CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 | Filer ID (Ethics Comm | nission Filers) | 2 Total pages filed: 56 | OFFICE USE ONLY | | |
|--------------------------------------|--|--|---|--|--|--|
| 3 | CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Mr Ten NICKNAME LAST Atki | MI Inell SUFFIX | Date Received | | |
| 4 | ORIGINAL REPORT TYPE | X 30th day before election 15t ap | Other (specify) seeded \$500 limit h day after treasurer pointment (officeholder only) al report | Date Hand-delivered or Date Postmarked Receipt # Amount \$ | | |
| 5 | ORIGINAL PERIOD COVERED | Month Day Year 01 / 01 / 2023 Th | Month Day Year HROUGH 03 / 27 / 2023 | Date Processed Date Imaged | | |
| 6 | EXPLANATION OF CO | RRECTION | | | | |
| | This report report is being corrected to add contributions received but omitted in error. | | | | | |
| 7 | AFFIDAVIT | | or affirm, under penalty of perjury, true and correct. | that this corrected | | |
| | | Check C | ONLY if applicable: | | | |
| | | made in sent the | nual reports: I swear, or affirm, the good faith and without an intent information contained in the reports: I swear, or affirm, that | to mislead or to misrepre- ort. I am filing this corrected | | |
| | report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. | | | | | |
| * * * Electronically Certified * * * | | | | d * * * | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder | | | | | |
| | | | | | | |
| | | d before me, by the said Mr Tennell A | | HITI day of July , | | |
| | 20_23, to certify | which, witness my hand and seal of office | ce. | | | |
| _ | Signature of officer adr | ministering oath Printed | d name of officer administering oath | Title of officer administering oath | | |
| | Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages file 56 | ed: |
|---|-----------------------------------|-----------------------------|--|--|-------------------------------|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR Mr | FIRST Tennell | MI | OFFICE | USE ONLY |
| NAME | NICKNAME | LAST Atkins | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX 1417 Meadow S | | CITY; STATE; ZIP CODE Dallas TX 75232 | | |
| Change of Address | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (469) | PHONE NUMBER 417 8939 | EXTENSION | Date Hand-delivered Receipt # | or Date Postmarked Amount \$ |
| 6 CAMPAIGN TREASURER | MS / MRS / MR MS | FIRST Velma | MI | Date Processed | Amount \$ |
| NAME | NICKNAME | LAST | SUFFIX | Date 1 10000000 | |
| | | Milliner | | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (1407 Laura Lane | (NO PO BOX PLEASE); APT / S | SUITE #; CITY; Dallas TX 75241 | STATE; | ZIP CODE |
| (Residence or Business) | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| 1110112 | (214) | 371 7482 | | | |
| 9 REPORT TYPE | January 15 | X 30th day before 6 | election Runoff | 15th day aff treasurer ap (Officeholde | |
| | July 15 | 8th day before ele | ection Exceeded Modified Reporting Limit | Final Repor | t (Attach C/OH - FR) |
| 10 PERIOD | Month | Day Year | Month | Day Year | |
| COVERED | 01 | / 01 /2023 | THROUGH 03 | / 27 / 202 | 3 |
| 11 ELECTION | Month Day | Year Primary Mary General | Runoff Other Description Special | | |
| 12 OFFICE | OFFICE HELD (if any) | , | 13 OFFICE SOUGHT (if known Council District 8 |)) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITURE | ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CANI IRED TO REPORT THIS INFORMATION ONLY IF T | DIDATE'S OR OFFICEHOL | DER'S KNOWLEDGE OR |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TRE | EASURER NAME | | |
| | | COMMITTEE CAMPAIGN TR | EASURER ADDRESS | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Mr Tennell Atkins | | | | 16 Filer ID (| Ethics Commission Filers) |
|--|-----------------------------------|---|-----------------------|-----------------|---|
| 17 CONTRIBUTION TOTALS | PLEDGES, LOAN | ZED POLITICAL CONTRIBU S, OR GUARANTEES OF LO MADE ELECTRONICALLY | DANS, OR | \$ | 0.00 |
| | | AL CONTRIBUTIONS EDGES, LOANS, OR GUAR | ANTEES OF LOANS) | \$ | 26750.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | ED POLITICAL EXPENDITU | RE. | \$ | 0.00 |
| | 4. TOTAL POLITICA | AL EXPENDITURES | | \$ | 25757.18 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF REPORTING P | CONTRIBUTIONS MAINTA | INED AS OF THE LAS | ST DAY \$ | 42278.39 |
| OUTSTANDING LOAN TOTALS | | L AMOUNT OF ALL OUTSTA E REPORTING PERIOD | NDING LOANS AS O | F THE \$ | 0.00 |
| | vear, or affirm, under penalty | | panying report is tru | e and correct | and includes all information |
| | | ** | **ELECTRONICA | LLY CERTI | FIED*** |
| | | | Signature of Ca | andidate or Of | ficeholder |
| | | | | | |
| | | | | | |
| | | | | | |
| | Pleas | se complete eithe | r option belov | v: | |
| | | | | | |
| | | | | | |
| | | | | | |
| (1) Affidavit | | | | | |
| | | | | | |
| NOTARY STAMP/SEAI | | | | | |
| | Tenne | ll Atkins | | 1∕Ith . | . July |
| Sworn to and subscribed | | | this the | da | y of July , |
| $20 \phantom{0000000000000000000000000000000000$ | vhich, witness my hand and se | eal of office. | | | |
| Signature of officer administe | ing oath Printe | ed name of officer administeri | ng oath | Title | of officer administering oath |
| | | OR | | | |
| (2) Unsworn Declaration | n | | | | |
| My name is | | , an | d my date of birth is | ; | |
| My address is | | | | , | |
| | (street) | | ` • / | state) (zip o | , |
| Executed in | County, State of | , on the | day of (month | n) , 20 | O (year) |
| | | | Signature of Candi | date/Officeholo | ler (Declarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 20 Filer | ID (Ethics Commission Filers) | | | |
|-----|---|-------------------------------|--|--|--|
| M | Mr Tennell Atkins | | | | |
| 21 | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 26,750.00 | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 | | | |
| 4. | . SCHEDULE E: LOANS | \$ 0.00 | | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION | ONS \$ 25,757.18 | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU | JTIONS \$ 0.00 | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 | | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 | | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | S OF C/OH \$ 0.00 | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION | ons \$ 0.00 | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET | URNED \$ 0.00 | | | |
| | | | | | |

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: 1 of 12 |
|---|--|--------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkir | S | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/07/2023 | Jeannette Watts 6 Contributor address; City; | State; Zip Code | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date 02/17/2023 | Full name of contributor | State; Zip Code | Amount of contribution (\$) 200.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 02/20/2023 | Mrs Pat Schenkel Contributor address; City; | State; Zip Code, TX 75208 | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 02/25/2023 | Full name of contributor | C (ID#:) | Amount of contribution (\$) 1000.00 |
| | Contributor address; City; 1014 Clifton Lane Desoto | State: Zip Code o, TX 75115 | |
| Principal occup | nation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 2 of 12 |
|---|---|------------------|-------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkir | 18 | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/20/2023 | 5 Full name of contributor Craig Schenkel 6 Contributor address; 3106 Stanford Ave | City; | State; Zip Code , TX 75225 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | etions) |
| Date 02/20/2023 | Full name of contributor Joan Walne Contributor address; 10020 Caribou Trail | City; | State; Zip Code, TX 75238 | Amount of contribution (\$) 250.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | ctions) |
| Date 02/17/2023 | Full name of contributor John Volney Contributor address; 7047 Westlake Ave | City: | State; Zip Code TX 75214 | Amount of contribution (\$) 250.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 03/10/2023 | Full name of contributor The Preo Group, LLC Contributor address; 3503 Viburnum Drive | out-of-state PAC | State: Zip Code | Amount of contribution (\$) 500.00 |
| Principal occup | oation / Job title (See Instructions) | | Employer (See Instruc | l otions) |
| | | | | |

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SCHEDULE A1

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| 2 FILER NAME Mr Tennell Atkins | | | form. | 1 Total pages Schedule A1: 3 of 12 |
|-----------------------------------|--|------------------|-----------------------------------|--|
| Territori 7 territori | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 02/28/2023 6 | Access Buckner LTD | City; | State; Zip Code ster, TX 75134 | 7 Amount of contribution (\$) 1000.00 |
| 8 Principal occupat | ion / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date 03/04/2023 | Full name of contributor Marian Brown for Sheriff Contributor address; P.O. Box 851635 | City; | State; Zip Code ite, TX 75185 | Amount of contribution (\$) 200.00 |
| Principal occupation | on / Job title (See Instructions) | | Employer (See Instruct | cions) |
| Date 03/14/2023 | Full name of contributor William Tsao Contributor address; 6922 Aspen Creek Ln | City; | State; Zip Code, TX 75202 | Amount of contribution (\$) 1000.00 |
| Principal occupati | on / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 02/14/2023 | Full name of contributor Kai Ray Chung | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 500.00 |
| | Contributor address; 2308 Morning Glory Dr | City; Richar | State: Zip Code dson, TX 75082 | |
| Principal occupati | on / Job title (See Instructions) | | Employer (See Instruct | tions) |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete | this form. | 1 Total pages Schedule A1: 4 of 12 |
|------------------|---|---|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atki | ns | | |
| 4 Date | 5 Full name of contributor out-of-stat | e PAC (ID#:) | 7 Amount of contribution (\$) |
| 03/14/2023 | Dr Charles Ku | | 500.00 |
| | 6 Contributor address; City; | State; Zip Code ower Mound, TX 75028 | |
| 8 Principal occi | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-stat | e PAC (ID#:) | Amount of contribution (\$) |
| 03/14/2023 | Shihhsiu Chen | | 300.00 |
| | Contributor address; City; | State; Zip Code arrollton, TX 75010 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | e PAC (ID#:) | Amount of contribution (\$) |
| 03/01/2023 | Chun Huang | | 200.00 |
| | Contributor address; City; | State; Zip Code allas, TX 75240 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 03/14/2023 | Eric Ko | e PAC (ID#:) | Amount of contribution (\$) 200.00 |
| | Contributor address: City; 5916 Crownover Court Pla | State: Zip Code ano, TX 75093 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |

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SCHEDULE A1

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| | Instruction Outle contains how to consider this for | | 1 Total pages Schedule A1: |
|--|---|----------------------------|---------------------------------------|
| Ine | Instruction Guide explains how to complete this fo | orm. | 5 of 12 |
| 2 FILER NAME Mr Tennell Atkin | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | | | 7 A |
| 5 Full name of contributorout-of-state_PAC (ID#: | |) | 7 Amount of contribution (\$) 200.00 |
| J3/1 4 /2023 | | State; Zip Code | 200.00 |
| | , | n, TX 76017 | |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 03/14/2023 helen lee | | | 200.00 |
| | Contributor address; City; | State; Zip Code | |
| | 1417 chesterton dr richardson | on, TX 75080 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructio | ons) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 03/14/2023 | Tina Higley | | 100.00 |
| | Contributor address; City; 1701 Arena Dr Plano, TX | State; Zip Code X 75025 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC (IE | D#:) | Amount of contribution (\$) |
| | Anna Chu | | 100.00 |
| 03/14/2023 | | | |
| 03/14/2023 | Contributor address; City; 5201 Mariners Dr Plano, TX | State: Zip Code X 75093 | |

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SCHEDULE A1

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| The | Instruction Guide explains how to complete | this form. | 1 Total pages Schedule A1: 6 of 12 |
|--|--|--------------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkir | s | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) Arnold Gachman 6 Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Fort Worth, TX 76107 | | 7 Amount of contribution (\$) 250.00 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date 03/01/2023 | Neil Goldberg Contributor address; City; | State; Zip Code allas, TX 75229 | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 03/17/2023 | Royce West Campaign Committee | State; Zip Code allas, TX 75203 | Amount of contribution (\$) 500.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 03/24/2023 | Brian Dennison | te PAC (ID#:) | Amount of contribution (\$) 500.00 |
| | Contributor address; City; 1303 Woodlawn Ave | State: Zip Code allas, TX 75208 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |

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SCHEDULE A1

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

| | he Instruction Guide explains how to | complete this | form. | 1 Total pages Schedule A1: 7 of 12 |
|-------------------------------------|---|------------------|-------------------------------|---|
| 2 FILER NAM Mr Tennell At | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 02/17/2023 | Ronald Steinhart | | | 500.00 |
| | 6 Contributor address; 25 Robledo Dr | City; Dallas, | State; Zip Code , TX 75230 | |
| 8 Principal oc | ccupation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 02/16/2023 | Elizabeth Trout | | | 1000.00 |
| | Contributor address; 5005 Willowood St | City; | State; Zip Code , TX 75205 | |
| Principal occ | cupation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 02/15/2023 | Deedie Rose | | | 1000.00 |
| | Contributor address; 5 Willowood St | City; Dallas, | State; Zip Code , TX 75205 | |
| Principal oc | cupation / Job title (See Instructions) | | Employer (See Instruc | ions) |
| Date 01/26/2023 | Full name of contributor Vg Brooks | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 250.00 |
| | Contributor address; P.O. Box 1400092 | City; Irving, | State; Zip Code TX 75014 | |
| | | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete t | this form. | 1 Total pages Schedule A1: 8 of 12 |
|--|---|---------------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atki | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state | PAC (ID#:) | 7 Amount of contribution (\$) |
| 03/20/2023 | DeMetris Sampson | | 500.00 |
| | 6 Contributor address; City; P.O. Box 763834 Dal | State; Zip Code las, TX 75376-3834 | |
| 8 Principal occi | pation / Job title (See Instructions) | 9 Employer (See Instruc | I otions) |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| 02/28/2023 | Olive Talley | | 50.00 |
| | Contributor address; City; | State; Zip Code las, TX 75218 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | itions) |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| 02/22/2023 | Matthew Houston | | 250.00 |
| | Contributor address; City; 1504 Boca Chica Drive Dal | State; Zip Code las, TX 75232 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | l tions) |
| Date 02/21/2023 | Full name of contributor out-of-state Courtney Spellicy | PAC (ID#:) | Amount of contribution (\$) 100.00 |
| | Contributor address; City; 7117 Wake Forest Drive Dal | State: Zip Code las, TX 75214 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | l otions) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 9 of 12 |
|------------------|--|--------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | |
| 4 Date | 5 Full name of contributor out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 01/12/2023 | MRR & Associates LLC | | 500.00 |
| | 6 Contributor address; City; 400 N St. Paul St Suite 300 Dallas, | State; Zip Code TX 75201 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 02/27/2023 | Lucy Billingsley | | 1000.00 |
| | Contributor address; City; | State; Zip Code TX 75201 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor ut-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 03/01/2023 | McMahon Rrvocable Trust | | 1000.00 |
| | Contributor address; City; 4430 Prairie Xing Suite 120 Prosper | State; Zip Code r, TX 75078 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 03/02/2023 | Full name of contributor | (ID#:) | Amount of contribution (\$) 1000.00 |
| | Contributor address; City; 11004 Ormond Ln. Frisco, | State: Zip Code TX 75035 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 10 of 12 |
|---|--|------------------|---|--|
| 2 FILER NAME Mr Tennell Atkir | ıs | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/02/2023 | 5 Full name of contributorRobert Hodge6 Contributor address;2690 Creekside Ct | City; | State; Zip Code nd Village, TX 75077 | 7 Amount of contribution (\$) 1000.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | etions) |
| Date 03/01/2023 | Full name of contributor Kevin and Mendy McCann Contributor address; 5284 Quail Run | City; | State; Zip Code | Amount of contribution (\$) 1000.00 |
| Principal occup | vation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 03/02/2023 | Full name of contributor Barry Rich Contributor address; P.O. Box 2083 | | State; Zip Code | Amount of contribution (\$) 1000.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 02/27/2023 | Full name of contributor Lucy J Cain Contributor address; 4308 Spring Ave. | out-of-state PAC | State: Zip Code | Amount of contribution (\$) 100.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| | | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 11 of 12 |
|---|---|------------------|-----------------------------------|--|
| 2 FILER NAME Mr Tennell Atkin | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 03/02/2023 | Bailey Kyle Mercer | | | 1000.00 |
| | 6 Contributor address; 2500 West Virginia Center | City; | State; Zip Code aney, TX 75070 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/02/2023 | Joshua R Varilek | | | 1000.00 |
| | Contributor address; 1121 Vista Run Dr | City; | State; Zip Code r, TX 75078 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/01/2023 | William Penz | | | 1000.00 |
| | Contributor address; 6307 Pintail Ln | City; Frisco, | State; Zip Code TX 75034 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 03/01/2023 | Full name of contributor John Henderson | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 1000.00 |
| | Contributor address; 365 CR 4971 | City; Blue R | State: Zip Code idge, TX 75424 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this fe | orm. | 1 Total pages Schedule A1: 12 of 12 |
|---|--|------------------------|--|
| 2 FILER NAME Mr Tennell Atkir | ıs | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/02/2023 | | | 7 Amount of contribution (\$) 1000.00 |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 03/10/2023 | Butler & Butler Construction Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | | D#:) State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC (II | D#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |
| | ATTACH ADDITIONAL CODIEC OF | THE COUEDING ACA | FEDED |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 1 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 01/30/2023 | 5 Payee name The Order Desk | | | |
| 6 Amount (\$) 385.00 | 7 Payee address; 9840 Monroe Dr Suite 1024allas, TX 75220 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/13/2023 | The Order Desk | | | |
| Amount (\$) 155.00 | Payee address; 9840 Monroe Dr Suite 1@Allas, TX 75220 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/30/2023 | Payee name The Order Desk | | | |
| Amount (\$) 530.89 | Payee address; 9840 Monroe Dr Suite 104 allas, TX 75220 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 2 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/13/2023 | 5 Payee name The Order Desk | | | |
| 6 Amount (\$) 89.53 | 7 Payee address; 9840 Monroe Dr Suite 140 allas, TX 75220 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description postage | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/14/2023 | Payee name Alligator Jacks | | | |
| Amount (\$) 40.00 | Payee address; 5310 S Lamar Dallas, TX 75215 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Comm | Donation | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/05/2023 | Payee name Gonzalez Restaurant | | | |
| Amount (\$) 30.98 | Payee address; 367 Jefferson Blvd Dallas, TX 75208 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 3 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/09/2023 | 5 Payee name Lubys Store 0221 | | |
| 6 Amount (\$) 56.87 | 7 Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/09/2023 | Payee name Campis | | |
| Amount (\$) 44.62 | Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/06/2023 | Payee name Campis | | |
| Amount (\$) 47.54 | Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 4 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/21/2023 | 5 Payee name Campis | | | |
| 6 Amount (\$) 33.85 | 7 Payee address; 5600 Elm St Suite 111 Dallas, TX 75201 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/17/2023 | Lisa Soul Food Cafe | | | |
| Amount (\$) 58.44 | Payee address; 2550 W Redbird Ln Suit D404s, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/23/2023 | Payee name Popeyes #7391 | | | |
| Amount (\$) 38.92 | Payee address; 8181 S. Lancaster Rd Dallas, TX 75241 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 5 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 01/30/2023 | 5 Payee name Nothing Bundt | | | |
| 6 Amount (\$) 30.00 | 7 Payee address; 352 N Hwy 67 Suite B Cedar Hill, TX 75104 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/06/2023 | Ojeda Family Restaurant | | | |
| Amount (\$) 63.81 | Payee address; 2109 S Hampton Rd Desoto, TX 75115 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/07/2023 | Payee name Golden Chick | | | |
| Amount (\$) 38.41 | Payee address; 3789 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 6 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/12/2023 | 5 Payee name Pancake House | | | |
| 6 Amount (\$) 65.12 | 7 Payee address; 2900 Lemmon Ave SuiteD 200 as, TX 75204 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/14/2023 | Cheddars | | | |
| Amount (\$) 66.12 | Payee address; 39640 LBJ Frwy Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/15/2023 | Payee name Capital Grill | | | |
| Amount (\$) 61.96 | Payee address; 500 Crescent Ct Dallas, TX 75201 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 7 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/18/2023 | 5 Payee name Baby Back Shack | | | |
| 6 Amount (\$) 33.12 | 7 Payee address; 1800 Akard Dallas, TX 75215 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/21/2023 | Olive Garden | | | |
| Amount (\$) 88.06 | Payee address; 639 S Cockrell Hill Duncanville, TX 75116 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/03/2023 | Payee name The Island Spot | | | |
| Amount (\$) 25.88 | Payee address; 309 W Jefferson Blvd Dallas, TX 75208 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------------|------------------|
| 1 Total pages Schedule F1: 8 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Co | mmission Filers) |
| 4 Date 03/09/2023 | 5 Payee name Chick fil A | | | |
| 6 Amount (\$) 48.37 | 7 Payee address; 387 E FM 1382 Suite 75 Cedar Hill, TX 75104 | City; | State; Z | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expe | ense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offi | ce held |
| Date | Payee name | | | |
| 03/12/2023 | Spring Creek BBQ | | | |
| Amount (\$) 39.94 | Payee address; 2827 W Wheatland Dallas, TX 75237 | City; | State; Z | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expe | ense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offi | ce held |
| Date 03/18/2023 | Payee name Chubbys | | | |
| Amount (\$) 34.82 | Payee address; 7474 S Cockrell Hill Dallas, TX 75236 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expe | ense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Off | îce held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| oreal card aymen | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 9 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/03/2023 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 46.77 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/09/2023 | Payee name Sams Club | | |
| Amount (\$) 43.67 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/09/2023 | Payee name Sams Club | | |
| Amount (\$) 45.61 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| oreal card aymen | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 10 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/09/2023 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 22.55 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/17/2023 | Sams Club | | |
| Amount (\$) 54.29 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 01/17/2023 | Payee name Sams Club | | |
| Amount (\$) 100.00 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 11 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 01/23/2023 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 53.74 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/30/2023 | Payee name Sams Club | | | |
| Amount (\$) 21.21 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/30/2023 | Payee name Sams Club | | | |
| Amount (\$) 100.00 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 12 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/07/2023 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 55.78 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/13/2023 | Payee name Sams Club | | |
| Amount (\$) 33.38 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/13/2023 | Payee name Sams Club | | |
| Amount (\$) 53.35 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|---|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 13 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/21/2023 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 56.03 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/21/2023 | Sams Club | | |
| Amount (\$) 23.26 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/21/2023 | Payee name Sams Club | | |
| Amount (\$) 39.31 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 14 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/17/2023 | 5 Payee name Shell | | | |
| 6 Amount (\$) 33.99 | 7 Payee address; 7027 S RL Thornton Dallas, TX 75232 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/05/2023 | Payee name Shell | | | |
| Amount (\$) 40.01 | Payee address; 7027 S RL Thornton Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/10/2023 | Payee name Shell | | | |
| Amount (\$) 30.01 | Payee address; 7027 S RL Thornton Dallas, TX 75232 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | · |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 15 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 01/01/2023 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 40.76 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/01/2023 | Payee name Sams Club | | | |
| Amount (\$) 37.51 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/27/2023 | Payee name Sams Club | | | |
| Amount (\$) 54.02 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | · |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel In District
Travel Out Of District
Other (enter a category not listed above

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Candidate/Officeholder/Politica Credit Card Payment | 3 | Wages/Contract Labor | Other (enter a category not listed above) |
|--|---|-------------------------------------|---|
| | The Instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1: 16 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/03/2023 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 54.95 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/06/2023 | Sams Club | | |
| Amount (\$) 40.19 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/09/2023 | Payee name Sams Club | | |
| Amount (\$) 50.74 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 17 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/13/2023 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 54.00 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/14/2023 | Payee name Sams Club | | |
| Amount (\$) 40.51 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/14/2023 | Payee name Sams Club | | |
| Amount (\$) 31.17 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 18 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/20/2023 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 56.54 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/20/2023 | Payee name Sams Club | | | |
| Amount (\$) 46.67 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/20/2023 | Payee name Sams Club | | | |
| Amount (\$) 49.89 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 19 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/24/2023 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 38.77 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/25/2023 | Payee name Sams Club | | |
| Amount (\$) 55.42 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/27/2023 | Payee name Sams Club | | |
| Amount (\$) 47.74 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THI | S SCHEDULE AS NEI | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|---|-------------------------------------|---|
| Total pages Schedule F1: 20 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/27/2023 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 15.87 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/27/2023 | Payee name Sams Club | | |
| Amount (\$) 10.91 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/27/2023 | Payee name Sams Club | | |
| Amount (\$) 58.11 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 21 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/01/2023 | 5 Payee name AT&T | | |
| 6 Amount (\$) 451.62 | 7 Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description phone | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/01/2023 | Payee name AT&T | | |
| Amount (\$) 413.75 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/01/2023 | Payee name AT&T | | |
| Amount (\$) 414.47 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description phone | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THI | S SCHEDULE AS NEI | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , , | , |
|--|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 22 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/06/2023 | 5 Payee name US Postal Office | | | |
| 6 Amount (\$) 1890.00 | 7 Payee address; 3107 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description postage | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/16/2023 | US Postal Office | | | |
| Amount (\$) 63.00 | Payee address; 3107 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | gexpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/06/2023 | Payee name US Postal Office | | | |
| Amount (\$) 194.00 | Payee address; 3107 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|---------------------------------|-------------------|
| 1 Total pages Schedule F1: 23 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics C | ommission Filers) |
| 4 Date 02/17/2023 | 5 Payee name US Postal Office | | | |
| 6 Amount (\$) 63.00 | 7 Payee address; 3107 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description postage | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living ex | pense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Of | fice held |
| Date | Payee name | | | |
| 02/06/2023 | HOME DEPOT | | | |
| Amount (\$) 144.28 | Payee address; 2901 W WHEATLAND Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Of | fice held |
| Date 02/16/2023 | Payee name Home Depot | | | |
| Amount (\$) 101.73 | Payee address; 29001 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living exp | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | 0 | ffice held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 24 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 03/14/2023 | 5 Payee name HOME DEPOT | | | |
| 6 Amount (\$) 23.87 | 7 Payee address; 2901 W WHEATLAND Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/13/2023 | The Order Desk | | | |
| Amount (\$) 257.32 | Payee address; 9840 Monroe Dr Suite 1024allas, TX 75220 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/30/2023 | Payee name The Order Desk | | | |
| Amount (\$) 947.65 | Payee address; 9840 Monroe Dr Suite 104 allas, TX 75220 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 25 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/27/2023 | 5 Payee name Reilly Echols Printing Inc | | |
| 6 Amount (\$) 1160.98 | 7 Payee address; 1710 S Hardwood Dallas, TX 75201 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description printing | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/06/2023 | Payee name Reilly Echols Printing Inc | | |
| Amount (\$) 478.76 | Payee address; 1710 S Hardwood Dallas, TX 75201 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Printing Expense | printing | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/19/2023 | Payee name MMS Company Add Specialities | | |
| Amount (\$) 2500.00 | Payee address; 217 N I-35 Dessoto, TX 75115 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description yard signs | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 26 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/14/2023 | 5 Payee name Ojeda Family Restaurant | | |
| 6 Amount (\$) 61.06 | 7 Payee address; 2109 S Hampton Rd Desoto, TX 75115 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/06/2023 | Payee name Popeyes #7391 | | |
| Amount (\$) 31.76 | Payee address; 2972 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/08/2023 | Payee name Red Lobster | | |
| Amount (\$) 200.31 | Payee address; 603 N Cockrell Hill Dallas, TX 75232 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Ordan Oard Faymon | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 27 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/16/2023 | 5 Payee name Pappadeux | | |
| 6 Amount (\$) 108.76 | 7 Payee address; 800 E Hwy 67 Duncanville, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/23/2023 | Popeyes #7391 | | |
| Amount (\$) 38.92 | Payee address; 2972 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/20/2023 | Payee name Chick Fil A | | |
| Amount (\$) 22.98 | Payee address; 2429 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 28 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/06/2023 | 5 Payee name Campis | | | |
| 6 Amount (\$) 88.02 | 7 Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/17/2023 | Campis | | | |
| Amount (\$) 129.61 | Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/20/2023 | Payee name Chilis | | | |
| Amount (\$) 69.19 | Payee address; 2503 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---|---|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 29 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/13/2023 | 5 Payee name Chilis | | | |
| 6 Amount (\$) 68.16 | 7 Payee address; 2503 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/01/2023 | Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing Dallas, TX 75207 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Rent | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/01/2023 | Payee name Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing Dallas, TX 75207 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description rent | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 30 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/01/2023 | 5 Payee name Jefferson Monument | | |
| 6 Amount (\$) 350.00 | 7 Payee address; 1350 Manufacturing Dallas, TX 75207 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Rent | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/04/2023 | Payee name James & Iashun Virden | | |
| Amount (\$) 120.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/05/2023 | Payee name James & Iashun Virden | | |
| Amount (\$) 120.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description salary | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) | |
|--|---|-------------------------------------|---|----|
| Total pages Schedule F1: 31 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filer | s) |
| 4 Date 03/06/2023 | 5 Payee name James & Iashun Virden | ' | | |
| 6 Amount (\$) 300.00 | 7 Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description salary | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 03/11/2023 | Payee name James & Iashun Virden | | | |
| Amount (\$) 180.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description salary | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 03/12/2023 | Payee name James & Iashun Virden | | | |
| Amount (\$) 150.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description salary | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 32 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/13/2023 | 5 Payee name James & Iashun Virden | | | |
| 6 Amount (\$) 240.00 | 7 Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description salary | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/18/2023 | Payee name James & Iashun Virden | | | |
| Amount (\$) 210.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/19/2023 | Payee name James & Iashun Virden | | | |
| Amount (\$) 180.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description salary | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 33 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/20/2023 | 5 Payee name James & Iashun Virden | | |
| 6 Amount (\$) 450.00 | 7 Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description salary | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/24/2023 | Payee name James & Iashun Virden | | |
| Amount (\$) 360.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | OF Salatos Augus Solution 2005 | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/25/2023 | Payee name James & Iashun Virden | | |
| Amount (\$) 210.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description salary | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | |
|--|---|-------------------------------------|-----------------------------|----------------------|--|
| 1 Total pages Schedule F1: 34 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) | |
| 4 Date 03/26/2023 | 5 Payee name James & Iashun Virden | | | | |
| 6 Amount (\$) 180.00 | 7 Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description salary | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| Date 03/27/2023 | Payee name James & Iashun Virden | | | | |
| Amount (\$) 300.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; | Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| Date 02/17/2023 | Payee name Gail Turner | | | | |
| Amount (\$) 210.00 | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; | Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description phone bank | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| oreal card aymen | The Instruction Guide explains how to | complete this form. | |
|--|---|--|---------------------------------------|
| 1 Total pages Schedule F1: 35 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/03/2023 | 5 Payee name Gail Turner | | |
| 6 Amount (\$) 110.00 | 7 Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description phone bank | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/09/2023 | Payee name Gail Turner | | |
| Amount (\$) 120.00 | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | |
| Date 03/15/2023 | Payee name Gail Turner | | |
| Amount (\$) 130.00 | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 36 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/07/2023 | 5 Payee name Gail Turner | | |
| 6 Amount (\$) 90.00 | 7 Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description phone bank | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/20/2023 | Payee name Gail Turner | | |
| Amount (\$) 150.00 | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE Salaries/Wages/Contract Labor phone bank OF EXPENDITURE | | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/13/2023 | Payee name Gail Turner | | |
| Amount (\$) 120.00 | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|--|
| 1 Total pages Schedule F1: 37 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/10/2023 | 5 Payee name Gail Turner | | |
| 6 Amount (\$) 85.00 | 7 Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description phone bank | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/22/2023 | Payee name Judy Williams | | |
| Amount (\$) 100.00 | Payee address; 409 Lou Street Duncanville, TX 75137 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE Salaries/Wages/Contract Labor phone be EXPENDITURE | | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/27/2023 | Payee name Judy Williams | | |
| Amount (\$) 90.00 | Payee address; 409 Lou Street Duncanville, TX 75137 | City; | State; Zip Code |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description phone bank | |
| EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | Charle if Access | n TV officeholder living everage |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | n, TX, officeholder living expense Office held |
| Complete ONLY if direct expenditure to benefit C/OH | | Council District 8 | Office field |
| | ATTACH ADDITIONAL COPIES OF THE | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 38 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/11/2023 | 5 Payee name Judy Williams | | |
| 6 Amount (\$) 70.00 | 7 Payee address; 409 Lou Street Duncanville, TX 75137 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description phone bank | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/20/2023 | Payee name Judy Williams | | |
| Amount (\$) 90.00 | Payee address; 409 Lou Street Duncanville, TX 75137 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE Salaries/Wages/Contract Labor pho EXPENDITURE | | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 02/01/2023 | Payee name Big Bang | | |
| Amount (\$) 970.00 | Payee address; 103 N. W. 14th St Grand Prairie, TX 75050 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description door hangers | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| • | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1: 39 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 02/02/2023 | 5 Payee name Big Bang | | | |
| 6 Amount (\$) 450.00 | 7 Payee address; 103 N. W. 14th St Grand Prairie, TX 75050 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Printing Expense | door hangers | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living e | xpense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | C | office held |
| Date | Payee name | | | |
| 03/07/2023 | M&M Advertising | | | |
| Amount (\$) 1200.00 | Payee address; P.O. Box 1418 Desoto, TX 75123 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Advertising | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living e | xpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | C | ffice held |
| Date 03/07/2023 | Payee name M&M Advertising | | | |
| Amount (\$) 450.00 | Payee address; P.O. Box 1418 Desoto, TX 75123 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Advertising | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living e | xpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | outes (ornor a satego | ., |
|---|--|-------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 40 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 02/15/2023 | 5 Payee name Beyond The Slogam | | | |
| 6 Amount (\$) 500.00 | 7 Payee address; 2710 Routh Creek Suite Rk20ardson, TX 75061 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description consultant | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/07/2023 | Payee name Texas Democratic Party | | | |
| Amount (\$) 605.00 | Payee address; P.O. Box 15707 Austin, TX 78761 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description data base | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/17/2023 | Payee name Elite News | | | |
| Amount (\$) 1000.00 | Payee address; P.O. Box 380071 Dallas, TX 75183 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description advertising | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|---|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 41 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/20/2023 | 5 Payee name ECO Latino | | |
| 6 Amount (\$) 500.00 | 7 Payee address; 2320 W Davis Dallas, TX 75208 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description advertising | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/15/2023 | Terri Hodge | | |
| Amount (\$) 1000.00 | Payee address; 7106 Abrams Rd Dallas, TX 75231 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | OF Comparison | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

City Secretary's Office

Signature of officer administering oath

Supplemental Report Officeholder FORM S Cover Sheet MS / MRS / MR FIRST 1. CANDIDATE / MI 2. Total Pages Filed: **OFFICEHOLDER** Mr Tennell 54 NAME NICKNAME LAST SUFFIX 3. Office Held **Atkins** 4. SUPPLEMENTAL c January 15 🗶 30th day before election c Runoff c 15th day after campaign treasurer appointment REPORT TYPE (officeholder only) c July 15 c 8th day before election c Exceeded \$500 c Final Report limit 5. PERIOD / COVERED 1/1/2023 THROUGH 3/27/2023 6. ELECTION Month Day Year ✗ General c Primary c. Runoff c Special c N/A 7. OFFICE-CONTRIBUTION 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$0.00 **HOLDER** PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$0.00 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **EXPENDITURE** \$0.00 **TOTALS** \$0.00 4. TOTAL OFFICEHOLDER EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES 8. POLITICAL CONTRIBUTION \$0.00 TOTALS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (Campaign) 6. TOTAL POLITICAL CONTRIBUTIONS \$26,750.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED **EXPENDITURE** TOTALS \$25,757.18 8. TOTAL POLITICAL EXPENDITURES 9. OFFICEHOLDER FUNDS USED 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR \$0.00 CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD FOR CAMPAIGN PURPOSES 10. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code. ***ELECTRONICALLY CERTIFIED*** AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder Mr Tennell Atkins 17th Sworn to and subscribed before me, by the said _ , this the day _, to certify which, witness my hand and seal of office.

Printed name of officer administering oath

Title of officer administering oath

(214)670-3738

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 1 of 12 |
|--------------------------|--|-------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | |
| 4 Date | 5 Full name of contributor out-of-state_PAC | (ID#:) | 7 Amount of contribution (\$) |
| 03/07/2023 | Jeannette Watts | | 50.00 |
| Campaign Contribution | 6 Contributor address; City; 7132 Nandina Dr Dallas, | State; Zip Code TX 75241 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 02/17/2023 | R Steve Folsom | | 200.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code TX 75001 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 02/20/2023 | Mrs Pat Schenkel | | 1000.00 |
| Campaign Contribution | Contributor address: Citv: | State; Zip Code TX 75208 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 02/25/2023 | Full name of contributor | (ID#:) | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; 1014 Clifton Lane Desoto | State: Zip Code , TX 75115 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

| The | Instruction Guide explains how t | co complete this | form. | 1 Total pages Schedule A1: 2 of 12 |
|---|--|------------------|-----------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | is | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 02/20/2023 | Craig Schenkel | | | 500.00 |
| Campaign Contribution | 6 Contributor address; 3106 Stanford Ave | City; Dallas, | State; Zip Code TX 75225 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 02/20/2023 | Joan Walne | | | 250.00 |
| Campaign Contribution | Contributor address; 10020 Caribou Trail | City; Dallas, | State; Zip Code TX 75238 | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 02/17/2023 | John Volney | | | 250.00 |
| Campaign Contribution | Contributor address; 7047 Westlake Ave | City; Dallas, | State; Zip Code TX 75214 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date 03/10/2023 | Full name of contributor The Preo Group, LLC | out-of-state PAC | (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; 3503 Viburnum Drive | City; Wylie, | State: Zip Code TX 75098 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete t | this form. | 1 Total pages Schedule A1: 3 of 12 |
|----------------------------------|---|--------------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | 18 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state | PAC (ID#:) | 7 Amount of contribution (\$) |
| 02/28/2023 | Access Buckner LTD | | 1000.00 |
| Campaign Contribution | 6 Contributor address; City; 3404 N I-35 Suite E Lan | State; Zip Code acaster, TX 75134 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor out-of-state | PAC (ID#:) | Amount of contribution (\$) |
| 03/04/2023 | Marian Brown for Sheriff | | 200.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code squite, TX 75185 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| 03/14/2023 | William Tsao | | 1000.00 |
| Campaign Contribution | Contributor address; City; 6922 Aspen Creek Ln Dall | State; Zip Code las, TX 75202 | |
| Principal occup | Dation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date 02/14/2023 | Full name of contributor out-of-state Kai Ray Chung | PAC (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; City; 2308 Morning Glory Dr Ricl | State: Zip Code hardson, TX 75082 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | | | |

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SCHEDULE A1

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| ille | Instruction Guide explains how to | complete this | form. | 1 Total pages Schedule A1: 4 of 12 |
|--------------------------|--|------------------|------------------------------------|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | ıs | | | |
| 4 Date | 5 Full name of contributor [| out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 03/14/2023 | Dr Charles Ku | | | 500.00 |
| Campaign Contribution | 6 Contributor address; 148 Red Oak Ln | City; Flower | State; Zip Code Mound, TX 75028 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 03/14/2023 | Shihhsiu Chen | | | 300.00 |
| Campaign Contribution | Contributor address; 1508 Adams Dr | City; | State; Zip Code ton, TX 75010 | |
| Principal occup | nation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 03/01/2023 | Chun Huang | | | 200.00 |
| Campaign Contribution | Contributor address; 6178 Prestondell Dr | Citv: | State; Zip Code TX 75240 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 03/14/2023 | Full name of contributor Eric Ko | out-of-state PAC | (ID#:) | Amount of contribution (\$) 200.00 |
| Campaign Contribution | Contributor address: 5916 Crownover Court | City; Plano, | State: Zip Code TX 75093 | |
| | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this | 1 Total pages Schedule A1: 5 of 12 | |
|--------------------------|---|---------------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | ns | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of contribution (\$) |
| 03/14/2023 | Kathy Lin | | 200.00 |
| Campaign Contribution | 6 Contributor address; City; 6515 Virginia Square Arlings | State; Zip Code ton, TX 76017 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | cions) |
| Date | Full name of contributor | : (ID#:) | Amount of contribution (\$) |
| 03/14/2023 | helen lee | | 200.00 |
| Campaign Contribution | Contributor address; City; 1417 chesterton dr richard | State; Zip Code son, TX 75080 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | : (ID#:) | Amount of contribution (\$) |
| 03/14/2023 | Tina Higley | | 100.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code TX 75025 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 03/14/2023 | Full name of contributor | (ID#:) | Amount of contribution (\$) 100.00 |
| Campaign Contribution | Contributor address; City; 5201 Mariners Dr Plano, | State: Zip Code TX 75093 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete the | nis form. | 1 Total pages Schedule A1: 6 of 12 |
|--------------------------|--|------------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | |
| 4 Date | 5 Full name of contributor out-of-state F | PAC (ID#:) | 7 Amount of contribution (\$) |
| 03/02/2023 | Arnold Gachman | | 250.00 |
| Campaign Contribution | 6 Contributor address; City; 1229 Shady Oaks Lane Fort | State; Zip Code Worth, TX 76107 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| 03/01/2023 | Neil Goldberg | | 1000.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code as, TX 75229 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| 03/17/2023 | Royce West Campaign Committee | | 500.00 |
| Campaign Contribution | Contributor address; City; 330 S R L Thornton Frwy Suite 220 Dalla | State; Zip Code as, TX 75203 | |
| Principal occu | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 03/24/2023 | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; City; 1303 Woodlawn Ave Dalla | State: Zip Code as, TX 75208 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to con | mplete this | form. | 1 Total pages Schedule A1: 7 of 12 |
|--------------------------|---|-----------------|-----------------------------|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | uS | | | |
| 4 Date | 5 Full name of contributor our | ut-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 02/17/2023 | Ronald Steinhart | | | 500.00 |
| Campaign Contribution | 6 Contributor address; C 25 Robledo Dr | Dallas, | State; Zip Code TX 75230 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | ut-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 02/16/2023 | Elizabeth Trout | | | 1000.00 |
| Campaign Contribution | | City; | State; Zip Code TX 75205 | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor ou | ut-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 02/15/2023 | Deedie Rose | | | 1000.00 |
| Campaign Contribution | Contributor address; C 5 Willowood St | Dallas, | State; Zip Code TX 75205 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date 01/26/2023 | Full name of contributor our | ut-of-state PAC | (ID#:) | Amount of contribution (\$) 250.00 |
| Campaign Contribution | Contributor address; Ci P.O. Box 1400092 | City; Irving, | State: Zip Code TX 75014 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to comp | plete this form. | 1 Total pages Schedule A1: 8 of 12 |
|--------------------------|---|---|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | |
| 4 Date | 5 Full name of contributor out-o | rf-state PAC (ID#:) | 7 Amount of contribution (\$) |
| 03/20/2023 | DeMetris Sampson | | 500.00 |
| Campaign Contribution | 6 Contributor address; City P.O. Box 763834 | r; State; Zip Code Dallas, TX 75376-3834 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | itions) |
| Date | Full name of contributor | of-state PAC (ID#:) | Amount of contribution (\$) |
| 02/28/2023 | Olive Talley | | 50.00 |
| Campaign Contribution | Contributor address; City 6133 Prospect Ave | | |
| Principal occup | nation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | of-state PAC (ID#:) | Amount of contribution (\$) |
| 02/22/2023 | Matthew Houston | | 250.00 |
| Campaign Contribution | Contributor address; City 1504 Boca Chica Drive | r; State; Zip Code Dallas, TX 75232 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 02/21/2023 | Full name of contributor out-o | of-state PAC (ID#:) | Amount of contribution (\$) 100.00 |
| Campaign Contribution | Contributor address; City 7117 Wake Forest Drive | State: Zip Code Dallas, TX 75214 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how to complete this form | . 1 | Total pages Schedule A1: 9 of 12 |
|--------------------------|--|----------------------------|-------------------------------------|
| 2 FILER NAME | | 3 | Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) |
| 01/12/2023 | MRR & Associates LLC | | 500.00 |
| Campaign Contribution | 6 Contributor address; City; Sta 400 N St. Paul St Suite 300 Dallas, TX 7 | ' ' | |
| 8 Principal occu | pation / Job title (See Instructions) 9 E | Employer (See Instruction: | s) |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) |
| 02/27/2023 | Lucy Billingsley | | 1000.00 |
| Campaign Contribution | | ite; Zip Code | |
| Principal occu | pation / Job title (See Instructions) | mployer (See Instructions | 5) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) |
| 03/01/2023 | McMahon Rrvocable Trust | | 1000.00 |
| Campaign Contribution | Contributor address; City; Sta 4430 Prairie Xing Suite 120 Prosper, TX | te; Zip Code 75078 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| Date 03/02/2023 | Full name of contributor out-of-state PAC (ID#: Wade V Blake | , | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; Sta 11004 Ormond Ln. Frisco, TX 7 | ite; Zip Code 5035 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 10 of 12 |
|--------------------------|---|------------------|---|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | 1S | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 03/02/2023 | Robert Hodge | | | 1000.00 |
| Campaign Contribution | 6 Contributor address; 2690 Creekside Ct | City; Highla | State; Zip Code nd Village, TX 75077 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 03/01/2023 | Kevin and Mendy McCann | | | 1000.00 |
| Campaign Contribution | Contributor address; 5284 Quail Run | City; Frisco, | State; Zip Code TX 75034 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/02/2023 | Barry Rich | | | 1000.00 |
| Campaign Contribution | Contributor address; P.O. Box 2083 | City; Frisco, | State; Zip Code TX 75034 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 02/27/2023 | Full name of contributor Lucy J Cain | out-of-state PAC | (ID#:) | Amount of contribution (\$) 100.00 |
| Campaign Contribution | Contributor address; 4308 Spring Ave. | City; Dallas, | State: Zip Code TX 75210 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

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SCHEDULE A1

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| 2 FILER NAME Mr Tennell Atkins 3 Filer ID (Ethics Mr Tennell Atkins Mr Tennell | Commission Filers) |
|--|--------------------|
| S Full name of contributor | |
| Bailey Kyle Mercer 1000.00 | |
| Campaign Contribution 6 Contributor address; | tribution (\$) |
| Sampling Contribution 2500 West Virginia Center McKinney, TX 75070 | |
| Date Full name of contributor out-of-state PAC (ID#: | |
| Date Full name of contributor Gampaign Contributor Gampaign Contributor Gampaign Contributor Gampaign Contribution Date Gampaign Contributor Con | |
| Campaign Contribution Contributor address; City; State; Zip Code Prosper, TX 75078 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 03/01/2023 William Penz City; State; Zip Code Instructions Amount of cor 1000.00 Campaign Contributor address; City; State; Zip Code Frisco, TX 75034 | tribution (\$) |
| Campaign Contribution Contribution Contribution Contribution City; State; Zip Code Prosper, TX 75078 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor O3/01/2023 William Penz City; State; Zip Code 1000.00 Campaign Contributor address; City; State; Zip Code Contribution Contribution City; State; Zip Code Frisco, TX 75034 | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of cor 03/01/2023 William Penz 1000.00 Campaign Contributor address; City; State; Zip Code Frisco, TX 75034 | |
| 03/01/2023 William Penz 1000.00 Campaign Contributor address; City; State; Zip Code Frisco, TX 75034 | |
| Campaign Contributor address; City; State; Zip Code Contribution 6307 Pintail Ln Frisco, TX 75034 | ntribution (\$) |
| Contribution 6307 Pintail Ln Frisco, TX 75034 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| <u> </u> | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of cor 1000.00 | ntribution (\$) |
| Campaign Contributor address; City; State: Zip Code Blue Ridge, TX 75424 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |

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SCHEDULE A1

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| The | Instruction Guide explains how to complete this for | rm. | 1 Total pages Schedule A1: 12 of 12 |
|---|---|--------------------------------|--|
| 2 FILER NAME Mr Tennell Atkir | ıs | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID: | #:) | 7 Amount of contribution (\$) |
| 03/02/2023 | Kevin Bernard | | 1000.00 |
| Campaign Contribution | 6 Contributor address; City; | State; Zip Code y, TX 75070 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instruct | tions) |
| Date | Full name of contributor | #:) | Amount of contribution (\$) |
| 03/10/2023 | Butler & Butler Construction | | 1000.00 |
| Campaign Contribution | | State; Zip Code , TX 76017 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | #:) | Amount of contribution (\$) |
| | Contributor address; City; S | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor | #:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | | | |
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | outer (other a sategor | yoto.ca azovo, |
|---|--|-------------------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1: 1 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/30/2023 | The Order Desk | | | |
| 6 Amount (\$) 385.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 9840 Monroe Dr Suite 1@ Allas, TX 75220 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | supplies | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date | Payee name | | | |
| 02/13/2023 | The Order Desk | | | |
| Amount (\$) 155.00 Campaign Funds for Campaign Expenditures | Payee address; 9840 Monroe Dr Suite 1@allas, TX 75220 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date | Payee name | | | |
| 01/30/2023 | The Order Desk | | | |
| Amount (\$) 530.89 Campaign Funds for Campaign Expenditures | Payee address; 9840 Monroe Dr Suite 1@Pallas, TX 75220 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living e | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|---|-------------------------------------|---|
| 1 Total pages Schedule F1: 2 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/13/2023 | The Order Desk | | |
| 6 Amount (\$) 89.53 Campaign Funds for | 7 Payee address; 9840 Monroe Dr Suite 14 0 allas, TX 75220 | City; | State; Zip Code |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/14/2023 | Alligator Jacks | | |
| Amount (\$) 40.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 5310 S Lamar Dallas, TX 75215 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | Donation | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 01/05/2023 | Gonzalez Restaurant | | |
| Amount (\$) 30.98 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 367 Jefferson Blvd Dallas, TX 75208 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magnes/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: 3 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 01/09/2023 | Lubys Store 0221 | | |
| 6 Amount (\$) 56.87 | 7 Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | • | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/09/2023 | Campis | | |
| Amount (\$) 44.62 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1520 Elm St Suite 111 Dallas, TX 75201 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/06/2023 | Campis | | |
| Amount (\$) 47.54 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1520 Elm St Suite 111 Dallas, TX 75201 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 4 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 02/21/2023 | Campis | | | |
| 6 Amount (\$) 33.85 Campaign Funds for Campaign Expenditures | 7 Payee address; 5600 Elm St Suite 111 Dallas, TX 75201 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/17/2023 | Lisa Soul Food Cafe | | | |
| Amount (\$) 58.44 | Payee address; 2550 W Redbird Ln Suite 404 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | Dallas, TX 75237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/23/2023 | Popeyes #7391 | | | |
| Amount (\$) 38.92 | Payee address; 8181 S. Lancaster Rd Dallas, TX 75241 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 24.1.0.7.5.7.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , , | , |
|--|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 5 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/30/2023 | Nothing Bundt | | | |
| 6 Amount (\$) 30.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 352 N Hwy 67 Suite B Cedar Hill, TX 75104 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/06/2023 | Ojeda Family Restaurant | | | |
| Amount (\$) 63.81 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2109 S Hampton Rd Desoto, TX 75115 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/07/2023 | Golden Chick | | | |
| Amount (\$) 38.41 | Payee address; 3789 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 370) W Cump Wisdom Bunus, 112 /323/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Caron (orner a category norne | .54 45575) |
|--|---|-------------------------------------|------------------------------------|----------------|
| 1 Total pages Schedule F1: 6 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Comm | ission Filers) |
| 4 Date 02/12/2023 | 5 Payee name Pancake House | | | |
| 6 Amount (\$) 65.12 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 Lemmon Ave Suite Danoas, TX 75204 | City; | State; Zip | Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | • |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| Date 02/14/2023 | Payee name Cheddars | | | |
| Amount (\$) 66.12 Campaign Funds for Campaign Expenditures | Payee address; 39640 LBJ Frwy Dallas, TX 75237 | City; | State; Zip | Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| Date | Payee name | | | |
| 02/15/2023 | Capital Grill | | | |
| Amount (\$) 61.96 Campaign Funds for Campaign Expenditures | Payee address; 500 Crescent Ct Dallas, TX 75201 | City; | State; Zip | Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | DED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 7 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/18/2023 | Baby Back Shack | | |
| 6 Amount (\$) 33.12 Campaign Funds for Campaign Expenditures | 7 Payee address; 1800 Akard Dallas, TX 75215 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/21/2023 | Olive Garden | | |
| Amount (\$) 88.06 | Payee address; 639 S Cockrell Hill Duncanville, TX 75116 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/03/2023 | The Island Spot | | |
| Amount (\$) 25.88 | Payee address; 309 W Jefferson Blvd Dallas, TX 75208 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 307 W Jeffelson Blvd Danas, 17 73200 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | outer (enter a satisfier y northelion above) | |
|--|---|-------------------------------------|--|------|
| 1 Total pages Schedule F1: 8 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission File | ers) |
| 4 Date | 5 Payee name | l | | |
| 03/09/2023 | Chick fil A | | | |
| 6 Amount (\$) 48.37 Campaign Funds for Campaign Expenditures | 7 Payee address; 387 E FM 1382 Suite 75 Cedar Hill, TX 75104 | City; | State; Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/12/2023 | Spring Creek BBQ | | | |
| Amount (\$) 39.94 Campaign Funds for Campaign Expenditures | Payee address; 2827 W Wheatland Dallas, TX 75237 | City; | State; Zip Code | |
| 1 0 1 | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/18/2023 | Chubbys | | | |
| Amount (\$) 34.82 Campaign Funds for Campaign Expenditures | Payee address; 7474 S Cockrell Hill Dallas, TX 75236 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 9 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/03/2023 | Sams Club | | |
| 6 Amount (\$) 46.77 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/09/2023 | Sams Club | | |
| Amount (\$) 43.67 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 01/09/2023 | Sams Club | | |
| Amount (\$) 45.61 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/09/2023 | Sams Club | | | |
| 6 Amount (\$) 22.55 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/17/2023 | Sams Club | | | |
| Amount (\$) 54.29 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 01/17/2023 | Sams Club | | | |
| Amount (\$) 100.00 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 w wilcanand Danas, 1A 73237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 11 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/23/2023 | Sams Club | | |
| 6 Amount (\$) 53.74 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/30/2023 | Sams Club | | |
| Amount (\$) 21.21 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, 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 | Payee name | | |
| 01/30/2023 | Sams Club | | |
| Amount (\$) 100.00 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 w wilcattanu Danas, 1X /323/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 12 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/07/2023 | Sams Club | | |
| 6 Amount (\$) 55.78 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/13/2023 | Sams Club | | |
| Amount (\$) 33.38 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/13/2023 | Sams Club | | |
| Amount (\$) 53.35 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 13 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/21/2023 | Sams Club | | |
| 6 Amount (\$) 56.03 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/21/2023 | Sams Club | | |
| Amount (\$) 23.26 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/21/2023 | Sams Club | | |
| Amount (\$) 39.31 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , | • |
|--|--|-------------------------------------|------------------------------------|--------------|
| 1 Total pages Schedule F1: 14 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commiss | sion Filers) |
| 4 Date | 5 Payee name | | | |
| 02/17/2023 | Shell | | | |
| 6 Amount (\$) 33.99 Campaign Funds for Campaign Expenditures | 7 Payee address; 7027 S RL Thornton Dallas, TX 75232 | City; | State; Zip C | ode |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office he | eld |
| Date | Payee name | | | |
| 03/05/2023 | Shell | | | |
| Amount (\$) 40.01 Campaign Funds for Campaign Expenditures | Payee address; 7027 S RL Thornton Dallas, TX 75232 | City; | State; Zip C | ode |
| 1 6 | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office he | ld |
| Date | Payee name | | | |
| 03/10/2023 | Shell | | | |
| Amount (\$) 30.01 | Payee address; 7027 S RL Thornton Dallas, TX 75232 | City; | State; Zip C | ode |
| Campaign Funds for Campaign Expenditures | 7027 S RL Inornton Dallas, 1X /3232 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office h | eld |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 15 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/01/2023 | Sams Club | | |
| 6 Amount (\$) 40.76 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/01/2023 | Sams Club | | |
| Amount (\$) 37.51 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/27/2023 | Sams Club | | |
| Amount (\$) 54.02 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 16 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/03/2023 | Sams Club | | |
| 6 Amount (\$) 54.95 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/06/2023 | Sams Club | | |
| Amount (\$) 40.19 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/09/2023 | Sams Club | | |
| Amount (\$) 50.74 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| , | The Instruction Guide explains how to | complete this form. | | |
|---|--|--|---------------------------------------|--|
| 1 Total pages Schedule F1: 17 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | | |
| 03/13/2023 | Sams Club | | | |
| 6 Amount (\$) 54.00 | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 03/14/2023 | Sams Club | | | |
| Amount (\$) 40.51 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/14/2023 | Sams Club | | | |
| Amount (\$) 31.17 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Orean Garar ayment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 18 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/20/2023 | Sams Club | | |
| 6 Amount (\$) 56.54 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/20/2023 | Sams Club | | |
| Amount (\$) 46.67 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/20/2023 | Sams Club | | |
| Amount (\$) 49.89 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 W Wilcariand Danas, 1X 13231 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|---|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 19 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 03/24/2023 | Sams Club | | |
| 6 Amount (\$) 38.77 Campaign Funds for | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/25/2023 | Sams Club | | |
| Amount (\$) 55.42 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/27/2023 | Sams Club | | |
| Amount (\$) 47.74 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 20 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/27/2023 | Sams Club | | | |
| 6 Amount (\$) 15.87 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/27/2023 | Sams Club | | | |
| Amount (\$) 10.91 | Payee address; 2900 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit 6/011 | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/27/2023 | Sams Club | | | |
| Amount (\$) 58.11 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Dallas, TX 75237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|---|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 21 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/01/2023 | AT&T | | |
| 6 Amount (\$) 451.62 Campaign Funds for | 7 Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| Campaign Expenditures | (C) Cotogony (C) Octobrois listed at the transfithing sheddel | (h) Description | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/01/2023 | AT&T | | |
| Amount (\$) 413.75 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | P.O. Box 6811 Dallas, TX 75225 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/01/2023 | AT&T | | |
| Amount (\$) 414.47 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | P.O. Box 6811 Dallas, TX 75225 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|-------------------------------------|----------------|
| 1 Total pages Schedule F1: 22 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Comm | ission Filers) |
| 4 Date | 5 Payee name | | I | |
| 02/06/2023 | US Postal Office | | | |
| 6 Amount (\$) 1890.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 3107 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip | Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | • |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| Date | Payee name | | | |
| 02/16/2023 | US Postal Office | | | |
| Amount (\$) 63.00 | Payee address; 3107 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip | Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |) |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office | held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/06/2023 | US Postal Office | | | |
| Amount (\$) 194.00 | Payee address; | City; | State; Zip | Code |
| Campaign Funds for Campaign Expenditures | 3107 W Camp Wisdom Dallas, TX 75237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | • |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|--|----------------------------|----------------------|
| 1 Total pages Schedule F1: 23 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 02/17/2023 | US Postal Office | | | |
| 6 Amount (\$) 63.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 3107 W Camp Wisdom Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 02/06/2023 | HOME DEPOT | | | |
| Amount (\$) 144.28 | Payee address; 2901 W WHEATLAND Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 02/16/2023 | Home Depot | | | |
| Amount (\$) 101.73 | Payee address; 29001 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 27001 W Wilcardand Bullas, TX 73237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Office Overhead/Rental Expense | supplies | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|-------------------------------------|---------------|
| 1 Total pages Schedule F1: 24 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commis | ssion Filers) |
| 4 Date | 5 Payee name | | I | |
| 03/14/2023 | HOME DEPOT | | | |
| 6 Amount (\$) 23.87 Campaign Funds for Campaign Expenditures | 7 Payee address; 2901 W WHEATLAND Dallas, TX 75237 | City; | State; Zip (| Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office h | neld |
| Date | Payee name | | | |
| 02/13/2023 | The Order Desk | | | |
| Amount (\$) 257.32 | Payee address; 9840 Monroe Dr Suite 104 allas, TX 75220 | City; | State; Zip (| Code |
| Campaign Funds for Campaign Expenditures | | T = | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office h | ield |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 01/30/2023 | The Order Desk | | | |
| Amount (\$) 947.65 | Payee address; 9840 Monroe Dr Suite 1024allas, TX 75220 | City; | State; Zip | Code |
| Campaign Funds for Campaign Expenditures | 9040 Molifoe Di Suite Tusanas, 1A 73220 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office | held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 25 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/27/2023 | Reilly Echols Printing Inc | | |
| 6 Amount (\$) 1160.98 Campaign Funds for Campaign Expenditures | 7 Payee address; 1710 S Hardwood Dallas, TX 75201 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Printing Expense | printing | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/06/2023 | Reilly Echols Printing Inc | | |
| Amount (\$) 478.76 | Payee address; 1710 S Hardwood Dallas, TX 75201 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | T 5 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Printing Expense | printing | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/19/2023 | MMS Company Add Specialities | | |
| Amount (\$) 2500.00 | Payee address; 217 N I-35 Dessoto, TX 75115 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 217 N 1-35 Dessoio, 1A 75115 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | yard signs | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , , , | , |
|--|--|-------------------------------------|-------------------------------|--------------------|
| 1 Total pages Schedule F1: 26 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics 0 | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/14/2023 | Ojeda Family Restaurant | | | |
| 6 Amount (\$) 61.06 Campaign Funds for Campaign Expenditures | 7 Payee address; 2109 S Hampton Rd Desoto, TX 75115 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living e | kpense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | O | ffice held |
| Date | Payee name | | | |
| 03/06/2023 | Popeyes #7391 | | | |
| Amount (\$) 31.76 | Payee address; 2972 W Wheatland Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living ex | pense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | 0 | ffice held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/08/2023 | Red Lobster | | | |
| Amount (\$) 200.31 | Payee address; 603 N Cockrell Hill Dallas, TX 75232 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 603 N Cockrell Hill Dallas, TX 75232 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Food/Beverage Expense | food | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | C | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | care. (crief a category normatical azorto) |
|---|--|-------------------------------------|--|
| 1 Total pages Schedule F1: 27 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 03/16/2023 | Pappadeux | | |
| 6 Amount (\$) 108.76 Campaign Funds for Campaign Expenditures | 7 Payee address; 800 E Hwy 67 Duncanville, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/23/2023 | Popeyes #7391 | | |
| Amount (\$) 38.92 Campaign Funds for Campaign Expenditures | Payee address; 2972 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 1 0 1 | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/20/2023 | Chick Fil A | | |
| Amount (\$) 22.98 Campaign Funds for Campaign Expenditures | Payee address; 2429 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|---|-------------------------------------|---|
| 1 Total pages Schedule F1: 28 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/06/2023 | Campis | | |
| 6 Amount (\$) 88.02 | 7 Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/17/2023 | Campis | | |
| Amount (\$) 129.61 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1520 Elm St Suite 111 Dallas, TX 75201 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/20/2023 | Chilis | | |
| Amount (\$) 69.19 | Payee address; 2503 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for | 2503 W Wheatland Dallas, TX 75237 | | |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food/Beverage Expense | food | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | :DED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 29 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/13/2023 | Chilis | | |
| 6 Amount (\$) 68.16 Campaign Funds for Campaign Expenditures | 7 Payee address; 2503 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 01/01/2023 | Jefferson Monument | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing Dallas, TX 75207 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | T = | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Rent | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/01/2023 | Jefferson Monument | | |
| Amount (\$) 350.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1350 Manufacturing Dallas, TX 75207 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | oute. (etter a category not noted above) | |
|---|--|-------------------------------------|--|---|
| 1 Total pages Schedule F1: 30 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |) |
| 4 Date | 5 Payee name | | | |
| 03/01/2023 | Jefferson Monument | | | |
| 6 Amount (\$) 350.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 1350 Manufacturing Dallas, TX 75207 | City; | State; Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Rent | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/04/2023 | James & Iashun Virden | | | |
| Amount (\$) 120.00 Campaign Funds for Campaign Expenditures | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/05/2023 | James & Iashun Virden | | | |
| Amount (\$) 120.00 Campaign Funds for Campaign Expenditures | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--|--|-------------------------------------|---|
| 1 Total pages Schedule F1: 31 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 03/06/2023 | James & Iashun Virden | | |
| 6 Amount (\$) 300.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/11/2023 | James & Iashun Virden | | |
| Amount (\$) 180.00 Campaign Funds for Campaign Expenditures | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/12/2023 | James & Iashun Virden | | |
| Amount (\$) 150.00 Campaign Funds for Campaign Expenditures | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Ordan Oard Faymon | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 32 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/13/2023 | James & Iashun Virden | | |
| 6 Amount (\$) 240.00 | 7 Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/18/2023 | James & Iashun Virden | | |
| Amount (\$) 210.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| EXPENDITORE | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/19/2023 | James & Iashun Virden | | |
| Amount (\$) 180.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 5425 Hacicida Danas, 1A 75255 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) | |
|---|--|---------------------------------------|---|--|
| 1 Total pages Schedule F1: 33 of 41 | 2 FILER NAME Mr Tennell Atkins | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Payee name | | | |
| 03/20/2023 | James & Iashun Virden | | | |
| 6 Amount (\$) 450.00 | 7 Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF | Salaries/Wages/Contract Labor | salary | | |
| EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/24/2023 | James & Iashun Virden | | | |
| Amount (\$) 360.00 | Payee address; | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 3425 Hacienda Dallas, TX 75233 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Salaries/Wages/Contract Labor | salary | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/25/2023 | James & Iashun Virden | | | |
| Amount (\$) 210.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 5425 Hacienda Danas, 1A 75255 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Salaries/Wages/Contract Labor | salary | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 34 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/26/2023 | James & Iashun Virden | | |
| 6 Amount (\$) 180.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/27/2023 | James & Iashun Virden | | |
| Amount (\$) 300.00 | Payee address; 3425 Hacienda Dallas, TX 75233 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | salary | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/17/2023 | Gail Turner | | |
| Amount (\$) 210.00 Campaign Funds for | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | , , | |
|---|--|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 35 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/03/2023 | Gail Turner | | | |
| 6 Amount (\$) 110.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/09/2023 | Gail Turner | | | |
| Amount (\$) 120.00 Campaign Funds for Campaign Expenditures | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; | Zip Code |
| Campaign Expenditures | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/15/2023 | Gail Turner | | | |
| Amount (\$) 130.00 Campaign Funds for Campaign Expenditures | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | care. (crief a category normatical azorto) |
|--|--|-------------------------------------|--|
| 1 Total pages Schedule F1: 36 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/07/2023 | Gail Turner | | |
| 6 Amount (\$) 90.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/20/2023 | Gail Turner | | |
| Amount (\$) 150.00 Campaign Funds for Campaign Expenditures | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| 1 0 1 | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/13/2023 | Gail Turner | | |
| Amount (\$) 120.00 Campaign Funds for Campaign Expenditures | Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 37 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/10/2023 | Gail Turner | | |
| 6 Amount (\$) 85.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 524 Sumac Place DeSoto, TX 75115 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/22/2023 | Judy Williams | | |
| Amount (\$) 100.00 | Payee address; 409 Lou Street Duncanville, TX 75137 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/27/2023 | Judy Williams | | |
| Amount (\$) 90.00 | Payee address; 409 Lou Street Duncanville, TX 75137 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 409 Lou Sueet Duncanvine, 1A 75157 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 38 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/11/2023 | Judy Williams | | | |
| 6 Amount (\$) 70.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 409 Lou Street Duncanville, TX 75137 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 03/20/2023 | Judy Williams | | | |
| Amount (\$) 90.00 | Payee address; 409 Lou Street Duncanville, TX 75137 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 0-1 | Description | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Salaries/Wages/Contract Labor | phone bank | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 02/01/2023 | Big Bang | | | |
| Amount (\$) 970.00 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 103 N. W. 14th St Grand Prairie, TX 75050 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Printing Expense | door hangers | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Outo. (ottor a sategory northolog above) | | |
|---|--|-------------------------------------|---|------|--|
| 1 Total pages Schedule F1: 39 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission File | ers) | |
| 4 Date | 5 Payee name | | | | |
| 02/02/2023 | Big Bang | | | | |
| 6 Amount (\$) 450.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 103 N. W. 14th St Grand Prairie, TX 75050 | City; | State; Zip Code | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Printing Expense | door hangers | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| Date | Payee name | | | | |
| 03/07/2023 | M&M Advertising | | | | |
| Amount (\$) 1200.00 Campaign Funds for Campaign Expenditures | Payee address; P.O. Box 1418 Desoto, TX 75123 | City; | State; Zip Code | | |
| Cumpuign Emperioreures | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Advertising | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | ck if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| Date | Payee name | | | | |
| 03/07/2023 | M&M Advertising | | | | |
| Amount (\$) 450.00 Campaign Funds for Campaign Expenditures | Payee address; P.O. Box 1418 Desoto, TX 75123 | City; | State; Zip Code | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Advertising | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) | | |
|--|--|-------------------------------------|--|--|--|
| 1 Total pages Schedule F1: 40 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Payee name | | | | |
| 02/15/2023 | Beyond The Slogam | | | | |
| 6 Amount (\$) 500.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 2710 Routh Creek Suite 4120 Richardson, TX 75061 | City; | State; Zip Code | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Consulting Expense | consultant | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| Date | Payee name | | | | |
| 01/07/2023 | Texas Democratic Party | | | | |
| Amount (\$) 605.00 Campaign Funds for Campaign Expenditures | Payee address; P.O. Box 15707 Austin, TX 78761 | City; | State; Zip Code | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Consulting Expense | data base | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | k if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| Date | Payee name | | | | |
| 01/17/2023 | Elite News | | | | |
| Amount (\$) 1000.00 Campaign Funds for Campaign Expenditures | Payee address; P.O. Box 380071 Dallas, TX 75183 | City; | State; Zip Code | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | advertising | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (effici a category not listed above) | , |
|--|--|-------------------------------------|--|------|
| 1 Total pages Schedule F1: 41 of 41 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission File | ers) |
| 4 Date | 5 Payee name | | | |
| 03/20/2023 | ECO Latino | | | |
| 6 Amount (\$) 500.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 2320 W Davis Dallas, TX 75208 | City; | State; Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | advertising | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 02/15/2023 | Terri Hodge | | | |
| Amount (\$) 1000.00 Campaign Funds for Campaign Expenditures | Payee address; 7106 Abrams Rd Dallas, TX 75231 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Consulting Expense | consultant | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED | |