CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:41
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Tennell	MISUFFIX	OFFICE USE ONLY Date Received
	Atkins	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Pallas TX 75232	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 417 8839	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mrs Velma NICKNAME LAST		Date Processed
	Milliner		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1407 Laura Lane	UITE #; CITY; STATE; Dallas TX 75241	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 371 7482	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04 / 21 / 2021	THROUGH 06	Day Year 30 / 2021
11 ELECTION	Month Day Year Primary X General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Council District 8	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
Tennell Atkins			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS I URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32675.00
EXPENDITURE TOTALS	1 3 IOTAL POLITICAL EXPENDITIBLE OF \$100 OB LESS		\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 35366.91
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	\$ 18560.84
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	
		ELECTRONICALLY CE	RTIFIED
		Signature of Candid	date or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, k	by the said Tennell Atkins	, this the15th
		to certify which, witness my hand and seal of office.	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Tennell Atkins 20 Filer ID (Ethics Con			mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 32,675.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	4. SCHEDULE E: LOANS			\$ 0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 35,366.91
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$ 0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$ 0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 0.00
10.	O. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$ 0.00
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 0.00
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this for	form.	1 Total pages Schedule A1: 1 of 13
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	M Kevin Bryant 6 Contributor address; City; State;	Zip Code ΓX 75220	7 Amount of contribution (\$) 150.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 04/21/2021	Stonewall Democrats of Dallas Contributor address; City; State;	Zip Code ΓX 75219	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/21/2021	Daniel H Crow Contributor address; City; State;	Zip Code ΓX 75204	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/21/2021	Katherine R Crow Contributor address; City; State;		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/21/2021	Stuart M Crow		1000.00
	6 Contributor address; City; State;		
	6310 Mercedes Ave Dallas,	TX 75214	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/21/2021	Kenneth J Valach		500.00
0 1/21/2021	Contributor address; City; State	; Zip Code	
	5 Lazee Trail Houston	n, TX 77024-5006	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/21/2021	Robert N Crow		1000.00
Contributor address; City; State; Zip Code 4612 Watauga Road Dallas, TX 75209-1922			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/21/2021	Shirley W Crow		1000.00
	Contributor address; City; State 6310 Mercedes Ave Dallas,	; Zip Code TX 75214	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: 3 of 13	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Tennell Atkins				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
04/21/2021	Eric Johnson Campaign		1000.00	
	6 Contributor address; City; State;	Zip Code		
	P.O. Box 192316 Dallas, 7	ΓX 75219		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
04/21/2021	Maleigh Carradine		500.00	
	Contributor address; City; State;	Zip Code		
	9109 Oak Knoll Lane Houston	, TX 77078-4011		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
Kich M Kuchnert			500.00	
	Contributor address; City; State; 3102 Glen Dale Drive Colleyvi	Zip Code ille , TX 76034		
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	ID#·	Amount of contribution (\$)	
04/21/2021	Jack H Parker		500.00	
Contributor address; City; State; Zip Code 12824 Midway Road Suite 1139 Dallas, TX 75244				
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)	

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 13
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	J Christopher Luna 6 Contributor address; City; State;	Zip Code TX 75313	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 04/21/2021	CWA COPE PCC Contributor address; City; State;		Amount of contribution (\$) 750.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/18/2021	Bridget M Lopez Contributor address; City; State;	Zip Code TX 75214-3340	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/21/2021	Full name of contributor □ out-of-state PAC (Black Firefighters United PAC Contributor address; City; State; 1830 Park Row Ave Dallas, 7		Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor ut-of-state PAC ((ID#:)	7 Amount of contribution (\$)
04/21/2021	Bradford A Phillips		1000.00
	6 Contributor address; City; State;	Zip Code	
	5515 Lobello Drive Dallas, 7	TX 75229-5520	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ione)
6 Timelpar occu	Salion / Job line (Gee manuchons)	9 Employer (See matruct	ions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
04/21/2021	Timothy Pannell		1000.00
04/21/2021	Contributor address; City; State;	Zin Code	1000.00
	,	TX 75227-4029	
	1301 Cedai Lake Bive Bands,	111 73227 1029	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
D. 1			
Date		(ID#:)	Amount of contribution (\$)
04/21/2021	Itzel G Crow		1000.00
	Contributor address; City; State;		
	4612 Watauga Road Dallas, 7	TX 75209-1922	
D			•
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/21/2021	Dallas Retired Firefighters Assoc PAC Fund	,	1000.00
0 1/21/2021	Contributor address; City; State;	Zip Code	1000.00
		on, TX 75011	
		,	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 6 of 13
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	5 Full name of contributor □ out-of-state PAC (ID SOUTHWEST AIRLINES CO FREEDOM FU 6 Contributor address; City; State; P.O. Box 36611 Dallas, TX	ND Zip Code	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/29/2021	Full name of contributor	Zip Code nie, TX 75165	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/21/2021	Full name of contributor		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/21/2021	Full name of contributor Kimberly A Quirk Contributor address; 2229 Possum Fire Trail Out-of-state PAC (ID to out-of-state		Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 of 13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
04/21/2021	Angela Hale		750.00
	6 Contributor address; City; State;	Zip Code	
	10902 Ormand Lane Frisco, 7	ΓX 75035	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	,		,
Date	Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
04/21/2021	Ron Barnhill		750.00
0 1/ 21/ 2021	Contributor address; City; State;	Zip Code	,50.00
	2313 Amhearst Lane Flower I	Mound, TX 75028-4664	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
04/21/2021	Michael Levy		150.00
	Contributor address; City; State; 2920 Carlisle St Suite 1603 Dallas,	Zip Code TX 75204	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	.,	F - 7 - (•
_	1		
Date	Full name of contributor out-of-state PAC (Louis E Okon	(ID#:)	Amount of contribution (\$)
05/03/2021			1000.00
	Contributor address; City; State;		
	7219 Kennedy Lane Dallas, 7	TX 75230-3128	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
			·

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SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 8 of 13
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	Jerry L Christian 6 Contributor address; City; State;		7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 04/21/2021	Marguerite Steed Hoffman Contributor address; City; State;		Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/21/2021	Mike A Myers Contributor address; City; State;	Zip Code ΓX 75209	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/21/2021	John W Price Contributor address; City; State;		Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 9 of 13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor ut-of-state PAC (ID#	:)	7 Amount of contribution (\$)
06/16/2021	Roselind E Aranza		1000.00
	6 Contributor address; City; State;	Zip Code	
	3445 University Dallas, TX	75205	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of contribution (\$)
06/08/2021	Frank Mihalopoulos		1000.00
00,00,2021	Contributor address; City; State;		1000.00
	4645 N Central Expressway Suite 20@Dallas, TX	75205	
	, , , , , , , , , , , , , , , , , , ,		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
06/08/2021	Willis Johnson		500.00
	Contributor address; City; State; Z	Zip Code	
		75215-1811	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	::)	Amount of contribution (\$)
06/14/2021	Albert Wash		250.00
00,11,2021	Contributor address; City; State; Z 731 S R L Thornton Frwy Dallas, TX		20000
B		F 1 (C 1 : ::	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 13
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 06/10/2021	Sam Coats 6 Contributor address; City; State;	Zip Code TX 75230	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 06/08/2021	Michael Rader Contributor address; City; State;	; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/15/2021	Steven A Okon Contributor address; City; State;	Zip Code TX 75230-2950	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 06/18/2021	Vanessa A Hill Contributor address; City; State;		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 11 of 13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor out-of-state_PAC (I	(ID#:)	7 Amount of contribution (\$)
06/18/2021	Rafiqul Islam		500.00
	6 Contributor address; City; State;	Zip Code	
	1706 Parkwood Dr Grapevir	ne, TX 76061	
O Deirocia di consu	and the state of t		:\
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC (I	(ID#:)	Amount of contribution (\$)
06/16/2021	John S Chong		500.00
00/10/2021	Contributor address; City; State;	Zip Code	300.00
		, TX 75019	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
06/14/2021	H Giddings		
06/14/2021	- 		500.00
	Contributor address; City; State; 400 S Zang Blvd Suite 1016 Dallas, T	Zip Gode FX 75208	
	400 5 Zang Bivd Suite 1010 Danas, 1	1X 13206	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
06/14/2021	Walter Alan Waine		500.00
	Contributor address; City; State;	Zip Code	
		ΓX 75238	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 12 of 13
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 06/18/2021	David G Juther Jr 6 Contributor address; City; State	e; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 06/16/2021	Humberto Aranza Contributor address; City; State	e; Zip Code , TX 75205	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 06/22/2021	-	e; Zip Code , TX 75252-2702	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 06/22/2021	Hashim Malik-Bey Contributor address; City; State	e; Zip Code , TX 75039-3415	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 13 of 13
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 06/22/2021	Vg Brook 6 Contributor address; City; State; P.O. Box 140092 Irving,	(ID#:) Zip Code TX 75014-0092 9 Employer (See Instruc	7 Amount of contribution (\$) 250.00
•	, ,		,
Date 06/18/2021	Kevin E Cho Contributor address; City; State	(ID#:) ; Zip Code ΓX 75002	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	iions)
Date	Full name of contributor out-of-state PAC Contributor address; City; State	(ID#:)	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CODIES OF	E THIS SCHEDI II E AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 1 of 25	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	5 Payee name Office Depot	·
6 Amount (\$) 84.37	7 Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 04/23/2021	Payee name Office Depot	
Amount (\$) 36.22	Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 05/03/2021	Payee name Cash Saver	
Amount (\$) 29.97	Payee address; City; State; Zip Code 1201 W Camp Wisdom Dallas, TX 75232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gredit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 2 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2021	5 Payee name Cash Saver		
6 Amount (\$) 95.96	7 Payee address; City; State; Zip Code 1201 W Camp Wisdom Dallas, TX 75232		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/01/2021	Payee name Jefferson Monument		
Amount (\$) 350.00	Payee address; City; State; Zip Code 1350 Manufacturing St Dallas, TX 75207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 06/01/2021	Payee name Jefferson Monument		
Amount (\$) 350.00	Payee address; City; State; Zip Code 1350 Manufacturing St Dallas, TX 75207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	care. (c. te. a category not noted above)
1 Total pages Schedule F1: 3 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2021	5 Payee name Home Depot		
6 Amount (\$) 77.76	7 Payee address; City; State; Zip Code 2901 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/06/2021	Payee name ATT		
Amount (\$) 376.00	Payee address; City; State; Zip Code P.O. Box 6811 Dallas, TX 75225		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 06/02/2021	Payee name ATT		
Amount (\$) 384.25	Payee address; City; State; Zip Code P.O. Box 6811 Dallas, TX 75225		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 4 of 25	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Fil	lers)
4 Date 06/17/2021	5 Payee name Elisha R Burrell		
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 6918 Sweet Sue Lane Dallas, TX 75241-3749		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
Date 06/22/2021	Payee name Sheena Swehia		
Amount (\$) 300.00	Payee address; City; State; Zip Code 14727 Sherlock r Addison, TX 75001		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Photographer	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
Date 06/22/2021	Payee name Eddie Vinsac		
Amount (\$) 600.00	Payee address; City; State; Zip Code 1900 Montauk Way Desoto, TX 75115-2736		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Band	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 5 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2021	5 Payee name Sams Club		
6 Amount (\$) 32.90	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 04/26/2021	Payee name Sams Club		
Amount (\$) 32.10	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 04/26/2021	Payee name Sams Club		
Amount (\$) 16.20	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 6 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2021	5 Payee name Sams Club		
6 Amount (\$) 34.97	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 04/26/2021	Payee name Sams Club		
Amount (\$) 41.90	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 04/29/2021	Payee name Sams Club		
Amount (\$) 44.92	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	earer (errer a satisfier) necreated above,
1 Total pages Schedule F1: 7 of 25		·	3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2021	5 Payee name Sams Club		
6 Amount (\$) 44.02	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		utside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/04/2021	Payee name Sams Club		
Amount (\$) 47.28	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought	Office held
Date 05/10/2021	Payee name Sams Club		
Amount (\$) 33.60	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gredit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 8 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 06/01/2021	5 Payee name Sams Club		
6 Amount (\$) 48.66	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Check if Austingas	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 06/01/2021	Payee name Sams Club		
Amount (\$) 23.30	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 06/12/2021	Payee name Sams Club		
Amount (\$) 40.66	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 9 of 25	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission	on Filers)
4 Date 06/01/2021	5 Payee name Sams Club	·	
6 Amount (\$) 57.95	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	d
Date 06/07/2021	Payee name Sams Club		
Amount (\$) 47.62	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	t
Date 06/07/2021	Payee name Sams Club		
Amount (\$) 22.29	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office hell Council District 8	d
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Cardidate/Onicerrolder/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form. Other (enter a category not listed above)
1 Total pages Schedule F1: 10 of 25	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 06/11/2021	5 Payee name Sams Club	
6 Amount (\$) 42.30	7 Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 06/15/2021	Payee name Sams Club	
Amount (\$) 34.37	Payee address; City; State; Zip Code 2900 W Wheatland Rd Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 06/26/2021	Payee name Murphy USA 7674	
Amount (\$) 31.91	Payee address; City; State; Zip Code 605 Uptown Blvd Cedar Hill, TX 75104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 11 of 25	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commiss	sion Filers)
4 Date 05/24/2021	5 Payee name Murphy USA 7674		
6 Amount (\$) 40.52	7 Payee address; City; State; Zip Code 605 Uptown Blvd Cedar Hill, TX 75104		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office he Council District 8	eld
Date 04/26/2021	Payee name Popeyes		
Amount (\$) 21.39	Payee address; City; State; Zip Code 338 E Camp Wisdom RdDuncanville, TX 75116		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office he Council District 8	eld
Date 04/28/2021	Payee name Burger King		
Amount (\$) 20.31	Payee address; City; State; Zip Code 2403 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office he Council District 8	eld
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

C	Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule F1: 12 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4	Date 05/03/2021	5 Payee name Taco Bell		
6	Amount (\$) 27.12	7 Payee address; City; State; Zip Code 4345 W Camp Wisdom Dallas, TX 75237		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	Date 05/03/2021	Payee name Wingstop		
	Amount (\$) 40.46	Payee address; City; State; Zip Code 3333 W Camp Wisdom Dallas, TX 75237		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	Date 06/14/2021	Payee name Wingstop		
	Amount (\$) 36.90	Payee address; City; State; Zip Code 3333 W Camp Wisdom Dallas, TX 75237		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	l Committee Legal Services Salaries	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 13 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2021	5 Payee name Williams Chicken		
6 Amount (\$) 115.97	7 Payee address; City; State; Zip Code 6226 Marvin D Love Fwpallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/03/2021	Payee name Subway		
Amount (\$) 158.04	Payee address; City; State; Zip Code 1111 W Camp Wisdom Dallas, TX 75232		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/06/2021	Payee name KFC		
Amount (\$) 14.17	Payee address; City; State; Zip Code 3415 W Camp Wisdom Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 14 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 06/01/2021	5 Payee name KFC		
6 Amount (\$) 29.17	7 Payee address; City; State; Zip Code 3415 W Camp Wisdom Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
05/10/2021	Two Ponders Restaurant		
Amount (\$) 38.37	Payee address; City; State; Zip Code 1441 Robert B Cullum B Dal las, TX 75210		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/13/2021	Payee name South Dallas Cafe		
Amount (\$) 65.46	Payee address; City; State; Zip Code 7035 Marvin D Love Fwpallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 15 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 05/24/2021	5 Payee name Campisis		
6 Amount (\$) 60.05	7 Payee address; City; State; Zip Code 1520 Elms St Suite 111 Dallas, TX 75201		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/24/2021	Payee name Chilis		
Amount (\$) 71.91	Payee address; City; State; Zip Code 2503 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 06/07/2021	Payee name JJ Fish & Chicken		
Amount (\$) 58.97	Payee address; City; State; Zip Code 3302 W Camp Wisdom Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 16 of 25	2 FILER NAME Tennell Atkins	3	Filer ID (Ethics Commission Filers)
4 Date 06/07/2021	5 Payee name JJ Fish & Chicken		
6 Amount (\$) 10.27	7 Payee address; City; State; Zip Code 3302 W Camp Wisdom Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		e of Texas. Complete Schedule T. K, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 06/15/2021	Payee name Lisa Soul Food Cafe		
Amount (\$) 59.51	Payee address; City; State; Zip Code 2550 W Redbird Lane Suball404 TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 06/17/2021	Payee name Eddie Dean		
Amount (\$) 4112.96	Payee address; City; State; Zip Code P.O. Box 1022 Terrell, TX 75160		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 17 of 25	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)	
4 Date 06/22/2021	5 Payee name Eddie Dean		
6 Amount (\$) 576.44	7 Payee address; City; State; Zip Code P.O. Box 1022 Terrell, TX 75160		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
Date 06/23/2021	Payee name The Island Spot		
Amount (\$) 37.19	Payee address; City; State; Zip Code 309 W Jefferson Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
Date 04/21/2021	Payee name Gail Turner		
Amount (\$) 230.00	Payee address; City; State; Zip Code 524 Sumac Place Desot, TX 75115		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 18 of 25	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2021	5 Payee name Gail Turner		
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 524 Sumac Place Desot, TX 75115		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense labor Office sought Office held	
9 Complete ONLY if direct expenditure to benefit C/OF		Council District 8	
Date 05/01/2021	Payee name Gail Turner		
Amount (\$) 320.00	Payee address; City; State; Zip Code 524 Sumac Place DeSoto, TX 75115		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
Date 04/22/2021	Payee name Cheryle Washington		
Amount (\$) 340.00	Payee address; City; State; Zip Code 2310 N Henderson Ave Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (onto a suregery normation above)
1 Total pages Schedule F1: 19 of 25	•		3 Filer ID (Ethics Commission Filers)
4 Date 05/18/2021	5 Payee name Cheryle Washington		
6 Amount (\$) 225.00	7 Payee address; City; State; Zip Code 2310 N Henderson Ave Dallas, TX 75206		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/01/2021	Payee name Anita Burnett		
Amount (\$) 620.00	Payee address; City; State; Zip Code 8823 E Valley Ranch Suilleviling, TX 75063		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/01/2021	Payee name James Virden		
Amount (\$) 983.00	Payee address; City; State; Zip Code 3425 Hacienda Dr Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	eals. (e.ls. a salogely listlessed assists)
1 Total pages Schedule F1: 20 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2021	5 Payee name James Virden		
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 3425 Hacienda Dr Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/12/2021	Payee name LaShun Virden		
Amount (\$) 983.00	Payee address; City; State; Zip Code 3425 Hacienda Dr Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/05/2021	Payee name LaShun Virden		
Amount (\$) 250.00	Payee address; City; State; Zip Code 3425 Hacienda Dr Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 21 of 25	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)		
4 Date 05/01/2021	5 Payee name Johnny M Green	·		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 1518 Cumberland Dr Cedar Hill, TX 75104			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date 06/22/2021	Payee name Idella Thomas			
Amount (\$) 100.00	Payee address; City; State; Zip Code 3789 Cripple Creed Dr Dallas, TX 75224			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date 05/01/2021	Payee name MSCAS, LLC			
Amount (\$) 660.00	Payee address; City; State; Zip Code 217 N I-35 E Desoto, TX 75115			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense labor		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 22 of 25	2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)	
4 Date 05/01/2021	5 Payee name MSCAS, LLC				
6 Amount (\$) 3330.00	-	City; State; Zip Code desoto, TX 75115			
PURPOSE OF EXPENDITURE 9 Complete ONLY if direct	(a) Category (See Categories lis Polling Expense Candidate / Officeholds			utside of Texas. Complete Schedule T. n, TX, officeholder living expense Office held	
expenditure to benefit C/OF	H Tennell Atkins		Council District 8		
Date 05/02/2021	Payee name MSCAS, LLC				
Amount (\$) 339.00	=	City; State; Zip Code desoto, TX 75115			
PURPOSE OF EXPENDITURE	Category (See Categories lis Advertising Expense	ted at the top of this schedule)		ntside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde Tennell Atkins	er name	Office sought Council District 8	Office held	
Date 05/05/2021	Payee name MSCAS, LLC				
Amount (\$) 194.00		City; State; Zip Code desoto, TX 75115			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense labor		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold Tennell Atkins	er name	Office sought Council District 8	Office held	
	ATTACH ADDITIO	ONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 23 of 25	2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Co	mmission Filers)
4 Date 05/14/2021	5 Payee name MSCAS, LLC				
6 Amount (\$) 494.85	7 Payee address; City; State 217 N I-35 E Desoto, TX	e; Zip Code 75115			
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct	(a) Category (See Categories listed at the top of Salaries/Wages/Contract Labor Candidate / Officeholder name			ntside of Texas. Complete Sched , TX, officeholder living expe	
expenditure to benefit C/OF		Co	uncil District 8		
Date 05/01/2021	Payee name Extra Space Storage				
Amount (\$) 261.00	Payee address; City; State 39050 LBJ Frwy Dallas, TX 7	e; Zip Code 75232			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Со	Office sought uncil District 8	Offi	ice held
Date 06/01/2021	Payee name Extra Space Storage				
Amount (\$) 261.00	Payee address; City; State 39050 LBJ Frwy Dallas, TX 7				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Со	Office sought uncil District 8	Of	fice held
	ATTACH ADDITIONAL COI	PIES OF THIS SC	CHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 24 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)		
4 Date 05/01/2021	5 Payee name Phone Burner				
6 Amount (\$) 298.00	7 Payee address; City; State; Zip Code 1968 S Coast Hwy Suite L800 uer Beach, CA 92651				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held		
Date 06/21/2021	Payee name Celebrate It! Balloons				
Amount (\$) 500.00	Payee address; City; State; Zip Code 1608 Whitlock Lane Suit€ Ærollton, TX 75006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held		
Date 06/21/2021	Payee name Delightful Sweets				
Amount (\$) 221.40	Payee address; City; State; Zip Code 324 E Beltline Road Suit D200to, TX 75115				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		ntside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1 25 of 25	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)	
4 Date 06/21/2021	5 Payee name TENNELL ATKINS			
6 Amount (\$) 15000.00	7 Payee address; City; State; Zip Code 2717 MEADOW STONE AND ETX 75232			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H Tennell Atkins	Office sought Council District 8	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NER	EDED	