CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 | Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | OFFICE USE ONLY | | | | | |
|---|--|--|---|---|--|--|--|--|--|
| 3 | CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Mr Ter NICKNAME LAST Atk | MI nnell SUFFIX | Date Received | | | | | |
| 4 | ORIGINAL REPORT TYPE | July 15 Exc 20 20 20 20 20 20 20 20 20 20 20 20 20 | Other (specify) ceeded \$500 limit h day after treasurer pointment (officeholder only) al report | Date Hand-delivered or Date Postmarked Receipt # Amount \$ | | | | | |
| 5 | ORIGINAL PERIOD COVERED | Month Day Year 07 / 01 / 2022 Th | Month Day Year HROUGH 12 31 2022 | Date Processed Date Imaged | | | | | |
| 6 | EXPLANATION OF CORRECTION | | | | | | | | |
| Correction to Last Day Balance (Line 5, Coversheet 2) - \$41,285.57 | | | | | | | | | |
| 7 | that this corrected | | | | | | | | |
| | Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed | | | | | | | | |
| | | | | | | | | | |
| was made in good faith. | | | | | | | | | |
| | | | * * * Electronically Certified | ctronically Certified * * * | | | | | |
| | AFFIX NOTARY STAM | MP / SEAL ABOVE | Signature of Candidate or Officeholder | | | | | | |
| | Over to an death of the | Mr Tennell A | 9th Mav | | | | | | |
| | | d before me, by the said Mr Tennell A | | day of, | | | | | |
| 20_23, to certify which, witness my hand and seal of office. | | | | | | | | | |
| - | Signature of officer adr | ninistering oath Printed | d name of officer administering oath | Title of officer administering oath | | | | | |
| Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections | | | | | | | | | |

City Secretary's Office

| Supplement Officeholder | FOR Cover She | FORM SR Cover Sheet SR | | | | | |
|---|--|---|--|--------------------------|---|--|--|
| 1. CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Tennell | МІ | 2. Total Pages Filed: | • | | |
| | NICKNAME | LAST Atkins | SUFFIX | 3. Office Held | | | |
| 4. SUPPLEMENTAL REPORT TYPE | ☆ January 15 | c 30th day befo | ore election c Runoff | | c 15th day after campaign treasurer appointment (officeholder only) | | |
| | c July 15 | c 8th day befor | re election c Exceeded \$50 limit | 00 c Final Report | c Final Report | | |
| 5. PERIOD / COVERED | | 7/1/2022 THROUGH 12/31/2022 | | | | | |
| 6. ELECTION | Month Day Year | | | | | | |
| | c Primary c Runoff 🔏 General c Special c N/A | | | | | | |
| 7. OFFICE- HOLDER | CONTRIBUTION TOTALS | TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | \$0.00 | | | |
| | | 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | \$0.00 | | |
| | EXPENDITURE | 3. TOTAL OFFICEHO | LDER EXPENDITURES OF \$100 (| DR LESS, UNLESS ITEMIZED | \$0.00 | | |
| | TOTALS | 4. TOTAL OFFICEHO | LDER EXPENDITURES | | \$ 0.00 | | |
| 8. POLITICAL | CONTRIBUTION TOTALS | 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | \$ 0.00 | | | |
| (Campaign) | | 6. TOTAL POLITICAL (OTHER THAN PLED) | . CONTRIBUTIONS GES, LOANS, OR GUARANTEES (| DF LOANS) | \$ 19,850.00 | | |
| | EXPENDITURE TOTALS | 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED | | \$ 0.00 | | | |
| | | 8. TOTAL POLITICAL EXPENDITURES | | \$22,899.09 | | | |
| 9. OFFICEHOLDER FUN FOR CAMPAIGN PUR | | 9. TOTAL DOLLAR AVOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD | | | \$0.00 | | |
| 10. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code. | | | | | | | |
| | | ***ELECTRONICALLY CERTIFIED*** | | | | | |
| AFFIX NOTARY STAM | MP / SEAL ABOVE | Signature of Candidate or Officeholder | | | | | |
| Sworn to and subscribed | before me, by the said Mr T | ennell Atkins | | , this the 19th | day | | |
| ofMay, 20_23, to certify which, witness my hand and seal of office. | | | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | | | |