CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 80
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Tennell	MI	OFFICE USE ONLY Date Received
	Atkins		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Pallas TX 75237	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 417 8939	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mrs Velma	MI	Receipt # Amount \$
NAME	NICKNAME LAST Milliner	SUFFIX	Date Processed Date Imaged
	iviliinei		Bate imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1407 Laura Lane	JITE #; CITY; STATE; Dallas TX 75241	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 371 7482	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2019	THROUGH 03	Day Year 25 2019
11 ELECTION	Month Day Year Primary 05 / 04 / 2019 X General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) District 8	13 OFFICE SOUGHT (if known Council District 8	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)	
Tennell Atkins				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 46040.00	
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 58909.04	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 27255.85	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 30181.00	
18 AFFIDAVIT			erjury, that the accompanying report is ormation required to be reported by me	
		ELECTRONICALLY C	CERTIFIED	
		Signature of Cano	didate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsc	ribed before me, t	by the said Tennell Atkins	, this the 4th	
day of <u>April</u>	, 2019,	to certify which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Tennell Atkins 20 Filer ID (Ethics Cor			mmission Filers)
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 46,040.00
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 CONTRIBUTIONS			\$ 58,909.04
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$ 0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$ 0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$ 0.00
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 0.00
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2019	Hiawatha Williams 6 Contributor address; City; State;	Zip Code	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 02/08/2019	Dallas Police Officer PAC Contributor address; City; State;	(ID#:) Zip Code TX 75215	Amount of contribution (\$) 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/01/2019	Alan & Joan Walne Contributor address; City; State;	Zip Code TX 75238	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/01/2019	Ronald G Steinhart Contributor address; City; State;		Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
02/06/2019	Gilbert Aranza		1000.00
	6 Contributor address; City; State;	Zip Code	
	P.O. Box 601527 Dallas,	ΓX 75360-1527	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
02/11/2019	Dr Charles Ku		500.00
	Contributor address; City; State;	Zip Code	
	148 Red Oak Lane Flower	Mound, TX 75028	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
01/28/2019	John Field Scovell		500.00
	Contributor address; City; State; 6322 De Loache Dallas,	Zip Code ΓX 75225	
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/16/2019	Afisu Ollabimtan		500.00
		Zip Code ΓΧ 76264-2789	
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2019	DELVA KING 6 Contributor address; City; State;	(ID#:) Zip Code TX 77777	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 02/04/2019	Full name of contributor out-of-state PAC Carl Sewell Contributor address; City; State; 3860 W Northwest Hwy Suite 102 Dallas,		Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/11/2019	Michael Rader Contributor address; City; State;	Zip Code ille, TX 76034	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 02/04/2019			Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 4 of 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor ut-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
02/08/2019	Apartment Association of Greater Dallas -PAC	C	2500.00
	6 Contributor address; City; State;	Zip Code	
	5728 LBJ Frwy Suite 100 Dallas, T	TX 75240	
6 5: : :			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
02/25/2010	Johnnie M Green		25.00
02/25/2019		Zin Codo	25.00
	•	TX 75241-3582	
	1.0. Dox 411436 Dailas, 1	.X 73241-3362	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
D . 1			
Date		ID#:)	Amount of contribution (\$)
01/29/2019	Dalton L Lott		1000.00
Contributor address; City; State; Zip Code			
	P.O. Box 765209 Dallas, T	TX 75376-5209	
D			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor ut-of-state PAC (I	ID#:)	Amount of contribution (\$)
03/23/2019	Black Firefighter United PAC	,	500.00
03/23/2019	Contributor address: City: State:	Zin Codo	500.00
		TX 75215-2751	
	•		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
	-		

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2019	Ronald G Parrish 6 Contributor address; City; State:	; Zip Code , TX 75115	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 01/31/2019	Thomas M Dunning Contributor address; City; State		Amount of contribution (\$) 200.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 01/14/2019	Brian Dennison Contributor address; City; State;	Zip Code TX 75208	Amount of contribution (\$) 350.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 02/02/2019	John Soo Chong Contributor address; City; State	(ID#:) ; Zip Code 1, TX 75019	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 6 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2019	Patricia L Jackson 6 Contributor address; City; State;	Zip Code X 75237-3209	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 02/11/2019	Joseph Kemp Contributor address; City; State; 1015 N Duncanville Rd Duncanv	Zip Code ille, TX 75116	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/11/2019	Dorothy Berry Hughes Contributor address; City; State;	Zip Code X 75241-6431	Amount of contribution (\$) 25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/10/2019	Full name of contributor Vaugh Thompson Contributor address; P.O. Box 561527 Contributor address; Dallas, T		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7 of 19
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Tennell Atkins		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/11/2019	Helen Giddings	350.00
02,11,201,	6 Contributor address; City; State; Zip Code	
	400 S Zang Blvd Suite 1018 Dallas, TX 75208-684	13
8 Principal occu	upation / Job title (See Instructions) 9 Employer (S	See Instructions)
<u> </u>		
Date	Full name of contributor	Amount of contribution (\$)
02/11/2019	Perfect Hospitality Solutions LLC	600.00
02, 11, 201,	Contributor address; City; State; Zip Code	
	4300 Mansfield Hwy Forest Hill, TX 76119	ı
Principal occur	pation / Job title (See Instructions) Employer (\$	See Instructions)
		·
Date	Full name of contributor	Amount of contribution (\$)
02/11/2019	R Gerald Turner	100.00
02,11,201	Contributor address; City; State; Zip Code	
	4001 University Dallas, TX 75205	
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor	A Secretalization (D)
02/11/2019	Full name of contributor out-of-state PAC (ID#: A. A. Long	Amount of contribution (\$) 20.00
	Contributor address; City; State; Zip Code 1517 Gailbrook Lane Dallas, TX 75228	
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
02/11/2019	Mary C Choutka		10.00
	6 Contributor address; City; State;	Zip Code	
	1331 Aldenwood Drive Dallas,	TX 75232	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
02/08/2019	Y Thompson		10.00
	Contributor address; City; State;	Zip Code	
	6132 Balcony Lane Dallas,	TX 75241	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/01/2019	Bruce A Stern		1000.00
	Contributor address; City; State; 37 Commonwealth Dr Lakewo	Zip Code ood, NJ 87010-4168	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#·	Amount of contribution (\$)
02/02/2019	Jackie Bewley	(10#)	1000.00
		Zip Code orth, TX 76104	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 9 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2019	5 Full name of contributor ☐ out-of-state PAC (IE John Wiley Price Campaign 6 Contributor address; City; State; 510 E 8th St Dallas, T.	Zip Code	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/13/2019	Full name of contributor	Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/17/2019	Jacob Johnson Contributor address; City; State;	Zip Code TX 75115	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/25/2019	Full name of contributor Jeffrey M Tillotson P.C Contributor address; 1807 Ross Avenue Out-of-state PAC (IE Out-of-state PAC (IE Dallas, T.		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2019	Donald J McNamara 6 Contributor address; City; State;	(ID#:) Zip Code TX 75219	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 02/06/2019	Jewel K Parrish Contributor address; City; State;	(ID#:) Zip Code TX 75115	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/06/2019	Ann Kim Contributor address; City; State;	Zip Code TX 75038	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/13/2019	Eddie Reeves Contributor address; City; State;		Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 of 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
02/12/2019	Trelaine M Mapp		500.00
	6 Contributor address; City; State;	Zip Code	
	12612 Beech Tree Ln Euless, 7	ГХ 76040-3428	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/12/2019	William Ming Tzong		800.00
02/12/2019	Contributor address; City; State;	Zip Code	800.00
		ΓX 75252-2702	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
		. , .	,
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
02/05/2019	Ryan Garcia		50.00
	Contributor address; City; State;	Zip Code	
	165 Cameron Dr Weston,	FL 33326	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/05/2019	Johnny Aguinaga		250.00
		Zip Code ΓX 75205-204	
Principal occup	aation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 12 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/05/2019	Irahim Haddad 6 Contributor address; City; State;	Zip Code TX 75287-7219	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 02/07/2019	Evelyn Conner Hicks Contributor address; City; State;		Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/04/2019	Donald W Hicks Sr Contributor address; City; State;	Zip Code TX 75206-8057	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 01/31/2019	Diane Ragsdale Contributor address; City; State;	(ID#:) Zip Code TX 75216	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 13 of 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
02/04/2019	Pettis Norman		500.00
	6 Contributor address; City; State;	Zip Code	
	1430 Bar Habor Circle Dallas, T	TX 75232	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
01/31/2019	Dough Hunt		1000.00
	Contributor address; City; State;	Zip Code	
	3404 N Interstate 35-E Lancaste	er, TX 75134	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC (I	D#:)	Amount of contribution (\$)
02/01/2019	Demetris Sampson		1000.00
02/01/2019	- 	7: 0 1	1000.00
	Contributor address; City; State; P.O. Box 2252 Dallas, T	Zip Gode TX 75223	
	1.0. DOX 2232 Damas, 1	A 13223	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
02/08/2019	Dallas Black Firefighter Retiree-PAC		500.00
02,00,2019	Contributor address; City; State;	Zin Codo	
		X 75222-6983	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 14 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2019	Brenda Walker 6 Contributor address; City; State;	Zip Code ΓX 76040	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/01/2019	Full name of contributor □ out-of-state PAC (II M Rideau Contributor address; City; State; 10000 SMU Bx 75-3183 Dallas, T	Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/06/2019	Full name of contributor	·	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/11/2019	Robert E Hasty Contributor address; City; State;		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15 of 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date		(ID#:)	7 Amount of contribution (\$)
01/28/2019	Laurie L Hasty		1000.00
	6 Contributor address; City; State;	; Zip Code	
	4210 Beaver Book Place Dallas,	TX 75229	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/16/2019	Lawrence E Siegel		1000.00
02/10/2019	Contributor address; City; State	; Zip Code	1000.00
	5604 Palomar Lane Dallas,	TX 75229-6418	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
02/05/2019	Brian Schwartz		1000.00
	Contributor address; City; State;	; Zip Code	
	6606 Briar Cove Dallas,	TX 75240	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/04/2019	General Drivers Warehousemen and Helpers		500.00
	Contributor address; City; State	; Zip Code	
		TX 75217	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
,			

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 16 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2019	Coats Pasa P.C		7 Amount of contribution (\$) 500.00
8 Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/04/2019	Ruth Dade Contributor address; City; State;	D#:) Zip Code X 75241-3726	Amount of contribution (\$) 25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/08/2019	Paul Hauang Contributor address; City; State;	Zip Code on, TX 75080	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/25/2019	Gerald Alley Contributor address; City; State;		Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 17 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2019	5 Full name of contributor □ out-of-state PAC (ID# Lucious L Williams 6 Contributor address; City; State; 1421 Covinngton Dr □ Desoto, TX	Zip Code	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/23/2019			Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 02/11/2019	Full name of contributor	·	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 01/31/2019	Full name of contributor	Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18 of 19
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 01/17/2019	Maria E Garcia 6 Contributor address; City; States	; Zip Code TX 75206-4724	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 02/02/2019	Larry L Offutt Contributor address; City; State	e; Zip Code TX 75206-8002	Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/05/2019	Johnny King Contributor address; City; State;	; Zip Code b, TX 75115	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/05/2019	Delva King Contributor address; City; State	c; Zip Code b; TX 75115	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 19 of 19	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Tennell Atkins				
4 Date	5 Full name of contributor ut-of-state PAC (IE	D#:)	7 Amount of contribution (\$)	
02/11/2019	Jim S Lake Jr		1000.00	
	6 Contributor address; City; State;	Zip Code		
	1704 W Colorado Blvd Dallas, T	X 75208		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Contributor address; City; State;			
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Contributor address; City; State;	Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a datagety herholds above)
1 Total pages Schedule F1:	2 FILER NAME Tennell Atkins	<u> </u>	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2019	5 Payee name Ruth Dade		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 1553 Duet Dr Dallas, TX 75241		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/09/2019	Payee name Ronald Wright		
Amount (\$) 100.00	Payee address; City; State; Zip Code 7513 Olusta Drive Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/15/2019	Payee name Ronald Wright		
Amount (\$) 100.00	Payee address; City; State; Zip Code 7513 Olusta Drive Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T.
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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a datagety herholds above)
1 Total pages Schedule F1: 2 of 58	·		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2019	5 Payee name Ronald Wright		
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 7513 Olusta Drive Dallas, TX 75217		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/04/2019	Payee name Ronald Wright		
Amount (\$) 100.00	Payee address; City; State; Zip Code 7513 Olusta Drive Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/01/2019	Payee name Odell Lee		
Amount (\$) 192.00	Payee address; City; State; Zip Code 1331 Mill Stream Dr Dallas, TX 75232		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a datagety herholds above)
1 Total pages Schedule F1: 3 of 58	·		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2019	5 Payee name CCP Printing		
6 Amount (\$) 2221.71	7 Payee address; City; State; Zip Code 5534 S Hampton Road Dallas, TX 75232		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/15/2019	Payee name Toni Scroggins		
Amount (\$) 750.00	Payee address; City; State; Zip Code 9218 Linda Vista Rowlett, TX 75088		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/22/2019	Payee name Eula Grant		
Amount (\$) 45.00	Payee address; City; State; Zip Code 9608 Valley Mills Ln Dallas, TX 75227		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T. 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 4 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2019	5 Payee name Juanita Ayala	·
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 3037 O Bannon Dr Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense worker
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02/15/2019	Gail Terrell	
Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. Box 41561 Dallas, TX 75241	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Gail Terrell	Office sought Office held
Date 03/11/2019	Payee name Gail Terrell	
Amount (\$) 600.00	Payee address; City; State; Zip Code P.O. Box 41561 Dallas, TX 75241	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Gail Terrell	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 5 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2019	5 Payee name Gail Terrell		
6 Amount (\$) 650.00	7 Payee address; City; State; Zip Code P.O. Box 41561 Dallas, TX 75241		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H Gail Terrell	Office sought	Office held
Date 03/01/2019	Payee name Gail Terrell		
Amount (\$) 788.00	Payee address; City; State; Zip Code P.O. Box 41561 Dallas, TX 75241		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Gail Terrell	Office sought	Office held
Date 03/01/2019	Payee name Democracy Toolbox		
Amount (\$) 4000.00	Payee address; City; State; Zip Code 8813 Falcon Crest Dr McKinney, TX 75072		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/	Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruc	tion Guide explains how to	complete this form.		
1 Total pages Schedule F1: 6 of 58	2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)	
4 Date 03/01/2019	5 Payee name Black Premier Ent. Netw	ork			
6 Amount (\$) 150.00	7 Payee address; 2601 Hyacinth	City; State; Zip Code Mesquite, TX 75181			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Advertising Expense	isted at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officehol	der name	Office sought	Office held	
Date 02/01/2019	Payee name Black Premier Ent. Netw	vork			
Amount (\$) 150.00	Payee address; 2601 Hyacinth	City; State; Zip Code Mesquite, TX 75181			
PURPOSE OF EXPENDITURE	Category (See Categories Advertising Expense	isted at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officehol	der name	Office sought	Office held	
Date 02/20/2019	Payee name The Order Desk				
Amount (\$) 2264.80	Payee address; 9840 Monroe Dr Suite 1	City; State; Zip Code Pallas, TX 75220			
PURPOSE OF EXPENDITURE	Category (See Categories Office Overhead/Rental	isted at the top of this schedule) Expense		itside of Texas. Complete Schedule T. r, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho	der name	Office sought	Office held	
	ATTACH ADDIT	IONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salarie	es/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule F1: 7 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2019	5 Payee name Paul Wiley		
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 125 S Murdeaux Suite 139allas, TX 75217	•	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 02/15/2019	Payee name Paul Wiley		
Amount (\$) 50.00	Payee address; City; State; Zip Code 125 S Murdeaux Suite 139allas, TX 75217	•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/01/2019	Payee name Paul Wiley		
Amount (\$) 50.00	Payee address; City; State; Zip Code 125 S Murdeaux Suite 139allas, TX 75217	•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 8 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2019	5 Payee name Paul Wiley		
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 125 S Murdeaux Suite 13 9 allas, TX 75217		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/01/2019	Payee name Margot Williams		
Amount (\$) 50.00	Payee address; City; State; Zip Code 17517 Olusta Drive Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/09/2019	Payee name Jackie Wheeler		
Amount (\$) 50.00	Payee address; City; State; Zip Code 7516 Olusta Drive Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T.
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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Cario. (Cino. a datago.) Hormotoa abovo,
1 Total pages Schedule F1: 9 of 58		<u> </u>	3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2019	5 Payee name Kimberly Green		I
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 2052 Royal Lane Suite 1 DM las, TX 75229		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/09/2019	Payee name Andre Luster		
Amount (\$) 120.00	Payee address; City; State; Zip Code 2052 Royal Lane Suite 120fflas, TX 75229		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/09/2019	Payee name Tahvio Luster		
Amount (\$) 80.00	Payee address; City; State; Zip Code 2052 Royal Lane Suite 1 20 filas, TX 75229		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (office a dataget) not not de above)
1 Total pages Schedule F1: 10 of 58			3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2019	5 Payee name Cedric Thompson		
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 9218 Linda Vista Rowlett, TX 75088		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/08/2019	Payee name Ruth Dade		
Amount (\$) 162.50	Payee address; City; State; Zip Code 1553 Duet Dr Dallas, TX 75241		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/22/2019	Payee name Ruth Dade		
Amount (\$) 197.50	Payee address; City; State; Zip Code 1553 Duet Dr Dallas, TX 75241		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2019	5 Payee name Ruth Dade		
6 Amount (\$) 240.00	7 Payee address; City; State; Zip Code 1553 Duet Dr Dallas, TX 75241		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/22/2019	Payee name Connie Buford		
Amount (\$) 90.00	Payee address; City; State; Zip Code 1416 Hudspeth St Dallas, TX 75116		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/01/2019	Payee name Connie Buford		
Amount (\$) 187.50	Payee address; City; State; Zip Code 1416 Hudspeth St Dallas, TX 75116		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 12 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2019	5 Payee name Connie Buford		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 1416 Hudspeth St Dallas, TX 75116		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/08/2019	Payee name Eula Grant		
Amount (\$) 92.50	Payee address; City; State; Zip Code 9608 Valley Mills Ln Dallas, TX 75227		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/01/2019	Payee name Eula Grant		
Amount (\$) 175.00	Payee address; City; State; Zip Code 9608 Valley Mills Ln Dallas, TX 75227		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 13 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2019	5 Payee name Detra Reeves	'	
6 Amount (\$) 110.00	7 Payee address; City; State; Zip Code 1000 S Muskogee Dr Dallas, TX 75217		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/25/2019	Payee name Detra Reeves		
Amount (\$) 37.50	Payee address; City; State; Zip Code 1000 S Muskogee Dr Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/01/2019	Payee name Detra Reeves		
Amount (\$) 55.00	Payee address; City; State; Zip Code 1000 S Muskogee Dr Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 14 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2019	5 Payee name Robernett Jones		
6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 4210 Elsie Faye HegginsDallas, TX 75210		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/08/2019	Payee name Robernett Jones		
Amount (\$) 30.00	Payee address; City; State; Zip Code 4210 Elsie Faye HegginsDallas, TX 75210		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/01/2019	Payee name Robernett Jones		
Amount (\$) 160.00	Payee address; City; State; Zip Code 4210 Elsie Faye HegginsDallas, TX 75210		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to (complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 15 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2019	5 Payee name Odell Lee		
6 Amount (\$) 90.00	7 Payee address; City; State; Zip Code 1331 Mill Stream Dr Dallas, TX 75232		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/01/2019	Payee name Shenigua Jones		
Amount (\$) 117.50	Payee address; City; State; Zip Code 4210 Hatcher st Dallas, TX 75210		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/08/2019	Payee name Shenigua Jones		
Amount (\$) 20.00	Payee address; City; State; Zip Code 4210 Hatcher st Dallas, TX 75210		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T.
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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 16 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2019	5 Payee name Lakisha Grandy		
6 Amount (\$) 195.00	7 Payee address; City; State; Zip Code 1414 Bellevview St SuiteDtal Dtal Dtal Dtal Dtal Dtal Dtal Dtal		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/22/2019	Brenda Lee Barnes		
Amount (\$) 30.00	Payee address; City; State; Zip Code 400 E Wintergreen Rd Subtes 843; TX 75115		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/16/2019	Payee name Fast Signs		
Amount (\$) 268.90	Payee address; City; State; Zip Code 6940 Marvin D Love FrwDpallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 17 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2019	5 Payee name Fast Signs		
6 Amount (\$) 526.23	7 Payee address; City; State; Zip Code 6940 Marvin D Love FrwDyallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/24/2019	Payee name Office Depot		
Amount (\$) 148.79	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000 allas, TX 75237-3526		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/04/2019	Payee name Metro PCS		
Amount (\$) 200.00	Payee address; City; State; Zip Code 3333 W Camp Wisdom Rallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	Al Committee Legal Services Salaries	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 18 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2019	5 Payee name Metro PCS		
6 Amount (\$) 238.08	7 Payee address; City; State; Zip Code 3333 W Camp Wisdom Roballas, TX 75237		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T.
OF EXPENDITURE		phone Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/04/2019	Tennell Atkins Metro PCS		
Amount (\$) 200.00	Payee address; City; State; Zip Code 3333 W Camp Wisdom Mallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/17/2019	Payee name Tennell Atkins Metro PCS		
Amount (\$) 207.77	Payee address; City; State; Zip Code 3333 W Camp Wisdom Roballas, TX 75237		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense		ntside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 19 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2019	5 Payee name Office Depot		
6 Amount (\$) 9.61	7 Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000allas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/21/2019	Payee name Office Depot		
Amount (\$) 13.64	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000allas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/16/2019	Payee name Office Depot		
Amount (\$) 15.47	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000allas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 20 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2019	5 Payee name Office Depot		
6 Amount (\$) 27.00	7 Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000allas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/10/2019	Payee name Office Depot		
Amount (\$) 102.81	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000 allas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/16/2019	Payee name Office Depot		
Amount (\$) 118.77	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000allas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 21 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2019	5 Payee name Office Depot		
6 Amount (\$) 122.28	7 Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000allas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/17/2019	Payee name Office Depot		
Amount (\$) 130.65	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000 allas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/24/2019	Payee name Office Depot		
Amount (\$) 148.79	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000allas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1: 22 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)	
4 Date 01/14/2019	5 Payee name Office Depot			
6 Amount (\$) 157.56	7 Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4000allas, TX 75237			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 01/24/2019	Payee name Office Depot			
Amount (\$) 269.96	Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 02/18/2019	Payee name Dollar Tree Store 2076			
Amount (\$) 20.32	Payee address; City; State; Zip Code 4241 W Camp Wisdom Roba Buste TAX 75237			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 23 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2019	5 Payee name Every Season		
6 Amount (\$) 6.20	7 Payee address; City; State; Zip Code 544 Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/28/2019	Payee name Target		
Amount (\$) 26.30	Payee address; City; State; Zip Code 39739 LBJ Frwy Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/04/2019	Payee name Dollar Deals		
Amount (\$) 9.70	Payee address; City; State; Zip Code 3207 E Kirnwood Suite ID9llas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 24 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2019	5 Payee name Dollar Tree Store 5915		
6 Amount (\$) 27.06	7 Payee address; City; State; Zip Code 1005 S Cockrell Hill Rd Shailta & OTIX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/04/2019	Payee name Party City		
Amount (\$) 22.68	Payee address; City; State; Zip Code 39759 LBJ Frwy Suite 4 10 allas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/04/2019	Payee name Wal Mart		
Amount (\$) 28.83	Payee address; City; State; Zip Code 3155 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 25 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2019	5 Payee name Wal Mart		
6 Amount (\$) 58.50	7 Payee address; City; State; Zip Code 3155 W Wheatland Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/17/2019	Payee name Wal Mart		
Amount (\$) 291.57	Payee address; City; State; Zip Code 3155 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/20/2019	Payee name Sams Wholesale Club		
Amount (\$) 255.48	Payee address; City; State; Zip Code 2900 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 26 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2019	5 Payee name Walgreens Store 05920		
6 Amount (\$) 9.98	7 Payee address; City; State; Zip Code 1060 W Camp Wisdom Rahlas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/17/2019	Payee name Tennell Atkins Wireless Stop		
Amount (\$) 448.00	Payee address; City; State; Zip Code 3333 W Camp Wisdom Roballas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02/17/2019	Payee name SAMS		
Amount (\$) 400.60	Payee address; City; State; Zip Code 2900 W WHEATLAND Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 27 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2019	5 Payee name Chaarco Broiler Steak House		
6 Amount (\$) 22.92	7 Payee address; City; State; Zip Code 413 W Jefferson Blvd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/23/2019	Rice Garden		
Amount (\$) 33.00	Payee address; City; State; Zip Code 4016 W Camp Wisdom Rallas, TX 75237		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Food/Beverage Expense		tside of Texas. Complete Schedule T.
EXPENDITURE		food	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/22/2019	Lisa Soul Food Cafe		
Amount (\$) 55.47	Payee address; City; State; Zip Code 2550 W Redbird Lane Subal#(9)4 TX 75237		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Food/Beverage Expense		tside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	, 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 28 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2019	5 Payee name Delta Charlies Bar & Grill		
6 Amount (\$) 28.12	7 Payee address; City; State; Zip Code 5303 Challenger Suite 6(Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/11/2019	Outback Steakhouse Store 4475		
Amount (\$) 31.06	Payee address; City; State; Zip Code 7707 N Interstate 35-E Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/05/2019	Payee name Dunkin Donuts		
Amount (\$) 4.12	Payee address; City; State; Zip Code 650 Uptown Blvd Dallas, TX 75237		
PURPOSE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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 d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 29 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2019	5 Payee name Colters TX BBQ		
6 Amount (\$) 31.28	7 Payee address; City; State; Zip Code 3904 W Camp Wisdom Rahllas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/27/2019	Payee name Tennell Atkins Pizza Hut		
Amount (\$) 14.36	Payee address; City; State; Zip Code 3333 W Camp Wisdom Rahahuste IM 65237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/26/2019	Payee name Saltgrass		
Amount (\$) 49.42	Payee address; City; State; Zip Code 747 North Highway 67 Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 30 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2019	5 Payee name McDonalds		
6 Amount (\$) 2.91	7 Payee address; City; State; Zip Code 125 W Camp Wisdom R Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/22/2019	Payee name JJ Fish and Chicken		
Amount (\$) 20.00	Payee address; City; State; Zip Code 3302 W Camp Wisdom Rallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/18/2019	Payee name JJ Fish and Chicken		
Amount (\$) 21.10	Payee address; City; State; Zip Code 3302 W Camp Wisdom Rallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 31 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2019	5 Payee name El Fenix		
6 Amount (\$) 28.61	7 Payee address; City; State; Zip Code 1601 McKinney Ave Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/15/2019	Payee name El Fenix		
Amount (\$) 32.39	Payee address; City; State; Zip Code 1601 McKinney Ave Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/11/2019	Payee name El Fenix		
Amount (\$) 303.10	Payee address; City; State; Zip Code 1601 McKinney Ave Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 32 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2019	5 Payee name El Fenix		
6 Amount (\$) 1551.92	7 Payee address; City; State; Zip Code 1601 McKinney Ave Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/06/2019	Lubys		
Amount (\$) 32.97	Payee address; City; State; Zip Code 5600 S Hampton Road Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/02/2019	Payee name Lubys		
Amount (\$) 38.92	Payee address; City; State; Zip Code 5600 S Hampton Road Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/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 d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 33 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2019	5 Payee name Chilis		
6 Amount (\$) 17.36	7 Payee address; City; State; Zip Code 2503 W Wheatland Suite Dallos, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/20/2019	Payee name Chilis		
Amount (\$) 5.41	Payee address; City; State; Zip Code 2503 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/17/2019	Payee name Chilis		
Amount (\$) 9.72	Payee address; City; State; Zip Code 2503 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a datagety herholds above)
1 Total pages Schedule F1: 34 of 58	·		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2019	5 Payee name Chilis		
6 Amount (\$) 18.79	7 Payee address; City; State; Zip Code 2503 W Wheatland Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/10/2019	Payee name Chilis		
Amount (\$) 28.77	Payee address; City; State; Zip Code 2503 W Wheatland Suite Dallos, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/10/2019	Payee name KFC		
Amount (\$) 8.96	Payee address; City; State; Zip Code 3415 W Camp Wisdom Rallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 35 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2019	5 Payee name KFC		
6 Amount (\$) 32.32	7 Payee address; City; State; Zip Code 3415 W Camp Wisdom Roballas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/19/2019	Payee name The Island Spot		
Amount (\$) 72.20	Payee address; City; State; Zip Code 309 W Jefferson Blvd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/08/2019	Payee name Shell		
Amount (\$) 37.27	Payee address; City; State; Zip Code 8207 S Hampton Road Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 36 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2019	5 Payee name Shell		
6 Amount (\$) 42.74	7 Payee address; City; State; Zip Code 8207 S Hampton Road Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/05/2019	Payee name Shell		
Amount (\$) 42.83	Payee address; City; State; Zip Code 8207 S Hampton Road Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/07/2019	Payee name Shell		
Amount (\$) 51.98	Payee address; City; State; Zip Code 8207 S Hampton Road Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 37 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2019	5 Payee name Murphy USA		
6 Amount (\$) 1.78	7 Payee address; City; State; Zip Code 3102 W Wheatland Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/30/2019	Payee name Murphy USA		
Amount (\$) 33.45	Payee address; City; State; Zip Code 3102 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/31/2019	Payee name Murphy USA		
Amount (\$) 45.38	Payee address; City; State; Zip Code 3102 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 38 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2019	5 Payee name Joe Pool Station		
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 5521 S Hampton Road Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/03/2019	Payee name Highland Hills Station		
Amount (\$) 250.00	Payee address; City; State; Zip Code 3655 Simpson Stuart Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/23/2019	Payee name Edward Gray		
Amount (\$) 175.00	Payee address; City; State; Zip Code 2225 East Randol Mill Subtallat.7TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		ide of Texas. Complete Schedule T. 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 NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 39 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2019	5 Payee name Edward Gray		
6 Amount (\$) 175.00	7 Payee address; City; State; Zip Code 2225 East Randol Mill Subtall43,7TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/15/2019	Ernest Slaughter		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 2759 Meadow Dawn Ln Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/04/2019	Payee name A Squared Advertising		
Amount (\$) 600.00	Payee address; City; State; Zip Code 539 W Commercece Suit Dall40s, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		ntside of Texas. Complete Schedule T. 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	eard (error a dateger) not noted above,
1 Total pages Schedule F1: 40 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2019	5 Payee name A Squared Advertising		
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 539 W Commerce Suite 43 Class, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/23/2019	Payee name A Squared Advertising		
Amount (\$) 500.00	Payee address; City; State; Zip Code 539 W Commerce Suite 4040las, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02/22/2019	Payee name Ed Valentine Booker Industries		
Amount (\$) 1896.89	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		tside of Texas. Complete Schedule T. , 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Sala	aries/Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	w to complete this form.	
1 Total pages Schedule F1: 41 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)	
4 Date 02/28/2019	5 Payee name Ed Valentine Booker Indusgtries		
6 Amount (\$) 430.63	7 Payee address; City; State; Zip Co 2344 Farrington Dallas, TX 75237	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense postage	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
Date 03/24/2019	Payee name Reilly Echols Printing		
Amount (\$) 1293.00	Payee address; City; State; Zip Co P.O. Box 3333 Dallas, TX 75237-2358		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense postage	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date 03/24/2019	Payee name Reilly Echols Printing		
Amount (\$) 7361.00	Payee address; City; State; Zip Co P.O. Box 3333 Dallas, TX 75237-2358		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printing	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/	Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction	on Guide explains how to	complete this form.		
1 Total pages Schedule F1: 42 of 58	2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)	
4 Date 01/16/2019	5 Payee name Master Mark Advertising	Agency			
6 Amount (\$) 500.00		City; State; Zip Code Pallas, TX 75237			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis Advertising Expense	ted at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	er name	Office sought	Office held	
Date 01/16/2019	Payee name Master Mark Advertising	Agency			
Amount (\$) 3000.00	_ ·	City; State; Zip Code Pallas, TX 75237			
PURPOSE OF EXPENDITURE	Category (See Categories lis Advertising Expense	ted at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholde	er name	Office sought	Office held	
Date 02/01/2019	Payee name CWRD Properties LLC				
Amount (\$) 1150.00	Payee address; 2000 E Lamar Blvd Suite	City; State; Zip Code MalDas, TX 75237			
PURPOSE OF EXPENDITURE	Category (See Categories lis Office Overhead/Rental E			ntside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officehold	er name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 43 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2019	5 Payee name CWRD Properties LLC		
6 Amount (\$) 1150.00	7 Payee address; City; State; Zip Code 2000 E Lamar Blvd Suite Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/03/2019	Payee name Ms CAS		
Amount (\$) 487.13	Payee address; City; State; Zip Code 217 N Interstate 35-E Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/15/2019	Payee name Ms CAS		
Amount (\$) 1351.13	Payee address; City; State; Zip Code 217 N Interstate 35-E Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. 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 NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 44 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2019	5 Payee name Ms. CAS		
6 Amount (\$) 2269.38	7 Payee address; City; State; Zip Code 217 N Interstate 35-E Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/23/2019	Payee name Ms. CAS		
Amount (\$) 4752.18	Payee address; City; State; Zip Code 217 N Interstate 35-E Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/15/2019	Payee name ATT		
Amount (\$) 620.00	Payee address; City; State; Zip Code P.O. Box 3333 Dallas, TX 75237-5014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services S	alaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	low to complete this form.
1 Total pages Schedule F1: 45 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2019	5 Payee name ATT	
6 Amount (\$) 675.00	7 Payee address; City; State; Zip C P.O. Box 3333 Dallas, TX 75237	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	dule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date 03/15/2019	Payee name ATT	
Amount (\$) 682.00	Payee address; City; State; Zip C P.O. Box 3333 Dallas, TX 75237	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	dule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 01/02/2019	Payee name Jefferson Monuent LLC	
Amount (\$) 350.00	Payee address; City; State; Zip 0 1350 Manufacturing St Dallas, TX 75237	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office space rental
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gredit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 46 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2019	5 Payee name Jefferson Monument LLC		
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 1350 Manufacturing St Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/02/2019	Payee name Jefferson Monument LLC		
Amount (\$) 350.00	Payee address; City; State; Zip Code 1350 Manufacturing St Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/16/2019	Payee name Chubbys		
Amount (\$) 23.62	Payee address; City; State; Zip Code 7474 S Cockrell Hill Dallas, TX 75236		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T. r, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought	Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 47 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2019	5 Payee name LUBYS	
6 Amount (\$) 28.11	7 Payee address; City; State; Zip Code 5600 S HAMPTON DALLAS, TX 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/13/2019	Payee name Chilis Grill	
Amount (\$) 24.01	Payee address; City; State; Zip Code 2503 W Wheatland Rd Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/19/2019	Payee name Chilis Grill	
Amount (\$) 38.09	Payee address; City; State; Zip Code 2503 W Wheatland Rd Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 48 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2019	5 Payee name Olive Garden	,
6 Amount (\$) 27.14	7 Payee address; City; State; Zip Code 639 N Cockrell Hill Duncanville, TX 75116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date	Payee name	
02/12/2019	Lisa Soul Food Cafe	
Amount (\$) 32.48	Payee address; City; State; Zip Code 2550 W Red Bird Ln Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/04/2019	Payee name Lisa Soul Food Cafe	
Amount (\$) 21.11	Payee address; City; State; Zip Code 2550 W Red Bird Ln Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1: 49 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2019	5 Payee name Wingstop	
6 Amount (\$) 38.53	7 Payee address; City; State; Zip Code 3333 W Camp Wisdom Rahlas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/10/2019	Payee name Spring Creek BBQ	
Amount (\$) 24.03	Payee address; City; State; Zip Code 2827 W Wheatland Rd Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/01/2019	Payee name KFC	
Amount (\$) 32.32	Payee address; City; State; Zip Code 3415 W Camp Wisdom Rahllas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to a	complete this form.
1 Total pages Schedule F1: 50 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2019	5 Payee name Ojeda Family Restaurant	
6 Amount (\$) 41.41	7 Payee address; City; State; Zip Code 2109 N Hampton Rd Desoto, TX 75115	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/22/2019	Payee name Cracker Barrel	
Amount (\$) 18.60	Payee address; City; State; Zip Code 1421 N Beckley Ave Desoto, TX 75115	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/20/2019	Payee name Starbucks	
Amount (\$) 22.46	Payee address; City; State; Zip Code 3420 W Camp Wisdom Rallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.
1 Total pages Schedule F1: 51 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2019	5 Payee name Outback Steakhouse	
6 Amount (\$) 24.35	7 Payee address; City; State; Zip Code 1101 N I-35 Interstate Desoto, TX 75115	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/07/2019	Payee name Outback Steakhouse	
Amount (\$) 77.10	Payee address; City; State; Zip Code 1101 N I-35 Interstate Desoto, TX 75115	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/22/2019	Payee name Saltgrass Steakhouse	
Amount (\$) 90.88	Payee address; City; State; Zip Code 747 N Hwy 67 Cedar Hill, TX 75104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a dataget) hethere above)
1 Total pages Schedule F1: 52 of 58			3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2019	5 Payee name Murphy USA		
6 Amount (\$) 33.92	7 Payee address; City; State; Zip Code 3102 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought	Office held Council District 8
Date 03/03/2019	Payee name Murphy USA		
Amount (\$) 34.31	Payee address; City; State; Zip Code 3102 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		ntside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought	Office held Council District 8
Date 03/10/2019	Payee name Murphy USA		
Amount (\$) 48.91	Payee address; City; State; Zip Code 3102 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought	Office held Council District 8
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 53 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2019	5 Payee name Tiger Mart 86	<u> </u>
6 Amount (\$) 48.41	7 Payee address; City; State; Zip Code 116 N Jim Miller Rd Dallas, TX 75217	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/24/2019	Payee name Ingrams Service Station	
Amount (\$) 69.32	Payee address; City; State; Zip Code 3501 Simpson Stuart Rd Dallas, TX 75241	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/03/2019	Payee name Shell	
Amount (\$) 46.89	Payee address; City; State; Zip Code B207 S Hampton Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gredit Gard'i ayment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 54 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 01/19/2019	5 Payee name Office Depot	
6 Amount (\$) 32.45	7 Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/23/2019	Payee name Office Depot	
Amount (\$) 185.09	Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/23/2019	Payee name Office Depot	
Amount (\$) 469.52	Payee address; City; State; Zip Code 39759 LBJ Frwy Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 55 of 58	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2019	5 Payee name Home Depot		
6 Amount (\$) 11.89	7 Payee address; City; State; Zip Code 2901 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Tennell Atkins	Office sought	Office held Council District 8
Date 02/22/2019	Payee name Home Depot		
Amount (\$) 47.31	Payee address; City; State; Zip Code 2901 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought	Office held Council District 8
Date 03/21/2019	Payee name Home Depot		
Amount (\$) 67.06	Payee address; City; State; Zip Code 2901 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought	Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 56 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2019	5 Payee name Home Depot	
6 Amount (\$) 42.94	7 Payee address; City; State; Zip Code 2901 W Wheatland Rd Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date	Payee name	
02/22/2019	Target	
Amount (\$) 20.75	Payee address; City; State; Zip Code 39739 LBJ Frwy Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/25/2019	Payee name Target	
Amount (\$) 53.02	Payee address; City; State; Zip Code 39739 LBJ Frwy Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1: 57 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2019	5 Payee name Target	
6 Amount (\$) 51.32	7 Payee address; City; State; Zip Code 39739 LBJ Frwy Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/23/2019	Payee name Wal Mart	
Amount (\$) 50.37	Payee address; City; State; Zip Code 3155 W Wheatland Rd Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/13/2019	Payee name Wal Mart	
Amount (\$) 35.71	Payee address; City; State; Zip Code 3155 W Wheatland Rd Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supply
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 58 of 58	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2019	5 Payee name MDMC Gift Shop	
6 Amount (\$) 67.60	7 Payee address; City; State; Zip Code 1441 S Beckley Ave Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Comm	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date	Payee name	
03/09/2019	Wireless Shop	
Amount (\$) 206.00	Payee address; City; State; Zip Code 3333 W Camp Wisdom Raballas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/26/2019	Payee name Uplift Academy	
Amount (\$) 180.00	Payee address; City; State; Zip Code 8915 S Hampton Dallas, TX 75232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Comm	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED