath | |

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 7 |
|---|---|------------------|-----------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkir | ıs | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 01/01/2021 | AECOM PAC | | | 1000.00 |
| Campaign Contribution | 6 Contributor address; 2000 K Street Suite 800 | City; Washii | State; Zip Code ngton, DC 20008 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 02/25/2021 | Yueh Sam Yang | | | 200.00 |
| Campaign Contribution | Contributor address; 201 E Arapaho Rd | City; | State; Zip Code dson, TX 75081 | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 02/25/2021 | Eric Chao-Han Ko | | | 250.00 |
| Campaign Contribution | Contributor address; 5916 Crownover Court | Citv: | State; Zip Code TX 75093 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date 02/25/2021 | Full name of contributor Helene YC Lee | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 200.00 |
| Campaign Contribution | Contributor address: 1417 Chesterton Dr | City; Richar | State: Zip Code dson, TX 75080 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 7 |
|--------------------------|--|----------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atki | ns | | |
| 4 Date | 5 Full name of contributor out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 03/11/2021 | Metroplex Association of Realtors, Inc. | | 2500.00 |
| Campaign Contribution | 6 Contributor address; City; 8201 N Stemmons Frwy Dallas, | State; Zip Code TX 75247 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructi | ons) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 03/16/2021 | Simmie Cooper | | 1000.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code "X 75024 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 03/16/2021 | Mohamad Akhavizadeh | | 1000.00 |
| Campaign Contribution | Contributor address; City; 9400 N Central Expressway Suite 47Dallas, | State; Zip Code TX 75231 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date 03/16/2021 | Full name of contributor | (ID#:) | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; 4552 Hitching Post Lane Plano, T | State: Zip Code 'X 75024-2144 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 7 |
|--|---|------------------|-----------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atki | ns | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/08/2021 | 5 Full name of contributor Alfred Herron | | (ID#:) | 7 Amount of contribution (\$) 250.00 |
| Campaign Contribution | 6 Contributor address; 1221 Bar Harbor | City; Dallas, | State; Zip Code TX 75232 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date 01/02/2021 | Full name of contributor eddie reeves | _ | (ID#:) | Amount of contribution (\$) 250.00 |
| Campaign Contribution | Contributor address; 9438 spring hollow dr | City; Dallas, | State; Zip Code TX 75243 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 03/01/2021 | Full name of contributor Apartment Association of Grea | out-of-state PAC | | Amount of contribution (\$) 2500.00 |
| Campaign Contribution | Contributor address; 5728 LBJ Frwy Suite 100 | City; Dallas, | State; Zip Code TX 75240 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 02/23/2021 | Yueh Sam Yang | | : (ID#:) | Amount of contribution $(\$)$ 200.00 |
| Campaign Contribution | Contributor address; 201 E Arapaho Rd | City; Richard | State: Zip Code dson, TX 75061 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 fo | orm. | 1 Total pages Schedule A1: 4 of 7 |
|--------------------------|---|----------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkii | as | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (I | D#:) | 7 Amount of contribution (\$) |
| 02/08/2021 | Jim S Lake Jr | | 1000.00 |
| Campaign Contribution | 6 Contributor address; City; 1704 W Colorado Blvd Dallas, T | State; Zip Code | |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | - | D#:) | Amount of contribution (\$) |
| 01/02/2021 | Michael B Russell | | 500.00 |
| Campaign Contribution | Contributor address; City; 1065 Peach Street NE Suite 3104 Atlanta, 6 | State; Zip Code GA 30309-3980 | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC (II | D#:) | Amount of contribution (\$) |
| 01/26/2021 | Jenny Hyun Joo Suh | | 1000.00 |
| Campaign Contribution | Contributor address; City; 2012 Boxwood Drive Irving, T | State; Zip Code 'X 75063-5513 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date 01/18/2021 | Full name of contributor out-of-state PAC (II Mary Suhm | D#:) | Amount of contribution (\$) 250.00 |
| Campaign Contribution | Contributor address; City; 943 Liberty St Dallas, T | State: Zip Code X 75204 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | | | |

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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: 5 of 7 |
|---|---|------------------|---------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | | | | 3 Filer ID (Ethics Commission Filers) |
| | | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 01/05/2021 | Kennon L Tenison | | | 1000.00 |
| Campaign Contribution | 6 Contributor address; 4041 W Wheatland Rd | City; Dallas, | State; Zip Code TX 75237 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 01/06/2021 | Ruby L Lewis | | | 1000.00 |
| Campaign Contribution | Contributor address; 1207 N Bishop | City; Dallas, | State; Zip Code TX 75208 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/02/2021 | Kwang Sim Chong | | | 1000.00 |
| Campaign Contribution | Contributor address; 927 Condor Dr | City; Coppe | State; Zip Code II, TX 75019 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 03/08/2021 | Full name of contributor Joan Waine | out-of-state PAC | (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; 10020 Caribou Trail | City; Dallas, | State: Zip Code TX 75238 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 6 of 7 |
|--------------------------|--|------------------|---|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 03/03/2021 | Arnold Gachman | | | 250.00 |
| Campaign Contribution | 6 Contributor address; 1229 Shady Oaks Ln | City; Fort W | State; Zip Code Yorth, TX 76107-3657 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 02/25/2021 | david g luther jr | | | 250.00 |
| Campaign Contribution | Contributor address; 619 kessler springs dr | City; | State; Zip Code TX 75208 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | cions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/01/2021 | mason c brown III | | | 1000.00 |
| Campaign Contribution | Contributor address; P.O. Box 29615 | City; Dallas, | State; Zip Code TX 75229 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 02/27/2021 | Full name of contributor Veletta Forsythe | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) 250.00 |
| Campaign Contribution | Contributor address; 622 Blair Blvd | City; Dallas, | State: Zip Code TX 75223 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 7 of 7 |
|--------------------------|---|------------------|-----------------------------|--|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | as | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | : (ID#:) | 7 Amount of contribution (\$) |
| 02/13/2021 | Larry Offutt | | | 100.00 |
| Campaign Contribution | 6 Contributor address; 6038 Bryan Pkwy | City; Dallas, | State; Zip Code TX 75206 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 01/01/2021 | Chris Heinbaugh | | | 35.00 |
| Campaign Contribution | Contributor address; 1429 Caddo Street Suite G | City; | State; Zip Code TX 75204 | |
| Principal occup | nation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 03/15/2021 | Joanna St Angelo | | | 100.00 |
| Campaign Contribution | Contributor address; 3630 Harry Hines Blvd | City; Dallas, | State; Zip Code TX 75219 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| | Contributor address; | City; | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| Th | ne Instruction Guide explains how to complete this form | m. | | 1 Total pages Schedu 1 of 1 | |
|---|---|-----------|---------------|--|--|
| 2 FILER NAMI Mr Tennell Atk | | | | 3 Filer ID (Ethics Co | mmission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIO | ONS | \$ | |
| 5 Date 02/01/2021 Campaign Contribution | 6 Full name of contributor □ out-of-state PAC (ID#: Chad West 7 Contributor address; City; State; 3606 S. Tyler St Dallas, TX 75224 | Zip Co |) ode | | 9 In-kind contribution description Billboard |
| 10 Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 | Employe | r (FOR NON-JUDICIA | AL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 (| Contribu | tor's job title (FOR JU | DICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 l | _aw firm | of contributor's spous | se (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| Date | Full name of contributor | Zip C |)) ode | Amount of Contribution \$ Check if travel outside | In-kind contribution description |
| Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | E | Employe | r (FOR NON-JUDICIA | AL)(See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | (| Contribu | tor's job title (FOR JU | DICIAL) (See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | ı | _aw firm | of contributor's spous | se (if any) (FOR JUDICIAL) |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | | | | | |
| | ATTACH ADDITIONAL COPIES OF 1 | THIS S | CHEDU | LE AS NEEDED | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries The Instruction Guide explains how to | Wages/Contract Labor complete this form. | Other (enter a category not listed above) | |
|--|---|--|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/22/2021 | 5 Payee name CCP | | | |
| 6 Amount (\$) 50.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 5534 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Printing | | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 02/02/2021 | Payee name CCP | | | |
| Amount (\$) 75.00 Campaign Funds for Campaign Expenditures | Payee address; 5534 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printing | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 01/14/2021 | Office Depot | | | |
| Amount (\$) 143.44 Campaign Funds for Campaign Expenditures | Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | oursi (orner a sategor | y |
|--|--|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 2 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | <u> </u> | |
| 02/23/2021 | Office Depot | | | |
| 6 Amount (\$) 44.37 Campaign Funds for Campaign Expenditures | 7 Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | 1000 | | | Office held |
| Date | Payee name | | | |
| 02/06/2021 | Office Depot | | | |
| Amount (\$) 98.05 Campaign Funds for Campaign Expenditures | Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; | Zip Code |
| Cumpuign Emperioreures | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date | Payee name | | | |
| 02/08/2021 | Office Depot | | | |
| Amount (\$) 143.00 Campaign Funds for Campaign Expenditures | Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | outer (enter a category nethoda azovo) | | |
|--|---|-------------------------------------|--|---|--|
| 1 Total pages Schedule F1: 3 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers |) | |
| 4 Date | 5 Payee name | | | | |
| 03/09/2021 | Office Depot | | | | |
| 6 Amount (\$) 34.50 Campaign Funds for Campaign Expenditures | 7 Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; Zip Code | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| Date | Payee name | | | | |
| 03/09/2021 | Office Depot | | | | |
| Amount (\$) 197.15 Campaign Funds for Campaign Expenditures | Payee address; 39718 LBJ Frwy Dallas, TX 75232 | City; | State; Zip Code | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| Date | Payee name | | | | |
| 03/21/2021 | Boston Market | | | | |
| Amount (\$) 21.91 Campaign Funds for Campaign Expenditures | Payee address; 735 E Pleasant Run Rd Desoto, TX 75115 | City; | State; Zip Code | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | Food | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | | |
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| 1 Total pages Schedule F1: 4 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) | |
| 4 Date | 5 Payee name | | | | |
| 01/12/2021 | Baby Back Shack | | | | |
| 6 Amount (\$) 13.15 Campaign Funds for Campaign Expenditures | 7 Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; | Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | Food | | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| Date | Payee name | | | | |
| 01/27/2021 | Baby Back Shack | | | | |
| Amount (\$) 29.71 | Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | Food | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| B : 1 | Davis a name | | | | |
| Date | Payee name | | | | |
| 02/03/2021 | Baby Back Shack | | | | |
| Amount (\$) 40.43 | Payee address; | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | 1800 S Akard St Dallas, TX 75215 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF | Food/Beverage Expense | Food | | | |
| EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 5 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/08/2021 | Baby Back Shack | | |
| 6 Amount (\$) 10.72 Campaign Funds for | 7 Payee address; 1800 S Akard St Dallas, TX 75215 | City; | State; Zip Code |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Food/Beverage Expense | Food | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/26/2021 | Baby Back Shack | | |
| Amount (\$) 31.66 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1800 S Akard St Dallas, TX 75215 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/12/2021 | Baby Back Shack | | |
| Amount (\$) 19.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for | 1800 S Akard St Dallas, TX 75215 | | |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | :DED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | | |
|--|--|---|----------------------------|----------------------|--|
| 1 Total pages Schedule F1: 6 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) | |
| 4 Date | 5 Payee name | | | | |
| 01/06/2021 | Burger King | | | | |
| 6 Amount (\$) 22.80 Campaign Funds for Campaign Expenditures | 7 Payee address; 2403 W Wheatland Rd Dallas, TX 75232 | City; | State; | Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | ule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | | |
| Date | Payee name | | | | |
| 03/18/2021 | Burger King | | | | |
| Amount (\$) 15.54 | Payee address; 2403 W Wheatland Rd Dallas, TX 75232 | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | | Danasintia s | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | | |
| Date | Payee name | | | | |
| 02/18/2021 | Cheddars | | | | |
| Amount (\$) 31.68 | Payee address; | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | 39640 LBJ Frwy Dallas, TX 75237 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE | Food/Beverage Expense | Food | | | |
| OF EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|--|-------------------------------------|-------------------------------------|---------|
| 1 Total pages Schedule F1: 7 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Payee name | | | |
| 03/15/2021 | Chilis | | | |
| 6 Amount (\$) 50.74 Campaign Funds for Campaign Expenditures | 7 Payee address; 2503 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | e |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/16/2021 | Chilis | | | |
| Amount (\$) 40.57 | Payee address; 2503 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | € |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/06/2021 | Chipotle Mexican Grill | | | |
| Amount (\$) 26.25 | Payee address; 39779 LBJ Frwy Dallas, TX 75237 | City; | State; Zip Code | Э |
| Campaign Funds for Campaign Expenditures | Janas, IA 13231 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | | |
|--|--|--|----------------------------|----------------------|--|
| 1 Total pages Schedule F1: 8 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) | |
| 4 Date | 5 Payee name | | | | |
| 03/22/2021 | Churchs | | | | |
| 6 Amount (\$) 18.67 Campaign Funds for Campaign Expenditures | 7 Payee address; 1025 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | de of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | | |
| Date | Payee name | | | | |
| 03/22/2021 | Churchs | | | | |
| Amount (\$) 18.67 | Payee address; 1025 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | | Danasintia s | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | | |
| Date | Payee name | | | | |
| 03/22/2021 | Churchs | | | | |
| Amount (\$) 18.67 | Payee address; 1025 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF | Food/Beverage Expense | food | | | |
| EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Garer (errier a sateger | , |
|--|--|-------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 9 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 03/10/2021 | 5 Payee name Colters | | | |
| 6 Amount (\$) 25.76 Campaign Funds for Campaign Expenditures | 7 Payee address; 3904 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | , | Office held |
| Date | Payee name | | | |
| 03/14/2021 | Colters | City; | State; | Zip Code |
| Amount (\$) 24.84 Campaign Funds for Campaign Expenditures | Payee address; 3904 W Camp Wisdom Dallas, TX 75237 | Oity, | State, | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date | Payee name | | | |
| 03/14/2021 | Colters | | | |
| Amount (\$) 25.71 Campaign Funds for Campaign Expenditures | Payee address; 3904 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|----------------------------|----------------------|
| 1 Total pages Schedule F1: 10 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/20/2021 | Cowboy Chicken | | | |
| 6 Amount (\$) 52.46 Campaign Funds for Campaign Expenditures | 7 Payee address; 5315 Greenville Ave Dallas, TX 75206 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 02/23/2021 | Cowboy Chicken | | | |
| Amount (\$) 25.98 | Payee address; 5315 Greenville Ave Dallas, TX 75206 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/14/2021 | Golden Chick | | | |
| Amount (\$) 9.44 | Payee address; 3789 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 3769 W Camp Wisdom Danas, 1A 73237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Food/Beverage Expense | food | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | outer (enter a satisge | , , |
|--|--|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 11 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | <u> </u> | |
| 03/20/2021 | Halls Honey Fried Chicken | | | |
| 6 Amount (\$) 20.09 Campaign Funds for Campaign Expenditures | 7 Payee address; 4105 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/02/2021 | KFC | | | |
| Amount (\$) 6.48 Campaign Funds for Campaign Expenditures | Payee address; 3415 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| 1 0 1 | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/30/2021 | KFC | | | |
| Amount (\$) 9.72 Campaign Funds for Campaign Expenditures | Payee address; 3415 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | | |
|--|--|--|----------------------------|----------------------|--|
| 1 Total pages Schedule F1: 12 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) | |
| 4 Date | 5 Payee name | | | | |
| 02/05/2021 | La Madeline | | | | |
| 6 Amount (\$) 31.52 Campaign Funds for Campaign Expenditures | 7 Payee address; 6430 N Mac Arthur BlvdIrving, TX 75239 | City; | State; | Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | dule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | | |
| Date | Payee name | | | | |
| 02/27/2021 | Lisa Soul Food Cafe | | | | |
| Amount (\$) 59.20 | Payee address; 2550 W Redbird Lane Dallas, TX 75237 | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | | |
| Date | Payee name | | | | |
| 02/27/2021 | Lisa Soul Food Cafe | | | | |
| Amount (\$) 56.27 | Payee address; | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | 2550 W Redbird Lane Dallas, TX 75237 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE | Food/Beverage Expense | food | | | |
| OF EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|-------------------------------------|------------|
| 1 Total pages Schedule F1: 13 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission | on Filers) |
| 4 Date | 5 Payee name | | I | |
| 03/05/2021 | Lisa Soul Food Cafe | | | |
| 6 Amount (\$) 60.59 Campaign Funds for Campaign Expenditures | 7 Payee address; 2550 W Redbird Lane Dallas, TX 75237 | City; | State; Zip Cod | de |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | d |
| Date | Payee name | | | |
| 03/15/2021 | Lisa Soul Food Cafe | | | |
| Amount (\$) 60.87 | Payee address; 2550 W Redbird Lane Dallas, TX 75237 | City; | State; Zip Coo | de |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | t |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/22/2021 | Lisa Soul Food Cafe | | | |
| Amount (\$) 30.30 | Payee address; | City; | State; Zip Coo | de |
| Campaign Funds for Campaign Expenditures | 2550 W Redbird Lane Dallas, TX 75237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office hel | ld |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | | |
|--|--|--|----------------------------|----------------------|--|
| 1 Total pages Schedule F1: 14 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) | |
| 4 Date | 5 Payee name | | | | |
| 03/22/2021 | Lubys Cafeteria | | | | |
| 6 Amount (\$) 34.82 Campaign Funds for Campaign Expenditures | 7 Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | dule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | | |
| Date | Payee name | | | | |
| 03/03/2021 | Lubys Cafeteria | | | | |
| Amount (\$) 40.24 | Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | 0-1 | Dan a windia sa | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | | |
| Date | Payee name | | | | |
| 03/11/2021 | Lubys Cafeteria | | | | |
| Amount (\$) 22.55 | Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | Jood & Hampton Rd Danas, 17, 13232 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF | Food/Beverage Expense | food | | | |
| EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | ours. (ones a salegory norm | 3.04 4.50 7.0) |
|--|--|-------------------------------------|-----------------------------------|-----------------|
| 1 Total pages Schedule F1: 15 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Comm | nission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/13/2021 | Lubys Cafeteria | | | |
| 6 Amount (\$) 25.51 Campaign Funds for | 7 Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; Zip |) Code |
| Campaign Expenditures 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | Food/Beverage Expense | food | | |
| OF EXPENDITURE | | | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expens | е |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| Date | Payee name | | | |
| 03/16/2021 | Lubys Cafeteria | | | |
| Amount (\$) 12.55 | Payee address; | City; | State; Zip | Code |
| Campaign Funds for Campaign Expenditures | 5600 S Hampton Rd Dallas, TX 75232 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expens | е |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| Date | Payee name | | | |
| 01/16/2021 | McDonalds | | | |
| Amount (\$) 21.27 | Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; Zip | Code |
| Campaign Funds for Campaign Expenditures | 125 W Camp Wisdom Danas, 1X 13232 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expens | e |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | e held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|----------------------------|----------------------|
| 1 Total pages Schedule F1: 16 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/16/2021 | McDonalds | | | |
| 6 Amount (\$) 21.27 Campaign Funds for Campaign Expenditures | 7 Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 01/16/2021 | McDonalds | | | |
| Amount (\$) 21.27 | Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 02/11/2021 | McDonalds | | | |
| Amount (\$) 9.84 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 125 W Camp Wisdom Dallas, TX 75232 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Food/Beverage Expense | food | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 17 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/22/2021 | McDonalds | | |
| 6 Amount (\$) 16.84 | 7 Payee address; 125 W Camp Wisdom Dallas, TX 75232 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/17/2021 | McDonalds | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 19.11 Campaign Funds for Campaign Expenditures | 125 W Camp Wisdom Dallas, TX 75232 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | Tood Beverage Expense | 1004 | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| Complete ONLY if direct expenditure to benefit C/OH | | Council District 8 | Office field |
| Date | Payee name | | |
| 01/13/2021 | Ojeda Family Rest. | | |
| Amount (\$) 33.55 | Payee address; | City; | State; Zip Code |
| Campaign Funds for | 2109 N Hampton Desoto, TX 75115 | | |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | :DED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not isseed above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 18 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/25/2021 | Ojeda Family Rest. | | |
| 6 Amount (\$) 45.74 | 7 Payee address; 2109 N Hampton Desoto, TX 75115 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/20/2021 | Outback | | |
| Amount (\$) 56.25 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1101 N I-35 E Desoto, TX 75115 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/17/2021 | Pizza Hut | | |
| Amount (\$) 14.86 | Payee address; | City; | State; Zip Code |
| Campaign Funds for | 1450 N Pleasant Run Rd Lancaster, TX 75146 | | |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | :DED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 19 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/02/2021 | Sams Club | | | |
| 6 Amount (\$) 500.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/31/2021 | Sams Club | | | |
| Amount (\$) 194.69 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | T 5 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 02/06/2021 | Sams Club | | | |
| Amount (\$) 185.63 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 w wheatland Ru Danias, 1A /323/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Food/Beverage Expense | food | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|---|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 20 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 02/13/2021 | Sams Club | | |
| 6 Amount (\$) 241.45 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/15/2021 | Saltgrass | | |
| Amount (\$) 96.34 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 747 N Hwy 67 Cedar Hill, TX 75104 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 01/15/2021 | Saltgrass | | |
| Amount (\$) 96.34 | Payee address; 747 N Hwy 67 Cedar Hill, TX 75104 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 747 IN Hwy 67 Cedair Hill, 12/3104 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 21 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/09/2021 | South Dallas Cafe | | | |
| 6 Amount (\$) 63.27 Campaign Funds for Campaign Expenditures | 7 Payee address; 7035 Marvin D Love Fwpallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/11/2021 | South Dallas Cafe | | | |
| Amount (\$) 22.18 | Payee address; 7035 Marvin D Love Fw p allas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/19/2021 | South Dallas Cafe | | | |
| Amount (\$) 52.47 | Payee address; 7035 Marvin D Love Fw : Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 7033 Marvin D Love I wyanas, 11x 13237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Food/Beverage Expense | food | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 22 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/09/2021 | Soulmans BBQ | | |
| 6 Amount (\$) 63.27 Campaign Funds for Campaign Expenditures | 7 Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/11/2021 | Soulmans BBQ | | |
| Amount (\$) 19.20 | Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 5016 5 Lancaster Rd Danas, 1A 732-1 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/02/2021 | Soulmans BBQ | | |
| Amount (\$) 17.48 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 8018 S Lancaster Rd Dallas, TX 75241 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 23 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/11/2021 | Soulmans BBQ | | |
| 6 Amount (\$) 22.18 Campaign Funds for Campaign Expenditures | 7 Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/11/2021 | Soulmans BBQ | | |
| Amount (\$) 22.18 | Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/15/2021 | Soulmans BBQ | | |
| Amount (\$) 18.34 | Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | outo S Lancaster Ru Danas, 1A 73241 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 24 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/19/2021 | Soulmans BBQ | | | |
| 6 Amount (\$) 52.47 Campaign Funds for Campaign Expenditures | 7 Payee address; 8018 S Lancaster Rd Dallas, TX 75241 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/13/2021 | Taco Casa | | | |
| Amount (\$) 22.23 | Payee address; 8155 R L Thornton FrwyDallas, TX 75232 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | T 5 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 01/16/2021 | Wendys | | | |
| Amount (\$) 19.76 | Payee address; 2828 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2020 w Wheatiand Ru Danias, 1A /323/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Food/Beverage Expense | food | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 25 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/16/2021 | Wendys | | | |
| 6 Amount (\$) 26.36 Campaign Funds for Campaign Expenditures | 7 Payee address; 2828 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/19/2021 | Wendys | | | |
| Amount (\$) 22.15 | Payee address; 2828 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought | | Office held |
| Date | Payee name | | | |
| 01/06/2021 | Walmart | | | |
| Amount (\$) 196.44 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 150 N I-35 E Lancaster, TX 75146 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Food/Beverage Expense | food | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 26 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/18/2021 | Texaco | | |
| 6 Amount (\$) 38.61 Campaign Funds for Campaign Expenditures | 7 Payee address; 5909 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/01/2021 | Sams Club | | |
| Amount (\$) 29.50 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 01/14/2021 | Sams Club | | |
| Amount (\$) 28.51 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Garer (errier a satege | ., |
|--|--|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 27 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | <u> </u> | |
| 01/02/2021 | Sams Club | | | |
| 6 Amount (\$) 22.45 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/31/2021 | Sams Club | | | |
| Amount (\$) 29.01 Campaign Funds for Campaign Expenditures | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/20/2021 | Sams Club | | | |
| Amount (\$) 40.72 Campaign Funds for Campaign Expenditures | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 28 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/01/2021 | Sams Club | | |
| 6 Amount (\$) 35.72 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/12/2021 | Sams Club | | |
| Amount (\$) 36.45 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/16/2021 | Sams Club | | |
| Amount (\$) 17.10 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 29 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/23/2021 | Sams Club | | |
| 6 Amount (\$) 36.06 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/01/2021 | Sams Club | | |
| Amount (\$) 43.59 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/01/2021 | Sams Club | | |
| Amount (\$) 31.92 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 w wheatland Ru Danias, 1X /323/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|---|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 30 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 03/01/2021 | Sams Club | | |
| 6 Amount (\$) 40.17 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/09/2021 | Sams Club | | |
| Amount (\$) 42.71 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | fuel | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/16/2021 | Sams Club | | |
| Amount (\$) 37.19 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 w wheatiand Ru Danias, 1A /323/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Transportation Equipment & Related | fuel | |
| OF EXPENDITURE | Expense | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | :DED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 31 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/11/2021 | USPS | | |
| 6 Amount (\$) 146.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 55213 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/01/2021 | Extra Space Storage | | |
| Amount (\$) 261.00 | Payee address; 39050 LBJ Frwy Dallas, TX 75232 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Storage rental | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 01/01/2021 | Extra Space Storage | | |
| Amount (\$) 261.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 39050 LBJ Frwy Dallas, TX 75232 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Storage rental | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 32 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/12/2021 | Home Depot | | | |
| 6 Amount (\$) 60.56 Campaign Funds for Campaign Expenditures | 7 Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/12/2021 | Office Depot | | | |
| Amount (\$) 17.26 | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/13/2021 | Home Depot | | | |
| Amount (\$) 137.91 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2901 W Wheatland Rd Dallas, TX 75237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Office Overhead/Rental Expense | office supplies | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 33 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/13/2021 | Home Depot | | |
| 6 Amount (\$) 76.20 Campaign Funds for Campaign Expenditures | 7 Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/16/2021 | Home Depot | | |
| Amount (\$) 74.56 Campaign Funds for Campaign Expenditures | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/22/2021 | Home Depot | | |
| Amount (\$) 229.70 Campaign Funds for Campaign Expenditures | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 34 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/22/2021 | Home Depot | | | |
| 6 Amount (\$) 229.70 Campaign Funds for Campaign Expenditures | 7 Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/06/2021 | Home Depot | | | |
| Amount (\$) 179.97 | Payee address; 2901 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | office supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/15/2021 | MMS Company Ad Specialties, LLC | | | |
| Amount (\$) 1995.00 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 217 N I-35 E Desoto, TX 75115 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Advertising Expense | Yard Signs | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 35 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 03/15/2021 | MMS Company Ad Specialties, LLC | | |
| 6 Amount (\$) 1027.75 Campaign Funds for Campaign Expenditures | 7 Payee address; 217 N I-35 E Desoto, TX 75115 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | T Shirts | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/01/2021 | Reilly Echols Printing, Inc | | |
| Amount (\$) 1839.17 Campaign Funds for Campaign Expenditures | Payee address; 1710 S Harwood Dallas, TX 75215 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Printing Expense | printing | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/02/2021 | M & M Advertising | | |
| Amount (\$) 1800.00 Campaign Funds for Campaign Expenditures | Payee address; P.O. Box 1418 Desoto, TX 75115 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Outdoor advertising | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|---|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 36 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/05/2021 | Master-Mark Advertising Agency | | |
| 6 Amount (\$) 300.00 | 7 Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | P.O. Box 1341 Desoto, TX 75115 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Advertising Expense | Paper posters | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/13/2021 | ССР | | |
| Amount (\$) 19.08 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 5534 S Hampton Rd Dallas, TX 75232 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Printing Expense | printing | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/18/2021 | CCP | | |
| Amount (\$) 40.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for | 5534 S Hampton Rd Dallas, TX 75232 | | |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Printing Expense | printing | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , , , | • |
|--|--|-------------------------------------|------------------------------------|--------|
| 1 Total pages Schedule F1: 37 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Fi | ilers) |
| 4 Date 02/01/2021 | 5 Payee name CCP | - | | |
| 6 Amount (\$) 75.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 5534 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description printing | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 01/15/2021 | Tajuan Brewster | | | |
| Amount (\$) 80.00 Campaign Funds for Campaign Expenditures | Payee address; 716 Paula Court Mesquite, TX 75149 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 01/25/2021 | Tajuan Brewster | | | |
| Amount (\$) 80.00 Campaign Funds for Campaign Expenditures | Payee address; 716 Paula Court Mesquite, TX 75149 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 38 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/15/2021 | Lakisha Gaudy | | | |
| 6 Amount (\$) 80.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 716 Paula Court Mesquite, TX 75149 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/25/2021 | Lakisha Gaudy | | | |
| Amount (\$) 80.00 | Payee address; 716 Paula Court Mesquite, TX 75149 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 0-1 | Description | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/15/2021 | Gail Turner | | | |
| Amount (\$) 290.00 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 524 Sumac Place DeSoto, TX 75115 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Salaries/Wages/Contract Labor | employee pay | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|---|--|----------------------------------|---|
| 1 Total pages Schedule F1: 39 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/25/2021 | Gail Turner | | |
| 6 Amount (\$) 210.00 | 7 Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Salaries/Wages/Contract Labor | employee pay | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/30/2021 | Gai Turner | | |
| Amount (\$) 185.00 | Payee address; | City; | State; Zip Code |
| | 524 Sumac Place Desoto, TX 75115 | | |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Salaries/Wages/Contract Labor | employee pay | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/09/2021 | Cheryle Washington | | |
| Amount (\$) 200.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for | 2310 N Henderson Ave Dallas, TX 75206 | | |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Salaries/Wages/Contract Labor | employee pay | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 40 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/25/2021 | Cheryle Washington | | |
| 6 Amount (\$) 360.00 Campaign Funds for | 7 Payee address; 2310 N Henderson Ave Dallas, TX 75206 | City; | State; Zip Code |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/25/2021 | Cheryle Washington | | |
| Amount (\$) 170.00 Campaign Funds for Campaign Expenditures | Payee address; 2310 N Henderson Ave Dallas, TX 75206 | City; | State; Zip Code |
| 16 | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/25/2021 | Lucy Cain | | |
| Amount (\$) 250.00 | Payee address; 4312 Spring St Dallas, TX 75241 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Outor (error a salegor) Hornolog aporto, | |
|--|--|-------------------------------------|--|----|
| 1 Total pages Schedule F1: 41 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filer | s) |
| 4 Date | 5 Payee name | | | |
| 02/05/2021 | Lucy Cain | | | |
| 6 Amount (\$) 240.00 Campaign Funds for | 7 Payee address; 4312 Spring St Dallas, TX 75241 | City; | State; Zip Code | |
| Campaign Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/09/2021 | Lucy Cain | | | |
| Amount (\$) 280.00 | Payee address; | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 4312 Spring St Dallas, TX 75241 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | employee pay | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 01/25/2021 | Elite News | | | |
| Amount (\$) 1000.00 | Payee address; | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 4347 S Hampton Rd Dallas, TX 75232 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | advertising | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 42 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | ı | |
| 02/08/2021 | Zach Ballard | | |
| 6 Amount (\$) 320.00 | 7 Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 4201 Bunker Hill Garland, TX 75042 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Consulting Expense | consulting | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/08/2021 | Zach Ballard | | |
| Amount (\$) 750.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 4201 Bunker Hill Garland, TX 75042 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Consulting Expense | consulting | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/13/2021 | Texas Democratic Party | | |
| Amount (\$) 550.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for | 1106 Lavaca Suite 100 Austin, TX 78701 | | |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Fees | Voter Account Phone | List |
| EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , , , | , |
|--|--|-------------------------------------|-------------------------------|-------------------|
| 1 Total pages Schedule F1: 43 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics C | ommission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/10/2021 | Democracy Toolbox | | | |
| 6 Amount (\$) 2000.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 8552 Royal County Down Drive McKinney, TX 75070 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Consulting Expense | consulting | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living ex | pense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Of | ffice held |
| Date | Payee name | | | |
| 01/02/2021 | Big Bang Endeavors | | | |
| Amount (\$) 600.00 Campaign Funds for | Payee address; 103 NW 14th St Grand Prairie, TX 75050 | City; | State; | Zip Code |
| Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Push card | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Of | fice held |
| Date | Payee name | | | |
| 02/03/2021 | Big Bang Endeavors | | | |
| Amount (\$) 340.99 | Payee address; 103 NW 14th St Grand Prairie, TX 75050 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 105 TVW 14th St Offinite Traine, 174 75050 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Printing Expense | printing | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | С | office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Garor (ornor a satego | .,, |
|---|--|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 44 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/01/2021 | The Order Desk | | | |
| 6 Amount (\$) 691.59 Campaign Funds for Campaign Expenditures | 7 Payee address; 9840 Monroe Dr Suite 10⊉allas, TX 75220 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | mailing | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/01/2021 | Phone Burner | | | |
| Amount (\$) 596.00 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 1968 S Coast Hwy Suite 1806 Laquan Beach, CA 92651 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/07/2021 | Phone Burner | | | |
| Amount (\$) 298.00 | Payee address; 1968 S Coast Hwy Suite 1800 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | Laquan Beach, CA 92651 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 45 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/07/2021 | Phone Burner | | | |
| 6 Amount (\$) 298.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 19638 S Coast Hwy Suite 1806 Laquan Beach, CA 92651 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/09/2021 | ATT | | | |
| Amount (\$) 369.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | T | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 02/21/2021 | ATT | | | |
| Amount (\$) 411.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 1.0. Box 5011 Bullas, 174 73223 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Office Overhead/Rental Expense | phone | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 46 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/09/2021 | ATT | | |
| 6 Amount (\$) 360.00 Campaign Funds for Campaign Expenditures | 7 Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/01/2021 | Jefferson Monument | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | T = | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/01/2021 | Jefferson Monument | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1330 Manufacturing St. Danas, 1A /320/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 47 of 47 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/01/2021 | Jefferson Monument | | | |
| 6 Amount (\$) 350.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | ı expense |
| Complete ONLY 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 | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, 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 | S SCHEDULE AS NEE | EDED | |