CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file 61	ed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mr	FIRST Tennell	MI	OFFICE	USE ONLY
NAME	NICKNAME		SUFFIX	Date Received	
	NICKNAME	LAST Atkins	SUFFIX		
4 CANDIDATE/	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	2717 Meadow St		Dallas TX 75232		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 417 8839	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR Ms	FIRST Velma	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	NICKNAME	Milliner	SUFFIX	Date Imaged	
7 CAMPAIGN		NO PO BOX PLEASE); APT / SI	·	STATE;	ZIP CODE
TREASURER ADDRESS	1407 Laura Lane	•	Dallas TX 75241		
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(214)	371 7482			
9 REPORT TYPE	X January 15	30th day before e	lection Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	07	01 /2024	THROUGH 12	/ 31 / 2024	4
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff X Other Description		
		General	Special Election	on	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)	
2 OFFICE	(" "")		Council District 8	,	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CANI RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Dagos	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
	SFECIFIC				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	'	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr Tennell Atkins				16 File	er ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGI		L CONTRIBUTIONS (OTH NTEES OF LOANS, OR TRONICALLY)	ER THAN	\$ 0.00	
		POLITICAL CONTRIE THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF	LOANS)	\$ 4600	0.00
EXPENDITURE TOTALS	3. TOTAL U	JNITEMIZED POLITICAL	L EXPENDITURE.		\$ 0.00	ı
	4. TOTAL	POLITICAL EXPENDI	TURES		\$ 1339	91.86
CONTRIBUTION BALANCE		POLITICAL CONTRIBUT	IONS MAINTAINED AS OF	THE LAST DAY	\$ 6896	56.81
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOAD	NS AS OF THE	\$ 0.00	,
		er penalty of perjury, the	nat the accompanying repo	ort is true and c	correct and ir	cludes all information
			***ELECTR	ONICALLY (CERTIFIED	***
			Signatu	re of Candidate	or Officeho	lder
		Places comp	lata aithar antian	holowy		
		Please comp	lete either option	below.		
(1) Affidavit						
(1)7111100111						
NOTARY STAMP/SEA	-					
Sworn to and subscribed	before me by	Tennell Atkins		this the 14th	day of _	January
20 25 , to certify	which witness my ha	nd and seal of office.				
	,,					
Signature of officer administe	ring oath	Printed name of office	cer administering oath		Title of offi	cer administering oath
			OR			
(2) Unsworn Declaration	on					
My name is			, and my date o	f birth is		
My address is						,·
	(stre		(city)	(state)	(zip code)	(country)
Executed in	County, S	tate of	_ , on the day of	(month)	, 20 (year	<u> </u>
			Signature o	of Candidate/Off	iceholder (De	eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID	(Ethics Commission Filers)
M	Mr Tennell Atkins	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	. SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$ 13,391.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	IONS \$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH \$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUIT TO FILER	RNED \$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

(Ethics Commission Filers)
of contribution (f)
of contribution (\$)
t

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 07/08/2024	5 Payee name Home Depot			
6 Amount (\$) 226.81	7 Payee address; 2901 W Wheatland RoadDallas, 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 Office supplies		
	(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	Payee name			
07/17/2024	Home Depot			
Amount (\$) 94.35	Payee address; 2901 W Wheatland RoadDallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Office supplies		
	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 Council District 8		Office held
Date 11/29/2024	Payee name Home Depot			
Amount (\$) 167.78	Payee address; 2901 W Wheatland RoadDallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Office supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	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: 2 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)	
4 Date 12/02/2024	5 Payee name Home Depot				
6 Amount (\$) 107.25	7 Payee address; 2901 W Wheatland RoadDallas, 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 Office supplies			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held	
Date	Payee name				
12/16/2024	Home Depot				
Amount (\$) 36.14	Payee address; 2901 W Wheatland RoadDallas, TX 75237	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Office supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 12/23/2024	Payee name Home Depot				
Amount (\$) 173.18	Payee address; 2901 w 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 Office supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Council District 8	,,	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	,
1 Total pages Schedule F1: 3 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/23/2024	5 Payee name Home Depot			
6 Amount (\$) 142.05	7 Payee address; 2901 W Wheatland RoadDallas, TX 75237	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Office supplies		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Council District 8		Office held
Date	Payee name			
09/30/2024	Dillards			
Amount (\$) 284.70	Payee address; 309 W FM 1382 Cedar Hill, TX 75104	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Office supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 10/15/2024	Payee name State Fair of Texas			
Amount (\$) 300.00	Payee address; 925 S Haskell Dallas, TX 75233	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	tickets		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 4 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)	
4 Date 07/08/2024	5 Payee name Lowes				
6 Amount (\$) 37.93	7 Payee address; 8520 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) Office Overhead/Rental Expense	(b) Description Office supplies			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		Office held	
Date 07/19/2024	Payee name Dicks Sporting Goods				
Amount (\$) 151.52	Payee address; 305 W FM 1382 Cedar Hill, TX 75104	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Office supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held	
Date 07/01/2024	Payee name Sams Club				
Amount (\$) 33.84	Payee address; 2900 W Wheatland RoadDallas, TX 75237	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Gas			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete 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 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 07/01/2024	5 Payee name Sams Club			
6 Amount (\$) 31.70	7 Payee address; 2900 W Wheatland RoadDallas, 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	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held Council District 8		
Date 07/05/2024	Payee name Sams Club			
Amount (\$) 54.30	Payee address; 2900 W Wheatland RoadDallas, 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	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Council District 8		Office held
Date 07/10/2024	Payee name Sams Club			
Amount (\$) 23.97	Payee address; 2900 W 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	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1: 6 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)	
4 Date 07/06/2024	5 Payee name Sams Club			
6 Amount (\$) 42.21	7 Payee address; 2900 W Wheatland RoadDallas, 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	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held Council District 8		
Date 07/22/2024	Payee name Sams Club			
Amount (\$) 51.01	Payee address; 2900 W Wheatland RoadDallas, 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	
Date 07/22/2024	Payee name Sams Club			
Amount (\$) 87.86	Payee address; 2900 W Wheatland RoadDallas, 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.		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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 7 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics 0	Commission Filers)	
4 Date 07/22/2024	5 Payee name Sams Club				
6 Amount (\$) 41.70	7 Payee address; 2900 W Wheatland RoadDallas, 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 Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Tennell Atkins Council District 8			ffice held	
Date 07/23/2024	Payee name Sams Club				
Amount (\$) 45.91	Payee address; 2900 W Wheatland RoadDallas, 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 ex	kpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	0	ffice held	
Date 07/29/2024	Payee name Sams Club				
Amount (\$) 8.94	Payee address; 2900 W Wheatland RoadDallas, 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 ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	C	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS 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: 8 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 08/01/2024	5 Payee name Sams Club			
6 Amount (\$) 30.83	7 Payee address; 2900 W Wheatland RoadDallas, 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	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office he Council District 8		
Date 08/01/2024	Payee name Sams Club			
Amount (\$) 43.43	Payee address; 2900 W Wheatland RoadDallas, 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 08/06/2024	Payee name Sams Club			
Amount (\$) 38.10	Payee address; 2900 W Wheatland RoadDallas, 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	<u> </u>

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 9 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 08/09/2024	5 Payee name Sams Club			
6 Amount (\$) 32.02	7 Payee address; 2900 W Wheatland RoadDallas, 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	Payee name			
08/09/2024	Sams Club			
Amount (\$) 32.57	Payee address; 2900 W Wheatland RoadDallas, 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 livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 08/13/2024	Payee name Sams Club			
Amount (\$) 23.73	Payee address; 2900 W Wheatland RoadDallas, 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	gexpense
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: 10 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)	
4 Date 08/19/2024	5 Payee name Sams Club			
6 Amount (\$) 42.13	7 Payee address; 2900 W Wheatland RoadDallas, 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 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 08/19/2024	Payee name Sams Club			
Amount (\$) 27.32	Payee address; 2900 W Wheatland RoadDallas, 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 08/26/2024	Payee name Sams Club			
Amount (\$) 32.70	Payee address; 2900 W Wheatland RoadDallas, 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 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 Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 11 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 08/30/2024	5 Payee name Sams Club			
6 Amount (\$) 28.09	7 Payee address; 2900 W Wheatland RoadDallas, TX 75237	City;	State;	Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g 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			
09/03/2024	Sams Club			
Amount (\$) 49.19	Payee address; 2900 W Wheatland RoadDallas, 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 livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 09/09/2024	Payee name Sams Club			
Amount (\$) 41.59	Payee address; 2900 W Wheatland RoadDallas, 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 livin	g 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 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Co	ommission Filers)
4 Date 09/13/2024	5 Payee name Sams Club			
6 Amount (\$) 34.74	7 Payee address; 2900 W Wheatland RoadDallas, 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 exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date 09/16/2024	Payee name Sams Club			
Amount (\$) 24.43	Payee address; 2900 W Wheatland RoadDallas, 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 exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Off	ice held
Date 09/23/2024	Payee name Sams Club			
Amount (\$) 62.37	Payee address; 2900 W Wheatland RoadDallas, 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 exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Of	fice 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: 13 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission	on Filers)
4 Date 09/23/2024	5 Payee name Sams Club			
6 Amount (\$) 36.32	7 Payee address; 2900 W Wheatland RoadDallas, TX 75237	City;	State; Zip Co	de
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 10/07/2024	Payee name Sams Club			
Amount (\$) 29.90	Payee address; 2900 W Wheatland RoadDallas, TX 75237	City;	State; Zip Co	de
	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	d
Date 10/07/2024	Payee name Sams Club			
Amount (\$) 34.46	Payee address; 2900 W Wheatland RoadDallas, TX 75237	City;	State; Zip Co	de
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 hel	ld
	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: 14 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Co	ommission Filers)
4 Date 10/15/2024	5 Payee name Sams Club			
6 Amount (\$) 34.57	7 Payee address; 2900 W Wheatland RoadDallas, 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 exp	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date 10/15/2024	Payee name Sams Club			
Amount (\$) 8.18	Payee address; 2900 W Wheatland RoadDallas, 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 exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Off	ïce held
Date 10/15/2024	Payee name Sams Club			
Amount (\$) 43.52	Payee address; 2900 W Wheatland RoadDallas, 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 exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Of	ffice 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: 15 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/15/2024	5 Payee name Sams Club			
6 Amount (\$) 15.12	7 Payee address; 2900 W Wheatland RoadDallas, 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	Payee name			
10/21/2024	Sams Club			
Amount (\$) 29.80	Payee address; 2900 W Wheatland RoadDallas, 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	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 10/21/2024	Payee name Sams Club			
Amount (\$) 25.06	Payee address; 2900 W Wheatland RoadDallas, 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 Austii	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.	oursi (ornor a sategor	y	
1 Total pages Schedule F1: 16 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)	
4 Date 10/23/2024	5 Payee name Sams Club				
6 Amount (\$) 30.51	7 Payee address; 2900 W Wheatland RoadDallas, 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.	T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	•		
Date 10/28/2024	Payee name Sams Club				
Amount (\$) 30.40	Payee address; 2900 W Wheatland RoadDallas, 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 10/28/2024	Payee name Sams Club				
Amount (\$) 21.05	Payee address; 2900 W Wheatland RoadDallas, 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 Austii	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 17 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/04/2024	5 Payee name Sams Club			
6 Amount (\$) 81.54	7 Payee address; 2900 W Wheatland RoadDallas, 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	n, 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 11/12/2024	Payee name Sams Club			
Amount (\$) 28.29	Payee address; 2900 W Wheatland RoadDallas, 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 11/18/2024	Payee name Sams Club			
Amount (\$) 23.72	Payee address; 2900 W Wheatland RoadDallas, 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: 18 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 11/19/2024	5 Payee name Sams Club			
6 Amount (\$) 36.82	7 Payee address; 2900 W Wheatland RoadDallas, 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	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			
11/25/2024	Sams Club			
Amount (\$) 27.31	Payee address; 2900 W Wheatland RoadDallas, 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	gexpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 11/29/2024	Payee name Sams Club			
Amount (\$) 18.39	Payee address; 2900 W Wheatland RoadDallas, 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 <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: 19 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics C	ommission Filers)
4 Date 12/02/2024	5 Payee name Sams Club			
6 Amount (\$) 45.01	7 Payee address; 2900 W Wheatland RoadDallas, 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 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 12/05/2024	Payee name Sams Club			
Amount (\$) 28.87	Payee address; 2900 W Wheatland RoadDallas, 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 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 12/09/2024	Payee name Sams Club			
Amount (\$) 44.01	Payee address; 2900 W Wheatland RoadDallas, 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 ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	C	ffice 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: 20 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/10/2024	5 Payee name Sams Club			
6 Amount (\$) 37.16	7 Payee address; 2900 W Wheatland RoadDallas, 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	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 12/16/2024	Payee name Sams Club			
Amount (\$) 36.44	Payee address; 2900 W Wheatland RoadDallas, 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 12/16/2024	Payee name Sams Club			
Amount (\$) 32.48	Payee address; 2900 W Wheatland Rd 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: 21 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Co	ommission Filers)
4 Date 12/17/2024	5 Payee name Sams Club			
6 Amount (\$) 36.73	7 Payee address; 2900 W Wheatland Rd 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 exp	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Off	îce held
Date 12/19/2024	Payee name Sams Club			
Amount (\$) 68.65	Payee address; 2900 W Wheatland Rd 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 exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Off	ice held
Date 12/23/2024	Payee name Sams Club			
Amount (\$) 36.87	Payee address; 2900 W Wheatland Rd 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 exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Of	fice 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: 22 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2024	5 Payee name McDonalds		
6 Amount (\$) 19.99	7 Payee address; 125 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) 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		
07/15/2024	McDonalds		
Amount (\$) 25.90	Payee address; 125 W Camp Wisdom 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 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 07/18/2024	Payee name McDonalds		
Amount (\$) 23.65	Payee address; 125 W Camp Wisdom Dallas, TX 75237	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 23 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 07/29/2024	5 Payee name McDonalds			
6 Amount (\$) 29.17	7 Payee address; 125 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) Food/Beverage Expense	(b) Description food		
	(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	Payee name			
07/30/2024	McDonalds			
Amount (\$) 15.32	Payee address; 125 W Camp Wisdom 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 07/31/2024	Payee name McDonalds			
Amount (\$) 12.95	Payee address; 125 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 24 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/28/2024	5 Payee name McDonalds			
6 Amount (\$) 21.58	7 Payee address; 125 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) 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			
11/04/2024	McDonalds			
Amount (\$) 12.30	Payee address; 125 W Camp Wisdom 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 11/12/2024	Payee name McDonalds			
Amount (\$) 24.51	Payee address; 125 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 25 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission File	rs)
4 Date 11/18/2024	5 Payee name McDonalds			
6 Amount (\$) 24.29	7 Payee address; 125 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) 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			
11/25/2024	McDonalds			
Amount (\$) 19.32	Payee address; 125 W Camp Wisdom 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 11/25/2024	Payee name McDonalds			
Amount (\$) 14.91	Payee address; 125 W Camp Wisdom Dallas, TX 75237	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (enter a satege	, ,
1 Total pages Schedule F1: 26 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 11/29/2024	5 Payee name McDonalds			
6 Amount (\$) 15.21	7 Payee address; 125 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) 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 12/09/2024	Payee name McDonalds			
Amount (\$) 24.72	Payee address; 125 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	(Office held
Date 12/16/2024	Payee name McDonalds			
Amount (\$) 20.30	Payee address; 125 W Camp Wisdom 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	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 27 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Fi	ilers)
4 Date 12/23/2024	5 Payee name McDonalds			
6 Amount (\$) 19.87	7 Payee address; 125 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) 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			
12/23/2024	McDonalds			
Amount (\$) 17.47	Payee address; 125 W Camp Wisdom 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 12/23/2024	Payee name McDonalds			
Amount (\$) 18.99	Payee address; 125 W Camp Wisdom Dallas, TX 75237	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 28 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers
4 Date 08/12/2024	5 Payee name Breakfast Brothers		
6 Amount (\$) 18.40	7 Payee address; 3704 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) 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		
11/05/2024	Off The Bone		
Amount (\$) 20.94	Payee address; 1734 Botham Jean Blvd Dallas, TX 75215	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 11/21/2024	Payee name Off The Bone		
Amount (\$) 20.56	Payee address; 1734 Botham Jean Blvd Dallas, TX 75215	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 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 THE	S SCHEDULE AS NE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 29 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 07/02/2024	5 Payee name Baby Back Shack			
6 Amount (\$) 33.61	7 Payee address; 1800 S Akard St 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	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			
07/05/2024	Baby Back Shack			
Amount (\$) 69.66	Payee address; 1734 Botham Jean Blvd Dallas, TX 75215	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 07/18/2024	Payee name Baby Back Shack			
Amount (\$) 53.58	Payee address; 18100 S Akard St Dallas, TX 75215	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	,
1 Total pages Schedule F1: 30 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/25/2024	5 Payee name Baby Back Shack			
6 Amount (\$) 18.12	7 Payee address; 1800 S Akard St 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 11/04/2024	Payee name KFC			
Amount (\$) 41.27	Payee address; 3415 W Camp Wisdom 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	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 11/25/2024	Payee name KFC			
Amount (\$) 21.37	Payee address; 3415 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Carlos (critics a category not noted	abovo,
1 Total pages Schedule F1: 31 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commissi	on Filers)
4 Date 12/23/2024	5 Payee name Ojeda Family Rest.			
6 Amount (\$) 54.77	7 Payee address; 2109 N Hampton Desoto, TX 75115	City;	State; Zip Co	ode
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 hel	d
Date 07/11/2024	Payee name Popeyes			
Amount (\$) 21.94	Payee address; 8181 S Lancaster Dallas, TX 75241	City;	State; Zip Co	ode
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 hel	d
Date 08/05/2024	Payee name Popeyes			
Amount (\$) 26.48	Payee address; 8181 S Lancaster Dallas, TX 75241	City;	State; Zip Co	ode
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 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 he	eld
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 32 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2024	5 Payee name Popeyes		
6 Amount (\$) 25.48	7 Payee address; 8181 S Lancaster Dallas, TX 75241	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 11/12/2024	Payee name Popeyes		
Amount (\$) 20.27	Payee address; 8181 S Lancaster Dallas, TX 75241	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 12/09/2024	Payee name Popeyes		
Amount (\$) 31.20	Payee address; 8181 S Lancaster 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 33 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/18/2024	5 Payee name Popeyes			
6 Amount (\$) 29.81	7 Payee address; 8181 S Lancaster Dallas, TX 75241	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
07/29/2024	Taco Bell			
Amount (\$) 17.29	Payee address; 2972 W Wheatland Rd 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	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 08/02/2024	Payee name Taco Bell			
Amount (\$) 17.29	Payee address; 2972 W Wheatland Rd 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: 34 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Payee name Taco Bell		
6 Amount (\$) 16.00	7 Payee address; 2972 W Wheatland Rd 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 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 07/01/2024	Payee name CAMPISIS		
Amount (\$) 105.67	Payee address; 1520 ELM ST 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 08/05/2024	Payee name CAMPISIS		
Amount (\$) 75.07	Payee address; 1520 ELM ST 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 NE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 35 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Payee name CAMPISIS		
6 Amount (\$) 62.41	7 Payee address; 1520 ELM ST 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 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		
12/23/2024	CAMPISIS		
Amount (\$) 62.41	Payee address; 1520 ELM ST 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 12/23/2024	Payee name CAMPISIS		
Amount (\$) 8.61	Payee address; 1520 ELM ST 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 THE	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Carlot (critical di category motificio di discrete	٥,
1 Total pages Schedule F1: 36 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission F	ilers)
4 Date 09/16/2024	5 Payee name Lubys Cafeteria			
6 Amount (\$) 41.88	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 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 09/30/2024	Payee name Lubys Cafeteria			
Amount (\$) 45.63	Payee address; 5600 S Hampton Rd 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	
Date 11/07/2024	Payee name Lubys Cafeteria			
Amount (\$) 46.50	Payee address; 5600 S Hampton Rd Dallas, TX 75232	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 Austii	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 37 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 11/27/2024	5 Payee name Lubys Cafeteria		
6 Amount (\$) 45.96	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 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		
07/15/2024	Wingstop		
Amount (\$) 149.03	Payee address; 3333 W Camp Wisdom 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 11/12/2024	Payee name Two Ponders		
Amount (\$) 67.07	Payee address; 1441 Robert B Cullum B Dral las, TX 75210	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 38 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2024	5 Payee name Dans Seafood		
6 Amount (\$) 34.61	7 Payee address; 8360 S Polk St 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 08/19/2024	Payee name Pappadeaux		
Amount (\$) 142.46	Payee address; 800 E Hwy 67 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 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 09/13/2024	Payee name Pappadeaux		
Amount (\$) 168.80	Payee address; 800 E Hwy 67 Duncanville, TX 75116	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 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 THE	S SCHEDULE AS NE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 39 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 07/08/2024	5 Payee name S and D Oyster			
6 Amount (\$) 91.15	7 Payee address; 2701 McKinney Ave Dallas, 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			
07/12/2024	S and D Oyster			
Amount (\$) 149.03	Payee address; 2701 McKinney Ave Dallas, TX 75204	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 09/03/2024	Payee name Wendys			
Amount (\$) 21.65	Payee address; 2828 W Wheatland Rd 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 <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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 40 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 09/16/2024	5 Payee name Wendys			
6 Amount (\$) 16.24	7 Payee address; 2828 W Wheatland Rd 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	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	Payee name			
09/23/2024	Wendys			
Amount (\$) 16.24	Payee address; 2828 W Wheatland Rd 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 10/07/2024	Payee name Wendys			
Amount (\$) 16.27	Payee address; 2828 W Wheatland Rd 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 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 41 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/25/2024	5 Payee name Wendys			
6 Amount (\$) 16.24	7 Payee address; 2828 W Wheatland Rd 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	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	Payee name			
11/12/2024	Wendys			
Amount (\$) 20.34	Payee address; 2828 W Wheatland Rd 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 livinç	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 12/02/2024	Payee name Wendys			
Amount (\$) 27.81	Payee address; 2828 W Wheatland Rd 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 THI	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outes (otto) a outego	.,
1 Total pages Schedule F1: 42 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 09/09/2024	5 Payee name Colter BBQ			
6 Amount (\$) 43.73	7 Payee address; 3904 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) 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 10/21/2024	Payee name Colter BBQ			
Amount (\$) 21.11	Payee address; 3904 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 10/21/2024	Payee name Colter BBQ			
Amount (\$) 97.37	Payee address; 3904 W Camp Wisdom 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 Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 43 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission F	ilers)
4 Date 10/28/2024	5 Payee name Colter BBQ			
6 Amount (\$) 49.80	7 Payee address; 3904 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) 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 Office held Council District 8		
Date	Payee name			
10/07/2024	Spring Creek			
Amount (\$) 47.47	Payee address; 2827 W Wheatland Rd 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 12/16/2024	Payee name Spring Creek			
Amount (\$) 67.73	Payee address; 2827 W Wheatland Rd 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	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 THE	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 44 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/25/2024	5 Payee name Chilis			
6 Amount (\$) 57.88	7 Payee address; 2503 W Wheatland Rd 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	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
12/16/2024	Chilis			
Amount (\$) 31.01	Payee address; 2503 W Wheatland Rd 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 12/06/2024	Payee name Arbys			
Amount (\$) 53.28	Payee address; 2810 W Wheatland Rd 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 45 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 08/26/2024	5 Payee name Burger King			
6 Amount (\$) 31.88	7 Payee address; 2403 W Wheatland Rd 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	in, 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 09/30/2024	Payee name Sonic			
Amount (\$) 14.05	Payee address; 2960 W Wheatland Rd 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	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 10/02/2024	Payee name Dickeys BBQ			
Amount (\$) 19.32	Payee address; 4610 N Central Expresswayilas, TX 75206	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 46 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/23/2024	5 Payee name Chick Fila			
6 Amount (\$) 39.18	7 Payee address; 2429 W Wheatland Rd 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	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
12/05/2024	La Madaleine			
Amount (\$) 37.63	Payee address; 3072 Mockingbird Dallas, TX 75205	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 07/23/2024	Payee name Chubbys			
Amount (\$) 35.03	Payee address; 7474 S Cockrell Hill Rd 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	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: 47 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission F	ilers)
4 Date 10/15/2024	5 Payee name Sams Club			
6 Amount (\$) 334.79	7 Payee address; 2900 W Wheatland Rd 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 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			
12/24/2024	Sams Club			
Amount (\$) 186.37	Payee address; 2900 W Wheatland Rd 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 10/21/2024	Payee name Krogers			
Amount (\$) 151.63	Payee address; 200 W Camp Wisdom Duncanville, TX 75115	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: 48 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/01/2024	5 Payee name Krogers			
6 Amount (\$) 45.47	7 Payee address; 200 W Camp Wisdom Duncanville, TX 75116	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 Austin	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			
11/01/2024	Party City			
Amount (\$) 9.73	Payee address; 39759 LBJ Frwy 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 Austin	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 08/01/2024	Payee name Five Below			
Amount (\$) 34.73	Payee address; 3450 Bainbridge Dr 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 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: 49 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2024	5 Payee name Five Below		
6 Amount (\$) 18.67	7 Payee address; 3450 Bainbridge Dr Dallas, TX 75237	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 11/06/2024	Payee name Swewll Infiniti		
Amount (\$) 780.99	Payee address; 7110 Lemmon Ave Dallas, TX 75209	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description auto	
	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 09/09/2024	Payee name Autozone		
Amount (\$) 16.23	Payee address; 1201 W Camp Wisdom 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 auto	
	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: 50 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/12/2024	5 Payee name Autozone			
6 Amount (\$) 31.38	7 Payee address; 1201 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) Transportation Equipment & Related Expense	(b) Description auto		
	(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			
11/12/2024	Texaco			
Amount (\$) 46.62	Payee address; 5909 S Hampton Rd 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	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 11/12/2024	Payee name Texaco			
Amount (\$) 46.62	Payee address; 5909 S Hampton Rd 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 Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 51 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 07/03/2024	5 Payee name Bright Brigade			
6 Amount (\$) 31.99	7 Payee address; 3611 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) Transportation Equipment & Related Expense	(b) Description auto		
	(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 07/29/2024	Payee name Bright Brigade			
Amount (\$) 31.99	Payee address; 3611 W Camp Wisdom 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	auto		
	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 07/01/2024	Payee name Jefferson Monument			
Amount (\$) 350.00	Payee address; 351 Jefferson Dallas, TX 75208	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 Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 52 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2024	5 Payee name Jefferson Monument		
6 Amount (\$) 350.00	7 Payee address; 351 Jefferson Dallas, TX 75208	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 Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 09/01/2024	Payee name Jefferson Monument		
Amount (\$) 350.00	Payee address; 351 Jefferson Dallas, TX 75208	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 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 10/01/2024	Payee name Jefferson Monument		
Amount (\$) 350.00	Payee address; 351 Jefferson Dallas, TX 75208	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 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: 53 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Co	ommission Filers)
4 Date 11/01/2024	5 Payee name Jefferson Monument			
6 Amount (\$) 350.00	7 Payee address; 351 Jefferson Dallas, TX 75208	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 Austi	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Off	fice held
Date	Payee name			
12/01/2024	Jefferson Monument			
Amount (\$) 350.00	Payee address; 351 Jefferson Dallas, TX 75208	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 exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Off	ïce held
Date 07/12/2024	Payee name ATT			
Amount (\$) 360.80	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 Austii	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Of	ffice 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: 54 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2024	5 Payee name ATT		
6 Amount (\$) 119.14	7 Payee address; P.O. Box 5014 Carol Stream, IL 60197	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description phone	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 08/01/2024	Payee name ATT		
Amount (\$) 360.86	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 08/01/2024	Payee name ATT		
Amount (\$) 119.14	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 THE	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: 55 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2024	5 Payee name ATT		
6 Amount (\$) 370.90	7 Payee address; P.O. Box 5014 Carol Stream, IL 60197	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description phone	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 09/01/2024	Payee name ATT		
Amount (\$) 119.36	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 10/01/2024	Payee name ATT		
Amount (\$) 370.96	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 THE	S SCHEDULE AS NEI	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 56 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/01/2024	5 Payee name ATT			
6 Amount (\$) 119.36	7 Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 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 11/01/2024	Payee name ATT			
Amount (\$) 370.90	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 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 11/01/2024	Payee name ATT			
Amount (\$) 119.36	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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	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: 57 of 57	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)	
4 Date 12/01/2024	5 Payee name ATT				
6 Amount (\$) 370.90	7 Payee address; P.O. Box 5014 Carol Stream, IL 60197	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description phone			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held	
Date 12/01/2024	Payee name ATT				
Amount (\$) 119.36	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held	
Date	Payee name				
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	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		