

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 47								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mr</b></div> <div>FIRST <b>Tennell</b></div> <div>MI</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Atkins</b></div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <b>2717 Meadow Stone Lane</b></div> <div>APT / SUITE #;</div> <div>CITY; <b>Dallas TX 75232</b></div> <div>STATE;</div> <div>ZIP CODE</div> </div>	Date Received									
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>( 469 )</b></div> <div>PHONE NUMBER <b>417 8839</b></div> <div>EXTENSION</div> </div>	Date Hand-delivered or Date Postmarked									
<b>6</b> CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Ms</b></div> <div>FIRST <b>Velma</b></div> <div>MI</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Milliner</b></div> <div>SUFFIX</div> </div>	Receipt #	Amount \$								
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)		<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b>1407 Laura Lane</b></div> <div>APT / SUITE #;</div> <div>CITY; <b>Dallas TX 75241</b></div> <div>STATE;</div> <div>ZIP CODE</div> </div>									
<b>8</b> CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>( 214 )</b></div> <div>PHONE NUMBER <b>371 7482</b></div> <div>EXTENSION</div> </div>										
<b>9</b> REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
<b>10</b> PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  <b>04 / 25 / 2023</b> </div> <div>THROUGH</div> <div> Month      Day      Year  <b>06 / 30 / 2023</b> </div> </div>										
<b>11</b> ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE  Month      Day      Year    </div> <div style="width: 60%;"> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special    <u>Contributions</u> </div> </div>										
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <b>Council District 8</b>									
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<p><small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**15** C/OH NAME  
Mr Tennell Atkins

**16** Filer ID (Ethics Commission Filers)

**17 CONTRIBUTION  
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

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

\$ 42800.00

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 19795.87

**CONTRIBUTION  
BALANCE**

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

\$ 79901.70

**OUTSTANDING  
LOAN TOTALS**

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

\$ 0.00

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

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tennell Atkins this the 17th day of July,  
20 23, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME Mr Tennell Atkins		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 42,800.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,795.87
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 1 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelby Sanders Realty, LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code 6003 Warm Mist Lane Dallas, TX 75241	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris W Kirk Jr <hr/> Contributor address; City; State; Zip Code 5501 Gleneagles Dr Plano, TX 75093-3343	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph H Baker <hr/> Contributor address; City; State; Zip Code 112 Gail Dr Weatherford, TX 76085	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Baker <hr/> Contributor address; City; State; Zip Code 180 Gail Dr Weatherford, TX 76085	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
2 of 17

2 FILER NAME

Mr Tennell Atkins

3 Filer ID (Ethics Commission Filers)

4 Date

04/25/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dallas Firefighters Association Public Safety Committee

7 Amount of contribution (\$)

1000.00

6 Contributor address;

10956 Audella RD

City;

Dallas, TX 75243

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/25/2023

Full name of contributor

☐ out-of-state PAC (ID#: TX)

H. B. Baker

Amount of contribution (\$)

1000.00

Contributor address;

180 Gail Dr

City;

Weatherford, TX 76085

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/25/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kent R Mecklenburg

Amount of contribution (\$)

200.00

Contributor address;

801 Holden Ct

City;

Garland, TX 75044

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/25/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CWA COPE PCC

Amount of contribution (\$)

1250.00

Contributor address;

501 3rd Street NW

City;

Washington, DC 20001

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Black Firefighterts Retiree PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code P.O. Box 226983 Dallas, TX 75222	<b>7</b> Amount of contribution (\$) 500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Kemp <hr/> Contributor address; City; State; Zip Code 1624 Promontory Dr Cedar Hill, TX 75104	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven M Griggs <hr/> Contributor address; City; State; Zip Code 6440 N Central Expressway Dallas, TX 75206	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn McBee <hr/> Contributor address; City; State; Zip Code 3925 Stonebridge Drive Dallas, TX 75204	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 4 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Scovell <hr/> <b>6</b> Contributor address; City; State; Zip Code 7034 Alexander Drive Dallas, TX 75214	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Gruber <hr/> Contributor address; City; State; Zip Code 1918 Olive St Dallas, TX 75201	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENRY BILLINGSLEY <hr/> Contributor address; City; State; Zip Code 1722 ROUTH ST Suite 770 DALLAS, TX 75201	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Billingsley <hr/> Contributor address; City; State; Zip Code 1722 Routh St Dallas, TX 75201	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## 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 17
2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 06/19/2023	5 Full name of contributor Tre Black Contributor address; 751 Kessler Dri City; Dallas, TX 75208 out-of-state PAC (ID#: 6 Contributor address; 751 Kessler Dri City; Dallas, TX 75208 State; Zip Code	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor Jeff Carey Contributor address; 300 E Roand Grove Road Suite 621 City; Lewisville, TX 75067 out-of-state PAC (ID#: Amount of contribution (\$) 1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2023	Full name of contributor Garrett Boone Contributor address; 4809 Cole Ave City; Dallas, TX 75205 out-of-state PAC (ID#: Amount of contribution (\$) 1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2023	Full name of contributor Pamela Mickens Contributor address; 2741 Meadow Dawn Lane City; Dallas, TX 75237 out-of-state PAC (ID#: Amount of contribution (\$) 50.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 6 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James McCarthy <hr/> <b>6</b> Contributor address; City; State; Zip Code 2711 N Haskell Ave Dallas, TX 75204	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Dingman <hr/> Contributor address; City; State; Zip Code 13223 Glad acres dr Dallas, TX 75234	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Jenkins <hr/> Contributor address; City; State; Zip Code 516 W Main Waxahachie, TX 75165	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Mihalopoulos <hr/> Contributor address; City; State; Zip Code 4645 N Central Expressway Dallas, TX 75205	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 7 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert McClain <hr/> <b>6</b> Contributor address; City; State; Zip Code 3819 Maple Ave Dallas, TX 75219	<b>7</b> Amount of contribution (\$) 150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Whitley <hr/> Contributor address; City; State; Zip Code 181 Yorkshire Dr Heath, TX 75032	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M Kevin Bryant <hr/> Contributor address; City; State; Zip Code 4463 Brookview Dr Dallas, TX 75220	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert N Crow <hr/> Contributor address; City; State; Zip Code 4612 Watauga Rd Dallas, TX 75209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 8 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Itzel Crow <hr/> <b>6</b> Contributor address; City; State; Zip Code 4612 Watauga Rd Dallas, TX 75209	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart M Crow <hr/> Contributor address; City; State; Zip Code 6310 Mercedes Ave Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley W Crow <hr/> Contributor address; City; State; Zip Code 6310 Mercedes Ave Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George T Crow <hr/> Contributor address; City; State; Zip Code 6310 Mercedes Ave Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Giddings <hr/> <b>6</b> Contributor address; City; State; Zip Code 400 S Zang Blvd Suite 1018 Dallas, TX 75208	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas PAC <hr/> Contributor address; City; State; Zip Code 5728 LBJ Frwy Dallas, TX 75240	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Bancroft <hr/> Contributor address; City; State; Zip Code 2598 Middleton Dr Frisco, TX 75033	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy Mullikin <hr/> Contributor address; City; State; Zip Code 3412 Harvard Ave Dallas, TX 75206	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 10 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Coe Juracek <hr/> <b>6</b> Contributor address; City; State; Zip Code 11450 Saint Michaels Dallas, TX 75230	<b>7</b> Amount of contribution (\$) 150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Dodge Carter <hr/> Contributor address; City; State; Zip Code 3525 University Blvd Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Levy <hr/> Contributor address; City; State; Zip Code 5 Vista Lane Glen Head, NY 11545	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Silverthorn <hr/> Contributor address; City; State; Zip Code 2415 Grandview Dr Richardson, TX 75080	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 11 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Munding <hr/> <b>6</b> Contributor address; City; State; Zip Code 3418 Southwestern Dallas, TX 75225	<b>7</b> Amount of contribution (\$) 150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Coats <hr/> Contributor address; City; State; Zip Code 26 Ryddington Place Dallas, TX 75230	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adela R Aguinaga <hr/> Contributor address; City; State; Zip Code 3608 Granada Ave Dallas, TX 75205	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Evans <hr/> Contributor address; City; State; Zip Code P.O. Box 25251 Dallas, TX 75225	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 12 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler Construction Group LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code P.O. Box 277 Lancaster, TX 75146	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Shelton <hr/> Contributor address; City; State; Zip Code 3913 Miramar Ave Dallas, TX 75206	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E Gunby <hr/> Contributor address; City; State; Zip Code 3209 Colgate Ave Dallas, TX 75225	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX DELVA J KING <hr/> Contributor address; City; State; Zip Code 1243 W PLEASANT RUN RD DESOTO, TX 75115	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Ku ..... <b>6</b> Contributor address; City; State; Zip Code 148 Red Oak Lane Suite 148 Flower Mound, TX 75028	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Williams ..... Contributor address; City; State; Zip Code 4819 Carmel Pl Colleyville, TX 76034	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Offutt ..... Contributor address; City; State; Zip Code 6038 Bryan Parkway Dallas, TX 75206	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert A Gears ..... Contributor address; City; State; Zip Code 555 Promenade Pkwy Suite 212 Irving, TX 75039	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 14 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/21/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Proctor <hr/> <b>6</b> Contributor address; City; State; Zip Code P.O. Box 765129 Dallas, TX 75376	<b>7</b> Amount of contribution (\$) 500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Trout <hr/> Contributor address; City; State; Zip Code 515 Cox Hollow Road Dover, TN 37058	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Barnes <hr/> Contributor address; City; State; Zip Code 5171 Joy Lane Dallas, TX 75241	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Schenkel <hr/> Contributor address; City; State; Zip Code 614 N Bishop Suite 3 Dallas, TX 75206	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 15 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs Vaughn Thompson <hr/> <b>6</b> Contributor address; City; State; Zip Code P.O. Box 561527 Dallas, TX 75356-1527	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Schubert <hr/> Contributor address; City; State; Zip Code 4560 Lorraine Ave Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HBA of Greater Dallas HOME PAC <hr/> Contributor address; City; State; Zip Code 5816 W. Plano Pkwy. Plano, TX 75093	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland G Parrish <hr/> Contributor address; City; State; Zip Code 1256 Regents Park Court Desoto, TX 75115	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 16 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland and Jewel K. Parrish <hr/> <b>6</b> Contributor address; City; State; Zip Code 1256 Regents Park Court DeSoto, TX 75115	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert L Walsh <hr/> Contributor address; City; State; Zip Code 731 S. RL Thornton Fwy. Dallas, TX 75203	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evalynn A Williams <hr/> Contributor address; City; State; Zip Code 1104 Shadow Wood Trl DeSoto, TX 75115	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie and Rose Bewley <hr/> Contributor address; City; State; Zip Code 2515 Irving Blvd. Dallas, TX 75207	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 17 of 17
<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy J Cain <hr/> <b>6</b> Contributor address; City; State; Zip Code 4308 Spring Ave Dallas, TX 75240	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 1 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/01/2023	<b>5</b> Payee name Jefferson Monument	
<b>6</b> Amount (\$) 725.00	<b>7</b> Payee address; City; State; Zip Code 351 Jefferson Dallas, TX 75204	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description Rent
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/01/2023	Payee name MMS Company Ad Specialties, LLC	
Amount (\$) 2008.50	Payee address; City; State; Zip Code 217 N I-35 E Desoto, TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Poll Worker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/06/2023	Payee name MMS Company Ad Specialties, LLC	
Amount (\$) 890.00	Payee address; City; State; Zip Code 217 N I-35 E Desoto, TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Poll Worker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 2 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2023	<b>5</b> Payee name James & Iashun Virden	
<b>6</b> Amount (\$) 270.00	<b>7</b> Payee address; City; State; Zip Code 3425 Hacienda Dallas, TX 75233	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description Walker
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 04/29/2023	Payee name James & Iashun Virden	
Amount (\$) 270.00	Payee address; City; State; Zip Code 3425 Hacienda Dallas, TX 75233	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description walkers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/01/2023	Payee name James & Iashun Virden	
Amount (\$) 490.00	Payee address; City; State; Zip Code 3425 Hacienda Dallas, TX 75233	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description walkers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/01/2023	<b>5</b> Payee name James & Iashun Virden	
<b>6</b> Amount (\$) 400.00	<b>7</b> Payee address; City; State; Zip Code 3425 Hacienda Dallas, TX 75233	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description walkers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/02/2023	Payee name Beyond The Slogam	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 2710 Routh St Suite 412Richardson, TX 75061	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description consultant
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/11/2023	Payee name Beyond The Slogam	
Amount (\$) 500.00	Payee address; City; State; Zip Code 2710 Routh St Suite 412Richardson, TX 75061	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description consultant
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 4 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2023	<b>5</b> Payee name Gail Turner	
<b>6</b> Amount (\$) 140.00	<b>7</b> Payee address; City; State; Zip Code 524 Sumac Place DeSoto, TX 75115	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description phone bank
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held
Date 05/06/2023	Payee name Gail Turner	
Amount (\$) 100.00	Payee address; City; State; Zip Code 524 Sumac Place DeSoto, TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description phone bank
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held
Date 05/07/2023	Payee name Gail Turner	
Amount (\$) 140.00	Payee address; City; State; Zip Code 524 Sumac Place DeSoto, TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description phone bank
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

<b>1</b> Total pages Schedule F1: 5 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2023	<b>5</b> Payee name Judy Williams	
<b>6</b> Amount (\$) 120.00	<b>7</b> Payee address; City; State; Zip Code 409 Lou Street Duncanville, TX 75137	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description phone bank
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/07/2023	Payee name Judy Williams	
Amount (\$) 140.00	Payee address; City; State; Zip Code 409 Lou Street Duncanville, TX 75137	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description phone bank
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/19/2023	Payee name MJPK Productions	
Amount (\$) 250.00	Payee address; City; State; Zip Code 4270 Leland College Dallas, TX 75241	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Photography
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 6 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/10/2023	<b>5</b> Payee name Dalton Lott	
<b>6</b> Amount (\$) 1000.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 765209 Dallas, TX 75376-5209	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description Return Contributions
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held
Date 05/10/2023	Payee name Dalton Lott	
Amount (\$) 1500.00	Payee address; City; State; Zip Code P.O. Box 765209 Dallas, TX 75376-5209	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Return Contributions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held
Date 05/10/2023	Payee name Dalton Lott	
Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. Box 765209 Dallas, TX 75376-5209	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Return Contributions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 7 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2023	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) 54.25	<b>7</b> Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description gas
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 04/28/2023	Payee name Sams Club	
Amount (\$) 37.29	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/01/2023	Payee name Sams Club	
Amount (\$) 31.90	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/2023	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) 60.15	<b>7</b> Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description gas
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 05/01/2023	Payee name Sams Club	
Amount (\$) 27.61	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 05/02/2023	Payee name Sams Club	
Amount (\$) 40.94	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

1 Total pages Schedule F1: 9 of 27	2 FILER NAME Mr Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2023	5 Payee name Sams Club	
6 Amount (\$) 41.24	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/02/2023	Payee name Sams Club	
Amount (\$) 50.21	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/08/2023	Payee name Sams Club	
Amount (\$) 47.83	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

1 Total pages Schedule F1: 10 of 27	2 FILER NAME Mr Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2023	5 Payee name Sams Club	
6 Amount (\$) 38.61	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/08/2023	Payee name Sams Club	
Amount (\$) 50.15	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/10/2023	Payee name Sams Club	
Amount (\$) 59.11	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

<b>1</b> Total pages Schedule F1: 11 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/15/2023	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) 33.80	<b>7</b> Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description gas
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held
Date 05/19/2023	Payee name Sams Club	
Amount (\$) 33.01	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held
Date 05/22/2023	Payee name Sams Club	
Amount (\$) 29.85	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

1 Total pages Schedule F1: 12 of 27	2 FILER NAME Mr Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/22/2023	5 Payee name Sams Club	
6 Amount (\$) 59.08	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/22/2023	Payee name Sams Club	
Amount (\$) 24.74	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/23/2023	Payee name Sams Club	
Amount (\$) 72.52	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

1 Total pages Schedule F1: 13 of 27	2 FILER NAME Mr Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/30/2023	5 Payee name Sams Club	
6 Amount (\$) 54.65	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/02/2023	Payee name Sams Club	
Amount (\$) 21.55	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/05/2023	Payee name Sams Club	
Amount (\$) 79.47	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

<b>1</b> Total pages Schedule F1: 14 of 27		<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/05/2023		<b>5</b> Payee name Sams Club			
<b>6</b> Amount (\$) 32.10		<b>7</b> Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		<b>(b)</b> Description gas		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Tennell Atkins		Office sought Council District 8	Office held
Date 06/12/2023		Payee name Sams Club			
Amount (\$) 60.04		Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		Description gas		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Tennell Atkins		Office sought Council District 8	Office held
Date 06/16/2023		Payee name Sams Club			
Amount (\$) 50.55		Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		Description gas		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Tennell Atkins		Office sought Council District 8	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/20/2023	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) 47.43	<b>7</b> Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description gas
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 06/20/2023	Payee name Sams Club	
Amount (\$) 62.73	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 06/23/2023	Payee name Sams Club	
Amount (\$) 64.74	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

1 Total pages Schedule F1: 16 of 27	2 FILER NAME Mr Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 06/26/2023	5 Payee name Sams Club	
6 Amount (\$) 46.96	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/01/2023	Payee name ATT	
Amount (\$) 485.19	Payee address; City; State; Zip Code P.O. Box 5014 Carol Stream, IL 60197	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description phone
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/01/2023	Payee name ATT	
Amount (\$) 446.67	Payee address; City; State; Zip Code P.O. Box 5014 Carol Stream, IL 60197	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description phone
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 17 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/2023	<b>5</b> Payee name Popeyes	
<b>6</b> Amount (\$) 27.61	<b>7</b> Payee address; City; State; Zip Code 8181 S Lancaster Dallas, TX 75241	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description food
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held
Date 05/30/2023	Payee name Popeyes	
Amount (\$) 23.40	Payee address; City; State; Zip Code 8181 S Lancaster Dallas, TX 75241	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held
Date 06/20/2023	Payee name Popeyes	
Amount (\$) 33.70	Payee address; City; State; Zip Code 8181 S Lancaster Dallas, TX 75241	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8  Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 18 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2023	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) 46.54	<b>7</b> Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 400 Dallas, TX 75237	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 05/05/2023	Payee name Office Depot	
Amount (\$) 77.68	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 400 Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 04/27/2023	Payee name Home Depot	
Amount (\$) 33.51	Payee address; City; State; Zip Code 2901 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

1 Total pages Schedule F1: 19 of 27	2 FILER NAME Mr Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2023	5 Payee name Baby Back Shack	
6 Amount (\$) 61.51	7 Payee address; City; State; Zip Code 1800 S Akard St Dallas, TX 75215	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description food
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/20/2023	Payee name Baby Back Shack	
Amount (\$) 16.08	Payee address; City; State; Zip Code 1800 Akard Dallas, TX 75215	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/08/2023	Payee name Chilis	
Amount (\$) 73.27	Payee address; City; State; Zip Code 2503 W Wheatland Rd Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

1 Total pages Schedule F1: 20 of 27	2 FILER NAME Mr Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2023	5 Payee name Campisis	
6 Amount (\$) 123.55	7 Payee address; City; State; Zip Code 1520 Elm St Suite 111 Dallas, TX 75201	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description food
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/15/2023	Payee name Lubys Cafeteria	
Amount (\$) 44.86	Payee address; City; State; Zip Code 5600 S Hampton Rd Dallas, TX 75232	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/08/2023	Payee name Lubys Cafeteria	
Amount (\$) 56.67	Payee address; City; State; Zip Code 5600 S Hampton Rd Dallas, TX 75232	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 21 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/02/2023	<b>5</b> Payee name Lubys Cafeteria	
<b>6</b> Amount (\$) 44.40	<b>7</b> Payee address; City; State; Zip Code 5600 S Hampton Rd Dallas, TX 75232	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description food
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 06/09/2023	Payee name Lubys Cafeteria	
Amount (\$) 55.18	Payee address; City; State; Zip Code 5600 S Hampton Rd Dallas, TX 75232	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 06/12/2023	Payee name Lubys Cafeteria	
Amount (\$) 42.01	Payee address; City; State; Zip Code 5600 S Hampton Rd Dallas, TX 75232	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

1 Total pages Schedule F1: 22 of 27	2 FILER NAME Mr Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 06/12/2023	5 Payee name Lubys Cafeteria	
6 Amount (\$) 56.42	7 Payee address; City; State; Zip Code 5600 S Hampton Rd Dallas, TX 75232	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description food
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/05/2023	Payee name Williams Chicken	
Amount (\$) 101.55	Payee address; City; State; Zip Code 1206 E Ledbetter Dallas, TX 75241	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 05/30/2023	Payee name Captain D	
Amount (\$) 56.66	Payee address; City; State; Zip Code 419 E Camp Wisdom Duncanville, TX 75116	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23 of 27		<b>2</b> FILER NAME Mr Tennell Atkins		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/05/2023		<b>5</b> Payee name Captain D			
<b>6</b> Amount (\$) 35.67		<b>7</b> Payee address; City; State; Zip Code 419 E Camp Wisdom Duncanville, TX 75116			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description food		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Tennell Atkins		Office sought Council District 8	
Date 06/07/2023		Payee name Off The Bone			
Amount (\$) 25.60		Payee address; City; State; Zip Code 1734 Botham Jean Blvd Dallas, TX 75215			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Tennell Atkins		Office sought Council District 8	
Date 06/20/2023		Payee name Smokey Joes BBQ			
Amount (\$) 140.73		Payee address; City; State; Zip Code 6403 R L Thornton FrwyDallas, TX 75241			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Tennell Atkins		Office sought Council District 8	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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.

<b>1</b> Total pages Schedule F1: 24 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/20/2023	<b>5</b> Payee name Ojeda Family Rest.	
<b>6</b> Amount (\$) 33.70	<b>7</b> Payee address; City; State; Zip Code 2109 N Hampton Desoto, TX 75115	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description food
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/26/2023	Payee name Wingstop	
Amount (\$) 46.44	Payee address; City; State; Zip Code 3333 W Camp Wisdom Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/26/2023	Payee name McDonalds	
Amount (\$) 22.78	Payee address; City; State; Zip Code 2570 W Redbird Lane Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 25 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/27/2023	<b>5</b> Payee name Party City	
<b>6</b> Amount (\$) 22.78	<b>7</b> Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75232	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/13/2023	Payee name The Island Spot	
Amount (\$) 97.21	Payee address; City; State; Zip Code 309 W Jefferson Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/23/2023	Payee name Cafe Brazil	
Amount (\$) 39.45	Payee address; City; State; Zip Code 6420 N Central Expressway Dallas, TX 75206	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 26 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2023	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) 46.10	<b>7</b> Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 06/08/2023	Payee name Office Depot	
Amount (\$) 29.21	Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		
Date 06/12/2023	Payee name Office Depot	
Amount (\$) 47.39	Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Tennell Atkins Office sought: Council District 8 Office held:		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 27 of 27	<b>2</b> FILER NAME Mr Tennell Atkins	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/12/2023	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 46.48	<b>7</b> Payee address; City; State; Zip Code 200 Short St Dallas, TX 75232	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/27/2023	Payee name Family Dollar	
Amount (\$) 5.20	Payee address; City; State; Zip Code 200 E Camp Wisdom Dallas, TX 75241	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8
Date 06/27/2023	Payee name Eddie Dean & Company	
Amount (\$) 4994.66	Payee address; City; State; Zip Code P.O. Box 1022 Terrell, TX 75160	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8

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