CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 1	**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Tennell MI: NICKNAME: LAST: Atkins SUFFIX:	Date Received

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [X] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify) _____

Date Hand-delivered or Date Postmarked

Receipt #   Amount $

5 ORIGINAL PERIOD COVERED

Month 01 / Day 01 / Year 2022 THROUGH Month 06 / Day 30 / Year 2022

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

Corrections to Last Day Balance (Line 5, Coversheet 2) -$44,334.66

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 * * *

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _Mr Tennell Atkins_, this the _19th_ day of _May_, 20_23_, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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: 1
	NICKNAME	LAST Atkins	SUFFIX	3. Office Held

4. SUPPLEMENTAL REPORT TYPE

☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15	☐ 8th day before election	☐ Exceeded $500 limit	☐ Final Report

5. PERIOD / COVERED

1/1/2022   THROUGH   6/30/2022

6. ELECTION

Month   Day   Year

☐ Primary   ☐ Runoff   ☒ General   ☐ Special   ☐ N/A

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)	$ 40,450.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS UNLESS ITEMIZED	$ 0.00
		8. TOTAL POLITICAL EXPENDITURES	$ 18,978.30
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD	$ 0.00

10. AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code.

AFFIX NOTARY STAMP / SEAL ABOVE

ELECTRONICALLY CERTIFIED
_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said __Mr Tennell Atkins_____, this the __19th_____ day

of ____May_____, 20__23_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath