

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|  |   |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
|--|---|--|----------------------------|----------------|----------------|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--|--------------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                               |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:<br>29 |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Mr</b></div> <div>FIRST<br/><b>Tennell</b></div> <div>MI</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>Atkins</b></div> <div>SUFFIX</div> </div>  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><br><br>Date Hand-delivered or Date Postmarked<br><br><div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> Date Processed<br><br>Date Imaged |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;<br/><b>2717 Meadow Stone Lane</b></div> <div>APT / SUITE #;</div> <div>CITY;<br/><b>Dallas TX 75232</b></div> <div>STATE;</div> <div>ZIP CODE</div> </div>  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE/ OFFICEHOLDER PHONE  | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/><b>( 469 )</b></div> <div>PHONE NUMBER<br/><b>417 8839</b></div> <div>EXTENSION</div> </div>  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Ms</b></div> <div>FIRST<br/><b>Velma</b></div> <div>MI</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>Milliner</b></div> <div>SUFFIX</div> </div>  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);<br/><b>1407 Laura Lane</b></div> <div>APT / SUITE #;</div> <div>CITY;<br/><b>Dallas TX 75241</b></div> <div>STATE;</div> <div>ZIP CODE</div> </div>  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE   | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/><b>( 214 )</b></div> <div>PHONE NUMBER<br/><b>371 7482</b></div> <div>EXTENSION</div> </div>  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED  | <div style="display: flex; justify-content: space-between;"> <div>           Month      Day      Year<br/> <b>03   /   28   /   2023</b> </div> <div>THROUGH</div> <div>           Month      Day      Year<br/> <b>04   /   26   /   2023</b> </div> </div>  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION  | <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           ELECTION DATE<br/>           Month      Day      Year<br/>           /      /         </div> <div style="width: 60%;">           ELECTION TYPE<br/> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> <div></div> </div> </div> </div>  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br><b>Council District 8</b>   |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages       | <p><small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |                            | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE   | COMMITTEE NAME  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS   |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME   |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |                            |                |                |                                  |                   |                                   |                                   |  |                                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>Mr Tennell Atkins |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>            | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                       |
|  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 30550.00                                   |
| <b>EXPENDITURE TOTALS</b>                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 15930.82                                   |
| <b>CONTRIBUTION BALANCE</b>              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 44091.36                                   |
| <b>OUTSTANDING LOAN TOTALS</b>           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                       |

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

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tennell Atkins this the 24th day of April,  
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

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

**19** FILER NAME  
Mr Tennell Atkins

**20** Filer ID (Ethics Commission Filers)

| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT |
|--|---|--------------------|
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 30,550.00       |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00            |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00            |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0.00            |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 15,930.82       |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00            |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0.00            |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00            |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0.00            |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0.00            |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0.00            |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00            |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>1 of 12   |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/19/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mason Brown<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>5610 Harbor Town Dr Dallas, TX 75287 | <b>7</b> Amount of contribution (\$)<br>500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>04/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Yasmin Bhatia<br><hr/> Contributor address; City; State; Zip Code<br>4230 Beechwood Lane Dallas, TX 75220                 | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tom Huth<br><hr/> Contributor address; City; State; Zip Code<br>13455 Noel Road Dallas, TX 75240                          | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Henry Billingsley<br><hr/> Contributor address; City; State; Zip Code<br>1722 Routh St Dallas, TX 75201                   | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:<br>2 of 12   |
| 2 FILER NAME<br>Mr Tennell Atkins  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>04/18/2023   | 5 Full name of contributor<br>Amy Lott<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>6 Contributor address; City; State; Zip Code<br>194 Brookstone Court Waxahachie, TX 75165         | 7 Amount of contribution (\$)<br>250.00 |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)           |
| Date<br>04/17/2023   | Full name of contributor<br>Trey Brown<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 29615 Dallas, TX 75229                     | Amount of contribution (\$)<br>500.00   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)             |
| Date<br>04/17/2023   | Full name of contributor<br>Katrina Keys<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>3839 MCKINNEY Ave Dallas, TX 75204                | Amount of contribution (\$)<br>1000.00  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)             |
| Date<br>04/19/2023   | Full name of contributor<br>Stonewall Democrats of Dallas<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 192305 Dallas, TX 75219 | Amount of contribution (\$)<br>500.00   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)             |
|  |  |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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.

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>3 of 12   |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/14/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bobby Abtahi<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>1126 N Zang Blvd Dallas, TX 75203   | <b>7</b> Amount of contribution (\$)<br>150.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>04/12/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Veletta Forsythe-Lil<br><hr/> Contributor address; City; State; Zip Code<br>622 Blair Blvd Dallas, TX 75223               | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/12/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tre Black<br><hr/> Contributor address; City; State; Zip Code<br>751 Kessler Lake D Dallas, TX 75208                      | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/12/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harryett Ehrhardt<br><hr/> Contributor address; City; State; Zip Code<br>3525 Turtle Creek Blvd Suite 8A Dallas, TX 75219 | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>4 of 12   |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/10/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Luis Spinola<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>2518 Chalk Hill Rd Dallas, TX 75212 | <b>7</b> Amount of contribution (\$)<br>500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>04/07/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bobby Lyle<br><hr/> Contributor address; City; State; Zip Code<br>34 Masland Circle Dallas, TX 76230                      | Amount of contribution (\$)<br>500.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Valerie Tarrant<br><hr/> Contributor address; City; State; Zip Code<br>1547 Firebird Lane Dallas, TX 75241                | Amount of contribution (\$)<br>100.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richard Pace<br><hr/> Contributor address; City; State; Zip Code<br>2750 Majorie Ave Dallas, TX 75216                     | Amount of contribution (\$)<br>200.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:<br>5 of 12   |
| 2 FILER NAME<br>Mr Tennell Atkins  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>04/20/2023   | 5 Full name of contributor<br>The Preo Group, LLC<br>Contributor address;<br>3503 Viburnum Drive<br>City; Wylie, TX 5098<br>out-of-state PAC (ID#:<br>6 | 7 Amount of contribution (\$)<br>200.00 |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)           |
| Date<br>04/20/2023   | Full name of contributor<br>Lois Hildreth McShan<br>Contributor address;<br>5420 Spruce View Dr<br>City; Dallas, TX 75232<br>out-of-state PAC (ID#:     | Amount of contribution (\$)<br>100.00   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
| Date<br>04/19/2023   | Full name of contributor<br>John Wiley Price Campaign<br>Contributor address;<br>510 E 5th St<br>City; Dallas, TX 75203<br>out-of-state PAC (ID#:       | Amount of contribution (\$)<br>1000.00  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
| Date<br>04/20/2023   | Full name of contributor<br>Robert J Pitre<br>Contributor address;<br>2642 S Hardwood<br>City; Dallas, TX 75215<br>out-of-state PAC (ID#:               | Amount of contribution (\$)<br>500.00   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>6 of 12    |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>04/20/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>AFISU OLABIMTAN<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>74 BUCK TRAIL SADLER, TX 76264 | <b>7</b> Amount of contribution (\$)<br>1000.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)            |
| Date<br>04/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brian Schwartz<br><hr/> Contributor address; City; State; Zip Code<br>3412 Beverly Drive Dallas, TX 75205               | Amount of contribution (\$)<br>1000.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br>03/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richard B Skibell<br><hr/> Contributor address; City; State; Zip Code<br>5841 Park Lane Dallas, TX 75225                | Amount of contribution (\$)<br>1000.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br>03/29/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Andrea Skibell<br><hr/> Contributor address; City; State; Zip Code<br>5841 Park Lane Dallas, TX 75225                   | Amount of contribution (\$)<br>1000.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
|   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>7 of 12    |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>03/28/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mark Chazanow<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>4334 Brookview Dr Dallas, TX 75220 | <b>7</b> Amount of contribution (\$)<br>1000.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)            |
| Date<br>03/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jennifer Chazanow<br><hr/> Contributor address; City; State; Zip Code<br>4334 Brookview Dr Dallas, TX 75220               | Amount of contribution (\$)<br>1000.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br>04/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Teresa Wash<br><hr/> Contributor address; City; State; Zip Code<br>420 Kearsarge St Desoto, TX 75115                      | Amount of contribution (\$)<br>100.00           |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br>04/13/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vaughn Thompson<br><hr/> Contributor address; City; State; Zip Code<br>P.O. Box 561527 Dallas, TX 75356                   | Amount of contribution (\$)<br>1000.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
|   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>8 of 12   |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/11/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Walter A Walne<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>10020 Carribou Trail Dallas, TX 75238 | <b>7</b> Amount of contribution (\$)<br>250.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>04/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Billy Barnett<br><hr/> Contributor address; City; State; Zip Code<br>3748 Park Place Addison, TX 75001                        | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>03/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stacy Yarbrough<br><hr/> Contributor address; City; State; Zip Code<br>4145 Beltline Rd Addison, TX 75001                     | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jeff Courtwright<br><hr/> Contributor address; City; State; Zip Code<br>6758 Avalon Ave Dallas, TX 75214                      | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>9 of 12    |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>04/10/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jeannie Courtwright<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>6758 Avalon Ave Dallas, TX 75214 | <b>7</b> Amount of contribution (\$)<br>1000.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)            |
| Date<br>03/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roger Albright<br><hr/> Contributor address; City; State; Zip Code<br>1701 N Collins Blvd Suite 1100 Richardson, TX 75080     | Amount of contribution (\$)<br>250.00           |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br>04/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>J Christopher Luna<br><hr/> Contributor address; City; State; Zip Code<br>P.O. Box 131523 Dallas, TX 75313                    | Amount of contribution (\$)<br>500.00           |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br>04/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Domingo Garcia<br><hr/> Contributor address; City; State; Zip Code<br>640 Kessler Springs Ave Dallas, TX 75208                | Amount of contribution (\$)<br>200.00           |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
|   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

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|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>10 of 12  |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/28/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Paige B Calabrese<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>7777 Glen America Dr Suite 366 Dallas, TX 75225 | <b>7</b> Amount of contribution (\$)<br>250.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>03/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Deetria Tricomi<br>.....<br>Contributor address; City; State; Zip Code<br>1005 Shady Rest Ln Corinth, TX 76208                                | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>03/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wyonna Wirters<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 768 Goldthwaite, TX 76844                                   | Amount of contribution (\$)<br>500.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>03/31/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jack H Parker<br>.....<br>Contributor address; City; State; Zip Code<br>12824 Midway Road Suite 1139 Dallas, TX 75244                         | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>11 of 12  |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/14/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Krist5ina S Barnhill<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>2313 Amhearst Ln Flower Mound, TX 75028                  | <b>7</b> Amount of contribution (\$)<br>500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)           |
| Date<br>04/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Georgios P Touris<br><hr/> Contributor address; City; State; Zip Code<br>8301 Lakeview Pkwy Suite 111-2 Rowlett, TX 75066                              | Amount of contribution (\$)<br>750.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>04/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Aedam Saldana<br><hr/> Contributor address; City; State; Zip Code<br>3707 Royal Lane Dallas, TX 75229  | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>04/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Real Estate Council Political Action Committee<br><hr/> Contributor address; City; State; Zip Code<br>3100 McKinnon St Suite 1150 Dallas, TX 75201 | Amount of contribution (\$)<br>2500.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
|   |   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>12 of 12   |
| <b>2</b> FILER NAME<br>Mr Tennell Atkins  |  | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>03/29/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TREPAC/Texas Association of Realtors Political Action Committee<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>P.O. Box 2246 Austin, TX 78768 | <b>7</b> Amount of contribution (\$)<br>2500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)            |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code  | Amount of contribution (\$)                     |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code  | Amount of contribution (\$)                     |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code  | Amount of contribution (\$)                     |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>1 of 14  | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>03/30/2023   | <b>5</b> Payee name<br>Lisas Soul Food   |  |
| <b>6</b> Amount (\$)<br>33.56   | <b>7</b> Payee address; City; State; Zip Code<br>2550 W Redbird Lane Dallas, TX 75237  |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br>food               |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name<br/>Tennell Atkins</span> <span>Office sought<br/>Council District 8</span> <span>Office held</span> </div> |  |  |
| Date<br>04/20/2023  | Payee name<br>Lisas Soul Food  |  |
| Amount (\$)<br>43.83  | Payee address; City; State; Zip Code<br>2550 W Redbird Lane Dallas, TX 75237   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | Description<br>food                          |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name<br/>Tennell Atkins</span> <span>Office sought<br/>Council District 8</span> <span>Office held</span> </div>          |  |  |
| Date<br>03/31/2023  | Payee name<br>Popeyes  |  |
| Amount (\$)<br>15.48  | Payee address; City; State; Zip Code<br>8181 S Lancaster Dallas, TX 75241  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | Description<br>food                          |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name<br/>Tennell Atkins</span> <span>Office sought<br/>Council District 8</span> <span>Office held</span> </div>          |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1:<br>2 of 14  | 2 FILER NAME<br>Mr Tennell Atkins   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/03/2023   | 5 Payee name<br>Burger King   |                                       |
| 6 Amount (\$)<br>24.41   | 7 Payee address; City; State; Zip Code<br>2403 W Wheatland Rd Dallas, TX 75237  |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>   | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br>food               |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held: |   |                                       |
| Date<br>04/03/2023   | Payee name<br>Cheddars  |                                       |
| Amount (\$)<br>38.01   | Payee address; City; State; Zip Code<br>39640 LBJ Frwy Dallas, TX 75237   |                                       |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>food                   |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held:   |   |                                       |
| Date<br>04/07/2023   | Payee name<br>The Island Spot   |                                       |
| Amount (\$)<br>85.84   | Payee address; City; State; Zip Code<br>309 W Jefferson Dallas, TX 75208  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>food                   |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held:   |   |                                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |   |                                       |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>3 of 14  | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/07/2023   | <b>5</b> Payee name<br>Campisis  |  |
| <b>6</b> Amount (\$)<br>84.71   | <b>7</b> Payee address; City; State; Zip Code<br>1520 Elm St Suite 111 Dallas, TX 75201  |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br>food               |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held: |  |  |
| Date<br>04/10/2023  | Payee name<br>Golden Chick   |  |
| Amount (\$)<br>19.21  | Payee address; City; State; Zip Code<br>3789 W Camp Wisdom Dallas, TX 75237  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | Description<br>food                          |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held:          |  |  |
| Date<br>04/17/2023  | Payee name<br>McDonalds  |  |
| Amount (\$)<br>25.04  | Payee address; City; State; Zip Code<br>2570 W Redbird Lane Dallas, TX 75237   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | Description<br>food                          |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held:          |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1:<br>4 of 14                        | 2 FILER NAME<br>Mr Tennell Atkins   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/20/2023   | 5 Payee name<br>McDonalds   |                                       |
| 6 Amount (\$)<br>5.35  | 7 Payee address; City; State; Zip Code<br>2570 W Redbird Lane Dallas, TX 75237  |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br>food               |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |
| Date<br>04/17/2023   | Payee name<br>Lubys Cafeteria   |                                       |
| Amount (\$)<br>66.98   | Payee address; City; State; Zip Code<br>5600 S Hampton Rd Dallas, TX 75232  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>food                   |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |
| Date<br>04/03/2023   | Payee name<br>Sams Club   |                                       |
| Amount (\$)<br>29.45   | Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense  | Description<br>gas                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>5 of 14   | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/03/2023  | <b>5</b> Payee name<br>Sams Club   |  |
| <b>6</b> Amount (\$)<br>56.12  | <b>7</b> Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237  |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense  | <b>(b)</b> Description<br>gas                |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held<br>Tennell Atkins Council District 8 |  |  |
| Date<br>04/07/2023   | Payee name<br>Sams Club  |  |
| Amount (\$)<br>49.92   | Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense   | Description<br>gas                           |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held<br>Tennell Atkins Council District 8          |  |  |
| Date<br>04/07/2023   | Payee name<br>Sams Club  |  |
| Amount (\$)<br>41.53   | Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense   | Description<br>gas                           |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held<br>Tennell Atkins Council District 8          |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>6 of 14                        | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers)           |
| <b>4</b> Date<br>04/10/2023   | <b>5</b> Payee name<br>Sams Club   |  |
| <b>6</b> Amount (\$)<br>45.99                                       | <b>7</b> Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237  |  |
| <b>8</b><br><br><b>PURPOSE OF EXPENDITURE</b>                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense  | <b>(b)</b> Description<br>gas                          |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8<br><br>Office held |
| Date<br>04/12/2023  | Payee name<br>Sams Club  |  |
| Amount (\$)<br>48.67  | Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense   | Description<br>gas                                     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8<br><br>Office held |
| Date<br>04/17/2023  | Payee name<br>Sams Club  |  |
| Amount (\$)<br>53.85  | Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense   | Description<br>gas                                     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8<br><br>Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1:<br>7 of 14                        | 2 FILER NAME<br>Mr Tennell Atkins   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/17/2023   | 5 Payee name<br>Sams Club   |                                       |
| 6 Amount (\$)<br>35.15                                       | 7 Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237  |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense  | (b) Description<br>gas                |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |
| Date<br>04/17/2023   | Payee name<br>Sams Club   |                                       |
| Amount (\$)<br>48.49   | Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense  | Description<br>gas                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |
| Date<br>04/17/2023   | Payee name<br>Sams Club   |                                       |
| Amount (\$)<br>56.27   | Payee address; City; State; Zip Code<br>2900 W Wheatland Rd Dallas, TX 75237  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense  | Description<br>gas                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>8 of 14                        | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>03/31/2023   | <b>5</b> Payee name<br>The Order Desk  |  |
| <b>6</b> Amount (\$)<br>2924.62                                     | <b>7</b> Payee address; City; State; Zip Code<br>9840 Monroe Dr Suite 100 Dallas, TX 75220   |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | <b>(b)</b> Description<br>postage            |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8          |
| Date<br>03/30/2023  | Payee name<br>Reilly Echols Printing   |  |
| Amount (\$)<br>2480.82  | Payee address; City; State; Zip Code<br>1710 S Harwood Dallas, TX 75215  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)<br>Printing Expense   | Description<br>printing                      |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8          |
| Date<br>04/20/2023  | Payee name<br>Jamess Virden  |  |
| Amount (\$)<br>228.00   | Payee address; City; State; Zip Code<br>3425 Hacienda Dallas, TX 75233   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)<br>Transportation Equipment & Related Expense   | Description<br>gas                           |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8          |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>9 of 14   | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/06/2023  | <b>5</b> Payee name<br>James & Iashun Virden   |  |
| <b>6</b> Amount (\$)<br>360.00   | <b>7</b> Payee address; City; State; Zip Code<br>3425 Hacienda Dallas, TX 75233  |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | <b>(b)</b> Description<br>walkers            |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                |  |  |
| Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held: |  |  |
| Date<br>04/08/2023   | Payee name<br>James & Iashun Virden  |  |
| Amount (\$)<br>300.00  | Payee address; City; State; Zip Code<br>3425 Hacienda Dallas, TX 75233   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | Description<br>walkers                       |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |  |
| Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held: |  |  |
| Date<br>04/14/2023   | Payee name<br>James & Iashun Virden  |  |
| Amount (\$)<br>490.00  | Payee address; City; State; Zip Code<br>3425 Hacienda Dallas, TX 75233   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | Description<br>walkers                       |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |  |
| Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held: |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1:<br>10 of 14                       | 2 FILER NAME<br>Mr Tennell Atkins   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/20/2023   | 5 Payee name<br>James & Iashun Virden   |                                       |
| 6 Amount (\$)<br>400.00                                      | 7 Payee address; City; State; Zip Code<br>3425 Hacienda Dallas, TX 75233  |                                       |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | (b) Description<br>walkers            |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |
| Date<br>03/31/2023   | Payee name<br>Gail Turner   |                                       |
| Amount (\$)<br>150.00  | Payee address; City; State; Zip Code<br>524 Sumac Place Dallas, TX 75115  |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | Description<br>phone bank             |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |
| Date<br>04/07/2023   | Payee name<br>Gail Turner   |                                       |
| Amount (\$)<br>125.00  | Payee address; City; State; Zip Code<br>524 Sumac Place Dallas, TX 75115  |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | Description<br>phone bank             |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>Tennell Atkins   | Office sought<br>Council District 8   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>11 of 14  | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/14/2023  | <b>5</b> Payee name<br>Gail Turner   |  |
| <b>6</b> Amount (\$)<br>150.00   | <b>7</b> Payee address; City; State; Zip Code<br>524 Sumac Place Dallas, TX 75115  |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | <b>(b)</b> Description<br>phone bank         |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held<br>Tennell Atkins Council District 8 |  |  |
| Date<br>04/21/2023   | Payee name<br>Gail Turner  |  |
| Amount (\$)<br>150.00  | Payee address; City; State; Zip Code<br>524 Sumac Place Dallas, TX 75115   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | Description<br>phone bank                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held<br>Tennell Atkins Council District 8          |  |  |
| Date<br>03/31/2023   | Payee name<br>Judy Williams  |  |
| Amount (\$)<br>90.00   | Payee address; City; State; Zip Code<br>409 Lou Street Duncanville, TX 75137   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | Description<br>phone bank                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held<br>Tennell Atkins Council District 8          |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>12 of 14                       | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/07/2023   | <b>5</b> Payee name<br>Judy Williams   |  |
| <b>6</b> Amount (\$)<br>90.00                                       | <b>7</b> Payee address; City; State; Zip Code<br>409 Lou Street Duncanville, TX 75137  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | <b>(b)</b> Description<br>phone bank         |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8          |
| Date<br>04/14/2023  | Payee name<br>Judy Williams  |  |
| Amount (\$)<br>120.00   | Payee address; City; State; Zip Code<br>409 Lou Street Duncanville, TX 75137   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | Description<br>phone bank                    |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8          |
| Date<br>04/21/2023  | Payee name<br>Judy Williams  |  |
| Amount (\$)<br>120.00   | Payee address; City; State; Zip Code<br>409 Lou Street Duncanville, TX 75137   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | Description<br>phone bank                    |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Tennell Atkins  | Office sought<br>Council District 8          |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>13 of 14   |   | <b>2</b> FILER NAME<br>Mr Tennell Atkins  |   | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>04/19/2023   |   | <b>5</b> Payee name<br>Jeff Dalton Democracy Toolbox  |   |  |  |
| <b>6</b> Amount (\$)<br>2000.00   |   | <b>7</b> Payee address; City; State; Zip Code<br>8552 Royal County Down Dr McKinney, TX 75070 |   |  |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense |   | <b>(b)</b> Description<br>consultant                                      |  |  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held: |   |   |   |  |  |
| Date<br>04/19/2023  |   | Payee name<br>I Promote U   |   |  |  |
| Amount (\$)<br>1333.34  |   | Payee address; City; State; Zip Code<br>P.O. Box 12219 Dallas, TX 75312                       |   |  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense           |   | Description<br>yard signs   |  |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held:          |   |   |   |  |  |
| Date<br>04/19/2023  |   | Payee name<br>I Promote U   |   |  |  |
| Amount (\$)<br>1721.18  |   | Payee address; City; State; Zip Code<br>P.O. Box 12219 Dallas, TX 75312                       |   |  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense           |   | Description<br>yard signs   |  |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held:          |   |   |   |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>14 of 14   | <b>2</b> FILER NAME<br>Mr Tennell Atkins   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/20/2023   | <b>5</b> Payee name<br>John Wiley Price Campaign   |  |
| <b>6</b> Amount (\$)<br>1000.00   | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 22472 Dallas, TX 75222   |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Comm...               | <b>(b)</b> Description<br>donation           |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held: |  |  |
| Date<br>04/01/2023  | Payee name<br>AT&T   |  |
| Amount (\$)<br>440.00   | Payee address; City; State; Zip Code<br>P.O. Box 5014 Carol Stream, IL 60197   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | Description<br>phone                         |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held:          |  |  |
| Date<br>04/01/2023  | Payee name<br>Jefferson Monument   |  |
| Amount (\$)<br>350.00   | Payee address; City; State; Zip Code<br>351 Jefferson Blvd Dallas, IL 75208  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | Description<br>rent                          |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: Tennell Atkins<br>Office sought: Council District 8<br>Office held:          |  |  |

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