CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil 53	ed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mr	FIRST Tennell	MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST Atkins	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE Dallas TX 75232		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 417 8939	EXTENSION	Date Hand-delivered Receipt #	or Date Postmarked Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR Ms	FIRST Velma	MI	Date Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date 1 100c05cu	
		Milliner		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (1407 Laura Lane	(NO PO BOX PLEASE); APT / S	SUITE #; CITY; Dallas TX 75241	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
1110112	(214)	371 7482			
9 REPORT TYPE	January 15	X 30th day before 6	election Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	01	/ 01 /2023	THROUGH 03	/ 27 / 202	3
11 ELECTION	Month Day	Year Primary Mary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	,	13 OFFICE SOUGHT (if known Council District 8))	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CANI IRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr Tennell Atkins					16 Filer	ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	PLED	L UNITEMIZED POLITIC GES, LOANS, OR GUAR RIBUTIONS MADE ELEC	ANTEES OF LO	ANS, OR	N	\$ 0.00	
		L POLITICAL CONTRI R THAN PLEDGES, LOA		ANTEES OF LOANS)	\$ 1565	0.00
EXPENDITURE TOTALS	3. TOTAL	. UNITEMIZED POLITICA	AL EXPENDITU	RE.		\$ 0.00	
	4. TOTAI	L POLITICAL EXPEND	DITURES			\$ 2575	7.18
CONTRIBUTION BALANCE		. POLITICAL CONTRIBU PORTING PERIOD	TIONS MAINTA	INED AS OF THE LA	ST DAY	\$ 2947	2.18
OUTSTANDING LOAN TOTALS		. PRINCIPAL AMOUNT C DAY OF THE REPORTIN		NDING LOANS AS C	OF THE	\$ 0.00	
		der penalty of perjury, d		panying report is tru	ue and co	rrect and in	cludes all information
			**	*ELECTRONICA	ALLY CE	ERTIFIED	***
				Signature of C	andidate d	or Officehol	der
		Dlogeo comr	aloto oitho	r option belov			
		riease comp		option belov	w.		
(1) Affidavit							
()							
NOTABY OTAMB (OF A							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me by	Tennell Atkins		this the	5th	_ day of	April,
20, to certify	which, witness my h	nand and seal of office.					
Signature of officer administer	ering oath	Printed name of of	ficer administerir	g oath		Title of offic	er administering oath
			OR				
(2) Unsworn Declarati	on						
My name is			, an	d my date of birth i	s		·
My address is			,		,	,	
		reet)			(state)	(zip code)	(country)
Executed in	County,	State of	, on the	day of	th)	_, 20	_·
			_	(1110111)	uı) 	(year)	
				Signature of Cand	idate/Offic	eholder (De	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME Mr Tennell Atkins	mmission Filers)						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	\$ 15,650.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL (SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00					
4.	. SCHEDULE E: LOANS		\$ 0.00					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FR	ROM POLITICAL CONTRIBUTIONS	\$ 25,757.18					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE	FROM POLITICAL CONTRIBUTIONS	\$ 0.00					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CA	ARD	\$ 0.00					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FRO	OM PERSONAL FUNDS	\$ 0.00					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CON	NTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FI	ROM POLITICAL CONTRIBUTIONS	\$ 0.00					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS TO FILER	S, AND CONTRIBUTIONS RETURNED	\$ 0.00					

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 9
2 FILER NAME Mr Tennell Atkir	S		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	Jeannette Watts 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occu		TX 75241 9 Employer (See Instruction	ons)
Date 02/17/2023	Full name of contributor	State; Zip Code	Amount of contribution (\$) 200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/20/2023	Mrs Pat Schenkel Contributor address: City:	State; Zip Code TX 75208	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/25/2023	Full name of contributor ☐ out-of-state PAC Hiawatha Williams	(ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 1014 Clifton Lane Desoto,	State; Zip Code , TX 75115	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

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

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SCHEDULE A1

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

Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 3 of 9
			3 Filer ID (Ethics Commission Filers)
ns			
5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
/2023 Access Buckner LTD		1000.00	
6 Contributor address; 3404 N I-35 Suite E	City; Lancas	State; Zip Code ster, TX 75134	
pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Marian Brown for Sheriff			200.00
Contributor address; P.O. Box 851635	City;	State; Zip Code	
pation / Job title (See Instructions)		Employer (See Instruct	tions)
Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
William Tsao			1000.00
Contributor address; 6922 Aspen Creek Ln	City;	State; Zip Code , TX 75202	
pation / Job title (See Instructions)		Employer (See Instruct	tions)
Full name of contributor Kai Ray Chung	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 500.00
Contributor address; 2308 Morning Glory Dr	^{City;} Richar	State: Zip Code dson, TX 75082	
pation / Job title (See Instructions)		Employer (See Instruct	tions)
	5 Full name of contributor Access Buckner LTD 6 Contributor address; 3404 N I-35 Suite E spation / Job title (See Instructions) Full name of contributor Marian Brown for Sheriff Contributor address; P.O. Box 851635 pation / Job title (See Instructions) Full name of contributor William Tsao Contributor address; 6922 Aspen Creek Ln pation / Job title (See Instructions) Full name of contributor William Tsao Contributor address; 6922 Aspen Creek Ln Full name of contributor Kai Ray Chung	5 Full name of contributor Access Buckner LTD 6 Contributor address; 3404 N I-35 Suite E Inpation / Job title (See Instructions) Full name of contributor Marian Brown for Sheriff Contributor address; P.O. Box 851635 Full name of contributor William Tsao Contributor address; 6922 Aspen Creek Ln Full name of contributor William Tsao Contributor address; 6922 Aspen Creek Ln Full name of contributor Contributor address; 6922 Aspen Creek Ln Full name of contributor Contributor address; City; Cit	S

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 4 of 9
2 FILER NAME Mr Tennell Atkin	ns			3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2023	 5 Full name of contributor Dr Charles Ku 6 Contributor address; 148 Red Oak Ln 	City;	State; Zip Code r Mound, TX 75028	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 03/14/2023	Full name of contributor Shihhsiu Chen Contributor address; 1508 Adams Dr	City;	State; Zip Code	Amount of contribution (\$) 300.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 03/01/2023	Full name of contributor Chun Huang Contributor address; 6178 Prestondell Dr	City:	State; Zip Code, TX 75240	Amount of contribution (\$) 200.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date 03/14/2023	Full name of contributor Eric Ko Contributor address: 5916 Crownover Court	out-of-state PAC	State: Zip Code	Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 5 of 9
2 FILER NAME Mr Tennell Atkin	ıs			3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 03/14/2023 Kathy Lin			7 Amount of contribution (\$) 200.00	
	6 Contributor address; 6515 Virginia Square	City;	State; Zip Code ton, TX 76017	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 03/14/2023	Full name of contributor helen lee Contributor address;	_	State; Zip Code	Amount of contribution (\$) 200.00
	1417 chesterton dr	•	Ison, TX 75080	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 03/14/2023	Full name of contributor Tina Higley	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 1701 Arena Dr	City; Plano,	State; Zip Code TX 75025	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 03/14/2023	Full name of contributor Anna Chu	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 5201 Mariners Dr	City; Plano,	State; Zip Code TX 75093	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
				

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6 of 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkir	ns .	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
03/02/2023	Arnold Gachman	250.00
	6 Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Fort Worth, TX 76107	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
03/01/2023	Neil Goldberg	1000.00
	Contributor address; City; State; Zip Code 5530 Palomar Lane Dallas, TX 75229	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
02/27/2023	Henry M Billingsley	1000.00
	Contributor address; City; State; Zip Code 1722 Routh St Suite 770 Dallas, TX 75201	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date 03/17/2023	Full name of contributor	Amount of contribution (\$) 500.00
	Contributor address; City; State: Zip Code 330 S R L Thornton Frwy Suite 220 Dallas, TX 75203	
	pation / Job title (See Instructions) Employer (See Instru	uctions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 9
2 FILER NAME Mr Tennell Atkin	18			3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2023	 Full name of contributor Brian Dennison Contributor address; 1303 Woodlawn Ave 	City;	State; Zip Code , TX 75208	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 02/17/2023	Full name of contributor Ronald Steinhart Contributor address; 25 Robledo Dr	City;	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 02/16/2023	Full name of contributor Elizabeth Trout Contributor address; 5005 Willowood St	Citv:	State; Zip Code, TX 75205	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 02/15/2023	Full name of contributor Deedie Rose	out-of-state PAC		Amount of contribution (\$) 1000.00
	Contributor address; 5 Willowood St	City; Dallas,	State: Zip Code , TX 75205	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 8 of 9
2 FILER NAME Mr Tennell Atkir	18			3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2023	 Full name of contributor Vg Brooks Contributor address; P.O. Box 1400092 	City;	State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	 ctions)
Date 03/20/2023	Full name of contributor DeMetris Sampson Contributor address; P.O. Box 763834	City;	State; Zip Code , TX 75376-3834	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Date 02/28/2023	Full name of contributor Olive Talley Contributor address; 6133 Prospect Ave		State; Zip Code , TX 75218	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 02/22/2023	Full name of contributor Matthew Houston Contributor address: 1504 Boca Chica Drive	out-of-state PAC	State: Zip Code TX 75232	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 of 9
2 FILER NAME Mr Tennell Atkir	is		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	Courtney Spellicy 6 Contributor address; City;	State; Zip Code TX 75214	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 01/12/2023	MRR & Associates LLC Contributor address; City;	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTAQUADDITIONAL CODIECC	NE TUIC COLLEDUI E A C N	FEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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