

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 4		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		Date Received		
	Mr Tennell				
	NICKNAME LAST SUFFIX		Date Hand-delivered or Date Postmarked		
	Atkins				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff		Receipt # Amount \$
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit		
	<input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED	Month Day Year		Month Day Year		Date Processed
	01 / 01 / 2023 THROUGH 03 / 27 / 2023				Date Imaged

6 EXPLANATION OF CORRECTION

This report report is being corrected to add contributions received but omitted in error.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*** Electronically Certified ***

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mr Tennell Atkins, this the 14th day of July, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

Supplemental Report Officeholder

FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Tennell	MI	2. Total Pages Filed: 4
	NICKNAME	LAST Atkins	SUFFIX	3. Office Held
4. SUPPLEMENTAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> c January 15 <input checked="" type="checkbox"/> 30th day before election c Runoff c 15th day after campaign treasurer appointment (officeholder only) </div> <div style="display: flex; justify-content: space-between;"> c July 15 c 8th day before election c Exceeded \$500 limit c Final Report </div>			
5. PERIOD / COVERED	1/1/2023 THROUGH 3/27/2023			
6. ELECTION	<div style="display: flex; justify-content: space-between;"> Month Day Year </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> c Primary c Runoff <input checked="" type="checkbox"/> General c Special c N/A </div>			
7. OFFICE-HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
		4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL (Campaign)	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 26,750.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$ 25,757.18
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES	9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$ 0.00	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>10. AFFIDAVIT</p> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%; text-align: center;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code.</p> <p style="margin-top: 20px;">***ELECTRONICALLY CERTIFIED***</p> <p>_____ Signature of Candidate or Officeholder</p> </div> </div>				
<p>Sworn to and subscribed before me, by the said <u>Mr Tennell Atkins</u>, this the <u>17th</u> day of <u>July</u>, 20 <u>23</u>, to certify which, witness my hand and seal of office.</p>				
<div style="display: flex; justify-content: space-between;"> Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath </div>				

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 3
2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2023 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon Rrvocable Trust 6 Contributor address; City; State; Zip Code 4430 Prairie Xing Suite 120 Prosper, TX 75078	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade V Blake Contributor address; City; State; Zip Code 11004 Ormond Ln. Frisco, TX 75035	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hodge Contributor address; City; State; Zip Code 2690 Creekside Ct Highland Village, TX 75077	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin and Mendy McCann Contributor address; City; State; Zip Code 5284 Quail Run Frisco, TX 75034	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 3
2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry Rich 6 Contributor address; City; State; Zip Code P.O. Box 2083 Frisco, TX 75034	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy J Cain Contributor address; City; State; Zip Code 4308 Spring Ave. Dallas, TX 75210	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey Kyle Mercer Contributor address; City; State; Zip Code 2500 West Virginia Center McKinney, TX 75070	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua R Varilek Contributor address; City; State; Zip Code 1121 Vista Run Dr Prosper, TX 75078	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 3
2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2023 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Penz 6 Contributor address; City; State; Zip Code 6307 Pintail Ln Frisco, TX 75034	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Henderson Contributor address; City; State; Zip Code 365 CR 4971 Blue Ridge, TX 75424	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Bernard Contributor address; City; State; Zip Code 8990 State Hwy. 121 McKinney, TX 75070	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler & Butler Construction Contributor address; City; State; Zip Code 4621 s. Cooper St Suite 131-7 Arlington, TX 76017	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		