CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Comm	nission Filers)		2 Total pages filed: 41		OFFICE (USE ONLY	
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	Mr Tennell					
4	ORIGINAL REPORT TYPE	X January 15 July 15 30th day before election 8th day before election	15tl ap		r (specify)	Date Hand-delivered o		
		our day before election		я тероп		Receipt #	Amount \$	
5	ORIGINAL PERIOD COVERED	Month Day Ye 07 / 01 / 20		Month ROUGH 12	Day Year 31 2020	Date Processed Date Imaged		
	6 EXPLANATION OF CORRECTION Correcting Last Day Balance:\$37,503.69 (Line 5, Coversheet 2)							
7	AFFIDAVIT	re	eport is	or affirm, under pender true and correct.	alty of perjury,	that this correct	ed	
	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.							
				* * * Elect	ronically Certified	d * * *		
	AFFIX NOTARY STAI	MP / SEAL ABOVE		Signature	of Candidate or C	Officeholder		
		ed before me, by the saidMr T			, this the19	th day of May		
	20_23, to certify	which, witness my hand and so	eal of offic	ce.				
-	Signature of officer add	ministering oath	Printed	name of officer administer	ing oath	Title of officer	administering oath	
	Re	member To Attach A	ny Pai	t Of The Campaig	n Finance Re	port Form		

Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file 41	ed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mr	FIRST Tennell	MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
	NICKNAME	Atkins	SUFFIX		
4 CANDIDATE/	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	2717 Meadow St	one Lane [Dallas TX 75232		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(469)	PHONE NUMBER 417 8939	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Velma	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	MONVAINE	Milliner	33111X	Date Imaged	
7 CAMPAIGN		NO PO BOX PLEASE); APT / S		STATE;	ZIP CODE
TREASURER ADDRESS	1407 Laura Lane	•	Dallas TX 75241		
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(214)	371 7482			
9 REPORT TYPE	X January 15	30th day before e	election Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVERED	07	/ 01 /2020	THROUGH 12	/ 31 / 2020	0
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
		X General	Special		
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known Council District 8)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CANI RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr Tennell Atkins				16 Filer ID (I	Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	PLEDGES, LOA	IZED POLITICAL CONTRIB NS, OR GUARANTEES OF I IS MADE ELECTRONICALL	OANS, OR	\$	0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$	45250.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDIT	URE.	\$	0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	9452.52		
CONTRIBUTION BALANCE	5. TOTAL POLITICATION OF REPORTING	AL CONTRIBUTIONS MAINT PERIOD	AINED AS OF THE LA	ST DAY \$	37503.69		
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTST HE REPORTING PERIOD	ANDING LOANS AS O	F THE \$	15000.00		
	vear, or affirm, under penal			ie and correct	and includes all information		
ELECTRONICALLY CERTIFIED							
			Signature of Ca	andidate or Of	ficeholder		
	Dio	aca complete sith	or option holow				
	FIE	ase complete eith	er option belov	v.			
(1) Affidavit							
NOTABY OTAMB (OF A							
NOTARY STAMP/SEA							
Sworn to and subscribed	pefore me byTenn	nell Atkins	this the	<u>19th</u> da	y of <u>May</u> ,		
20, to certify	which, witness my hand and s	seal of office.					
Signature of officer administe	ing oath Prir	nted name of officer administe	ring oath	Title	of officer administering oath		
		OR					
(2) Unsworn Declaration	n						
My name is		, a	and my date of birth is	s			
My address is				,			
	(street)		, ,,	state) (zip o	, , , , , , , , , , , , , , , , , , , ,		
Executed in	County, State of _	, on the	day of (mont	h) , 20) (year)		
			Signature of Candi	date/Officeholo	ler (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer II	O (Ethics Commission Filers)
M	Mr Tennell Atkins	
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 45,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	. SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$ 9,452.52
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	JRNED \$ 0.00

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	ns			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
11/01/2020	Tre Black			1000.00
	6 Contributor address; 2426 W Tenth St	City;	State; Zip Code , TX 75211	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/01/2020	Dave Wishnew			1000.00
	Contributor address; 1700 Pacific	City;	State; Zip Code , TX 75204	
Principal occup	oation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
07/01/2020	Lille T Molett			150.00
	Contributor address; 2723 Meadow Stone Lane	City; Dallas,	State; Zip Code , TX 75232	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 07/01/2020	Full name of contributor Joan Walne	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; 10200 Cariboo Trail	City; Dallas,	State; Zip Code , TX 75238	
	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	orm.	1 Total pages Schedule A1: 2 of 15
2 FILER NAME Mr Tennell Atkin	ıs		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
07/02/2020	HENRY BILLINGSLEY		1000.00
	6 Contributor address; City;	State; Zip Code S, TX 75201	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/04/2020	Jack Cuz		1000.00
	Contributor address; City; P.O. Box 173218 Arltintor	State; Zip Code a, TX 76003	
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/04/2020	Southwestern Land and Title, LLC		500.00
	Contributor address; City; 627 Mercury Ave Duncany	State; Zip Code rille, TX 75137	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 07/06/2020	Full name of contributor ☐ out-of-state PAC (I	D#:)	Amount of contribution (\$) 500.00
	Contributor address; City; 3905 Tidal Drive Carrollto	State: Zip Code n, TX 76007	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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

TI	ne Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A1: 3 of 15
2 FILER NAM Mr Tennell Atl		3 Filer ID (Ethics Commission Filers)
4 Date 07/17/2020	5 Full name of contributor ☐ out-of-state PAC (ID) Mason Brown III	#:
	6 Contributor address; City; Signature P.O. Box 29615 Dallas, TX	State; Zip Code K 75229
8 Principal oc	cupation / Job title (See Instructions) 9	Employer (See Instructions)
Date 12/12/2020	Full name of contributor	#:
	Contributor address; City; 10200 Cariboo Trail Dallas, TX	State; Zip Code K 75238
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date 12/15/2020	Full name of contributor	#:) Amount of contribution (\$) 1000.00
		State; Zip Code ₹ 75134
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)
Date 12/18/2020	Full name of contributor out-of-state PAC (ID) Dalton Lott	#:) Amount of contribution (\$) 1000.00
	Contributor address; P.O. Box 765209 City; Dallas, TX	State; Zip Code X 75378
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)

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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	Total pages Schedule A1: 4 of 15
2 FILER NA Mr Tennell		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	7 Amount of contribution (\$)
12/10/2020	Helen Giddings	250.00
	6 Contributor address; City; Sta 400 S Zang Blvd Dallas, TX 7	nte; Zip Code 75208
8 Principal	occupation / Job title (See Instructions) 9 E	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/12/2020	Thomas Dunning	250.00
		ate; Zip Code
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/07/2020	R Steve Folsom	500.00
		tte; Zip Code Z 75001
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/16/2020	Full name of contributor	Amount of contribution (\$) 1000.00
	Contributor address; City; Standard City; Dallas, TX	ate: Zip Code 15219
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)

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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: 5 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	ns		
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
10/12/2020	Coats Rose		1000.00
	6 Contributor address; City; 3 Greenway Plaza Suite 1000 Houston	State; Zip Code on, TX 77048	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/08/2020	Vaughn Thompson		1000.00
	Contributor address; City;	State; Zip Code TX 75356	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/18/2020	Michaqel Rader		500.00
	Contributor address; City; P.O. Box 249 Colley	State; Zip Code ville, TX 76034	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 12/05/2020	Full name of contributor	(ID#:)	Amount of contribution (\$) 200.00
	Contributor address; City; 717 Wake Forrest Dr Dallas,	State: Zip Code TX 75214	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	iions)

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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: 6 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	18			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
07/28/2020	Trelaine Mapp			500.00
	6 Contributor address; 12612 Beech Tree Ln	City; Dallas,	State; Zip Code , TX 76040	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/19/2020	Ryan Griffin			1000.00
	Contributor address; P.O. Box 190829	City;	State; Zip Code , TX 75219	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/19/2020	Jennifer Clarke			1000.00
	Contributor address; 3491 Foxboro Drive	City; Richar	State; Zip Code dson, TX 75082	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 08/14/2020	Full name of contributor M Rideau	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 100.00
	Contributor address: 0 SMU Box 75-3183	City; Dallas,	State: Zip Code TX 75275	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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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: 7 of 15
2 FILER NAME Mr Tennell Atki				3 Filer ID (Ethics Commission Filers)
4 Date 08/14/2020	5 Full name of contributor Eddie Reeves	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 1142 N Clinton Ave	City; Dallas,	State; Zip Code , TX 75208	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 07/14/2020	Full name of contributor Tante Williams	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; 1005 Lakeridge Ct	City;	State; Zip Code ville, TX 76034	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 07/01/2020	Full name of contributor Deedie Rose	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 5 Willowood	City; Dallas,	State; Zip Code , TX 75205	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 07/01/2020	Full name of contributor Dr Maria Garcia	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; 618 W Jefferson	City; Dallas,	State: Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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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: 8 of 15
2 FILER NAME Mr Tennell Atkin	18			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
07/01/2020	Albert Wash		,	500.00
	6 Contributor address; 731 S R L Thornton Frwy	City; Dallas,	State; Zip Code TX 75203	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
07/01/2020	V Neils Agather			1000.00
	Contributor address; 5661 Mariner Dr	City;	State; Zip Code TX 75237	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
12/28/2020	Delva King			1000.00
	Contributor address; 1243 W Pleasant Run Rd	City; Desot,	State; Zip Code TX 75115	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	TX	Amount of contribution (\$)
12/28/2020	johnnie king jr			1000.00
	Contributor address; 1243 w pleasant run rd	City; DeSoto	State: Zip Code D, TX 75115	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 9 of 15
2 FILER NAME Mr Tennell Atki				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/14/2020	Roland Parrish			1000.00
	6 Contributor address; 1256 Regents Park Ct	City; Desoto	State; Zip Code o, TX 75115	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
07/01/2020	Bobby Lyle			500.00
	Contributor address; 24 Masland Circle	City;	State; Zip Code TX 75230	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	cions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
07/01/2020	Edwin Cabaniss			500.00
	Contributor address; 1344 N Windomere Ave	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 07/01/2020	Full name of contributor Sophia Johnson	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; 1001 Belleview St	City; Dallas,	State: Zip Code TX 75215	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 10 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atki	ns			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
07/16/2020	Joh Proctor			1000.00
	6 Contributor address; 1524 Oak Meadows Dr	City;	State; Zip Code TX 75232	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
07/15/2020	PETE SCHENKEL			1000.00
	Contributor address; 614 N BISHOP Suite 3	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	cions)
Date	Full name of contributor		; (ID#:)	Amount of contribution (\$)
07/17/2020	Golden Auto Parts Recycles	rs		1000.00
	Contributor address; 3301 S Lamar St	City; Dallas,	State; Zip Code TX 75215	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/19/2020	Full name of contributor Lynn McBee	out-of-state PAC	; (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 3925 Stonebridge Drive	City; Dallas,	State; Zip Code TX 75204	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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

Th	e Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:
2 FILER NAM Mr Tennell Atk			3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2020	Jon Napper	tate PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) 500.00
		Dallas, TX 75201	
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 12/17/2020	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; City; P.O. Box 41561	State; Zip Code Dallas, TX 75241	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/22/2020	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; City; 26 Ryddington Place	State; Zip Code Dallas, TX 75230	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 07/12/2020	Full name of contributor out-of-s Jewel Parrish	tate PAC (ID#:)	Amount of contribution (\$) 150.00
	Contributor address; City; 1256 Regents Park Ct	State: Zip Code Desoto, TX 75115	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)

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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: 12 of 15
2 FILER NAME Mr Tennell Atkir	ns			3 Filer ID (Ethics Commission Filers)
4 Date 07/20/2020	 5 Full name of contributor Christine Paris 6 Contributor address; P.O. Box 7665129 	City;	State; Zip Code , TX 75376	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 08/07/2020	Full name of contributor Gilbert Aranza Contributor address; P.O. Box 601527	City;	State; Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 08/19/2020	Full name of contributor Tina Rich Contributor address; P.O. Box 2083	City:	State; Zip Code TX 75034	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 09/18/2020	Full name of contributor William Penz Contributor address; 6307 Pintail Ln	out-of-state PAC	State: Zip Code TX 75034-2290	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Ffisco,	Employer (See Instruc	tions)

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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: 13 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	as			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
08/19/2020	Nicole S Blake			1000.00
	6 Contributor address; 11004 Ormond Lane	City;	State; Zip Code TX 75035	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/19/2020	Mendy McCain			1000.00
	Contributor address; 5284 Quail Run	City; Frisco,	State; Zip Code TX 75034	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/19/2020	Danielle Bernard			1000.00
	Contributor address; 5020 Kimber Ln	City; Durant	State; Zip Code , OK 74701	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 08/20/2020	Full name of contributor Amber Libby	out-of-state PAC	> (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 2092 Hague Drive	City; Frisco,	State: Zip Code OK 75033	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 14 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	ns			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
08/20/2020	John Brantley			1000.00
	6 Contributor address; P.O. Box 190829	City;	State; Zip Code TX 75219	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
08/20/2020	Clayton Thomas			1000.00
	Contributor address; 6827 Coumty Road 90	City;	State; Zip Code , TX 75009	
Principal occup	oation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/18/2020	Pat Schenkel			1000.00
	Contributor address; 4201 Belclair Ave	City; Dallas,	State; Zip Code TX 75205	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/11/2020	Full name of contributor Lucious Williams	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 1421 Covington Dr	City; Desoto	State; Zip Code , TX 75115	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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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: 15 of 15
2 FILER NAME Mr Tennell Atkir	ıs		3 Filer ID (Ethics Commission Filers)
4 Date 12/07/2020	Lucy Billingsley	C (ID#:)	7 Amount of contribution (\$) 1000.00
	6 Contributor address; City; 1722 Routh St Suite 770 Dallas	State; Zip Code , TX 75201	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 12/15/2020	Hawatha Williams	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 1014 Clfton Lane Desoto	State; Zip Code o, TX 75115	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/17/2020	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 2000 K St. Suite 800 Washi	State; Zip Code ngton, DC 20006	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA(C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 1 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2020	5 Payee name ATT		
6 Amount (\$) 485.37	7 Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description phone	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 08/01/2020	Payee name ATT		
Amount (\$) 387.36	Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	phone	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 09/01/2020	Payee name ATT		
Amount (\$) 250.90	Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description phone	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 2 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2020	5 Payee name ATT		
6 Amount (\$) 551.47	7 Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description phone	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 11/01/2020	Payee name ATT		
Amount (\$) 251.00	Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	phone	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 12/01/2020	Payee name ATT		
Amount (\$) 501.00	Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description phone	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 3 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 07/01/2020	5 Payee name Jefferson Monument			
6 Amount (\$) 350.00	7 Payee address; 1350 Manufacturing St SDaddst) ITX 75207	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description office rent		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 08/01/2020	Payee name Jefferson Monument			
Amount (\$) 350.00	Payee address; 1350 Manufacturing St Dallas, TX 75207	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office rent		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 09/01/2020	Payee name Jefferson Monument			
Amount (\$) 350.00	Payee address; 1350 Manufacturing St Dallas, TX 75207	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description office rent		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 4 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/01/2020	5 Payee name Jefferson Monument			
6 Amount (\$) 350.00	7 Payee address; 1350 Manufacturing St Dallas, TX 75207	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description office rent		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
11/01/2020	Jefferson Monument			
Amount (\$) 350.00	Payee address; 1350 Manufacturing St Dallas, TX 75207	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office rent		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 12/01/2020	Payee name Jefferson Monument			
Amount (\$) 350.00	Payee address; 1350 Manufacturing St Dallas, TX 75207	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description office rent		
LA LABITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	Leynense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Council District 8	., ., omeender ivilig	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission	Filers)
4 Date 12/01/2020	5 Payee name Jeff Dalton			
6 Amount (\$) 2000.00	7 Payee address; 8552 Royal County Dow MDKinn ey, TX 75070	City;	State; Zip Code	·
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description consultation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
Date 08/03/2020	Payee name Sams Club			
Amount (\$) 29.29	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code	·
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
Date 08/03/2020	Payee name Sams Club			
Amount (\$) 21.97	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 6 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 08/13/2020	5 Payee name Sams Club		
6 Amount (\$) 27.04	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
08/26/2020	Sams Club		
Amount (\$) 37.52	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 08/31/2020	Payee name Sams Club		
Amount (\$) 29.88	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 7 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Comm	ission Filers)
4 Date 08/31/2020	5 Payee name Sams Club			
6 Amount (\$) 35.05	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office	held
Date 09/04/2020	Payee name Sams Club			
Amount (\$) 20.21	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip	Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office	neld
Date 09/08/2020	Payee name Sams Club			
Amount (\$) 32.66	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office	held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Ordan Oard Taymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 8 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 09/16/2020	5 Payee name Sams Club			
6 Amount (\$) 36.48	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
09/23/2020	Sams Club			
Amount (\$) 29.42	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 09/29/2020	Payee name Sams Club			
Amount (\$) 29.54	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 9 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2020	5 Payee name Sams Club		
6 Amount (\$) 30.93	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
10/09/2020	Sams Club		
Amount (\$) 26.58	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 10/13/2020	Payee name Sams Club		
Amount (\$) 27.87	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 10 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/27/2020	5 Payee name Sams Club			
6 Amount (\$) 9.39	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
11/02/2020	Sams Club			
Amount (\$) 32.04	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 11/09/2020	Payee name Sams Club			
Amount (\$) 27.90	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description g		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 11 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/10/2020	5 Payee name Sams Club			
6 Amount (\$) 20.58	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
11/16/2020	Sams Club			
Amount (\$) 30.05	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 12/01/2020	Payee name Sams Club			
Amount (\$) 25.09	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	<u> </u>

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 12 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/18/2020	5 Payee name Sams Club			
6 Amount (\$) 38.29	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name		·	
08/03/2020	Tennell Atkins Home Depot			
Amount (\$) 117.99	Payee address; 2901 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	gexpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 10/05/2020	Payee name Tennell Atkins Home Depot			
Amount (\$) 90.00	Payee address; 2901 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 13 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 08/24/2020	5 Payee name Luke Locker			
6 Amount (\$) 76.66	7 Payee address; 3046 Mockingbird Lane Dallas, TX 75205	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
08/31/2020	Baby Back Shack			
Amount (\$) 31.66	Payee address; 1800 S Akard St Dallas, TX 75215	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 09/08/2020	Payee name Tennell Atkins Baby Back Shack			
Amount (\$) 29.23	Payee address; 1800 S Akard St Dallas, TX 75215	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 14 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2020	5 Payee name Baby Back Shack		
6 Amount (\$) 18.51	7 Payee address; 1800 S Akard St Dallas, TX 75215	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 10/02/2020	Payee name Baby Back Shack		
Amount (\$) 45.78	Payee address; 1800 S Akard St Dallas, TX 75215	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 09/01/2020	Payee name KFC		
Amount (\$) 28.60	Payee address; 3415 W Camp Wisdom Dallas, TX 75237	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 15 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 09/22/2020	5 Payee name KFC		
6 Amount (\$) 11.76	7 Payee address; 3415 W Camp Wisdom Dallas, TX 75237	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 09/30/2020	Payee name KFC		
Amount (\$) 9.72	Payee address; 3415 W Camp Wisdom Dallas, TX 75237	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 11/04/2020	Payee name Chilis		
Amount (\$) 32.74	Payee address; 2503 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 16 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 09/08/2020	5 Payee name Whataburger			
6 Amount (\$) 12.20	7 Payee address; 3222 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
09/14/2020	Red Lobster			
Amount (\$) 91.03	Payee address; 603 N Cockrell Hill Rd Duncanville, TX 75116	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 09/14/2020	Payee name Lubys			
Amount (\$) 23.36	Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 17 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 09/21/2020	5 Payee name Lubys			
6 Amount (\$) 46.01	7 Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date 09/25/2020	Payee name Lubys			
Amount (\$) 25.51	Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 10/05/2020	Payee name Lubys			
Amount (\$) 22.16	Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 18 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2020	5 Payee name Lubys		
6 Amount (\$) 34.28	7 Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 10/30/2020	Payee name Lubys		
Amount (\$) 35.37	Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 10/08/2020	Payee name Chick-Fila		
Amount (\$) 28.43	Payee address; 2429 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 19 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2020	5 Payee name Ojeda		
6 Amount (\$) 53.58	7 Payee address; 2109 N Hampton Desoto, TX 75115	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
11/02/2020	Williams Chicken		
Amount (\$) 30.30	Payee address; 6220 Marvin D Love Fwpallas, TX 75237	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 11/06/2020	Payee name Olive Garden		
Amount (\$) 39.06	Payee address; 639 S Cockrell Hill Rd Duncanville, TX 75116	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 20 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 10/13/2020	5 Payee name Target			
6 Amount (\$) 178.05	7 Payee address; 39739 LBJ Frwy Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	(Office held
Date	Payee name			
10/26/2020	Party City			
Amount (\$) 35.73	Payee address; 39759 LBJ Frwy Dallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	C	Office held
Date 10/26/2020	Payee name Office Depot			
Amount (\$) 9.39	Payee address; 39759 LBJ Frwy Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 21 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/25/2020	5 Payee name Office Depot			
6 Amount (\$) 194.83	7 Payee address; 39759 LBJ Frwy Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
11/12/2020	Popeyes			
Amount (\$) 9.37	Payee address; 2972 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 10/26/2020	Payee name Auto Zone			
Amount (\$) 149.58	Payee address; 1201 W Camp Wisdom Dallas, TX 75232	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description automobile		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 22 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics C	Commission Filers)
4 Date 10/23/2020	5 Payee name Halls Honey Fired Chicken			
6 Amount (\$) 23.35	7 Payee address; 4105 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 7	0	ffice held
Date 10/26/2020	Payee name Allstate			
Amount (\$) 283.21	Payee address; 1300 Summit Ave Suite #1 Worth, TX 76102-4440	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	auto insurance		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	0	ffice held
Date 12/11/2020	Payee name Pappadeaux			
Amount (\$) 92.17	Payee address; 800 E Hwy 67 Duncanville, TX 75137	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 23 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2020	5 Payee name McDonalds		
6 Amount (\$) 18.02	7 Payee address; 125 W Camp Wisdom Dallas, TX 75232	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
12/18/2020	Black Business Director		
Amount (\$) 400.00	Payee address; P.O. Box 830631 Richardson, TX 75083	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	E-Glass display	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED

City Secretary's Office

Supplement Officeholder	tal Report			FOR Cover She	et SR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	first Tennell	МІ	Total Pages Filed: 39	
	NICKNAME	LAST Atkins	SUFFIX	3. Office Held	
4. SUPPLEMENTAL REPORT TYPE	☆ January 15	c 30th day befo	ore election C Runoff	c 15th day after camp treasurer appointme (officeholder only)	
	c July 15	c 8th day befor	e election C Exceeded \$500 limit	C Final Report	
5. PERIOD / COVERED		7/1/2020) тнгоидн 12/31/202 0)	
6. ELECTION	Month Day Year				
		c Primary	y c Runoff 🕽	General c Spe	ecial c 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 \$0.0		\$0.00
2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$0.00				\$ 0.00	
	EXPENDITURE	3. TOTAL OFFICEHO	LDER EXPENDITURES OF \$100 OF	R LESS, UNLESS ITEMIZED	\$0.00
	TOTALS	4. TOTAL OFFICEHO	LDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LES TEES OF LOANS), UNLESS ITEMIZ	•	\$ 0.00
(Campaign)		6. TOTAL POLITICAL (OTHER THAN PLED)	CONTRIBUTIONS GES, LOANS, OR GUARANTEES OF	LOANS)	\$ 45,250.00
	EXPENDITURE	7. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LES	S UNLESS ITEMIZED	\$ 0.00
	TOTALS	8. TOTAL POLITICAL	EXPENDITURES		\$ 9,452.52
9. OFFICEHOLDER FUN FOR CAMPAIGN PUR			MOUNT OF OFFICEHOLDER CONTI TURES DURING THE REPORTING		\$ 0.00
10. AFFIDAVIT		is true ar	or affirm, under penalty of pond correct and includes all information Title 15, Election code.		, ,
			ELECTRONICALLY	CERTIFIED	
AFFIX NOTARY STAM	MP / SEAL ABOVE		Signature of Candidate	or Officeholder	
Sworn to and subscribed	before me, by the said Mr T	ennell Atkins		_, this the19th	day
of May , 2	0_23, to certify which	, witness my hand and	d seal of office.		
Signature of officer ad	ministering nath	Printed name of office	or administering oath	Title of officer ad	ministering oath

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 15
2 FILER NAME Mr Tennell Atkin	18			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
11/01/2020	Tre Black			1000.00
Campaign Contribution	6 Contributor address; 2426 W Tenth St	City;	State; Zip Code , TX 75211	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/01/2020	Dave Wishnew			1000.00
Campaign Contribution	Contributor address; 1700 Pacific	City; Dallas,	State; Zip Code , TX 75204	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
07/01/2020	Lille T Molett			150.00
Campaign Contribution	Contributor address; 2723 Meadow Stone Lane	City; Dallas,	State; Zip Code , TX 75232	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 07/01/2020	Full name of contributor Joan Walne	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; 10200 Cariboo Trail	City; Dallas,	State: Zip Code , TX 75238	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Tennell Atki	1S		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/02/2020	HENRY BILLINGSLEY		1000.00
Campaign Contribution	6 Contributor address; City; 1722 ROUTH ST Suite 770 DALL	State; Zip Code AS, TX 75201	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/04/2020	Jack Cuz		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code on, TX 76003	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/04/2020	Southwestern Land and Title, LLC		500.00
Campaign Contribution	Contributor address; City; 627 Mercury Ave Duncar	State; Zip Code nville, TX 75137	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 07/06/2020	Full name of contributor	(ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 3905 Tidal Drive Carroll	State: Zip Code ton, TX 76007	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 3 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atki	ns			
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
07/17/2020	Mason Brown III			1000.00
Campaign Contribution	6 Contributor address; P.O. Box 29615	City; Dallas,	State; Zip Code TX 75229	
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	l tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
12/12/2020	Joan Walne			500.00
Campaign Contribution	Contributor address; 10200 Cariboo Trail	City;	State; Zip Code TX 75238	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
12/15/2020	Douglas Hunt			1000.00
		City;	State; Zip Code	
Campaign Contribution	Contributor address; 610 Creek View Circle	Ovilla,	TX 75134	
Campaign Contribution Principal occu		Ovilla,	TX 75134 Employer (See Instruc	tions)
Contribution	610 Creek View Circle	Ovilla,	Employer (See Instruc	Amount of contribution (\$) 1000.00
Principal occu	610 Creek View Circle pation / Job title (See Instructions) Full name of contributor	Ovilla,	Employer (See Instruc	Amount of contribution (\$)

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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: 4 of 15
2 FILER NAME Mr Tennell Atkir	ıs			3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2020 Campaign Contribution	Full name of contributor Helen Giddings Contributor address; 400 S Zang Blvd	City;	State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 12/12/2020 Campaign Contribution	Full name of contributor Thomas Dunning Contributor address; 2100 Ross Ave Suite 1200	City;	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/07/2020 Campaign Contribution	Full name of contributor R Steve Folsom Contributor address; 15475 Dallas Parkway Suite	City;	State; Zip Code on, TX 75001	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/16/2020 Campaign Contribution	Full name of contributor Harlan Crow Contributor address; 3819 Maple Ave		State: Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)

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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: 5 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	as		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/12/2020	Coats Rose		1000.00
Campaign Contribution	6 Contributor address; City; 3 Greenway Plaza Suite 1000 Houston	State; Zip Code n, TX 77048	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/08/2020	Vaughn Thompson		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75356	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
12/18/2020	Michaqel Rader		500.00
Campaign Contribution	Contributor address; City; P.O. Box 249 Colleyv	State; Zip Code ille, TX 76034	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/05/2020	Full name of contributor	(ID#:)	Amount of contribution (\$) 200.00
Campaign Contribution	Contributor address; City; 717 Wake Forrest Dr Dallas,	State: Zip Code TX 75214	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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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: 6 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	ns			
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/28/2020	Trelaine Mapp			500.00
Campaign Contribution	6 Contributor address; 12612 Beech Tree Ln	City; Dallas,	State; Zip Code TX 76040	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/19/2020	Ryan Griffin			1000.00
Campaign Contribution	Contributor address; P.O. Box 190829	City;	State; Zip Code TX 75219	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 08/19/2020	Full name of contributor Jennifer Clarke	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
	·····			1000.00
Campaign Contribution	Contributor address; 3491 Foxboro Drive	City; Richard	State; Zip Code dson, TX 75082	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 08/14/2020	Full name of contributor M Rideau	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 0 SMU Box 75-3183	City; Dallas,	State: Zip Code TX 75275	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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

### Filter NAME ### A Date	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 15
Date Full name of contributor Contribution Contributor					3 Filer ID (Ethics Commission Filers)
Campaign Contribution 8 Principal occupation / Job title (See Instructions) Date Date Full name of contributor Tante Williams Contribution Contribution Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 1000.00 Campaign Contributor address; City; State; Zip Code Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Doedic Rose Campaign Contribution Contribution Contributor address; Swillowood City; State; Zip Code Colleyville, TX 76034 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) City; State: Zip Code Doedic Rose Campaign Contribution Contribution Contributor address; Swillowood Full name of contributor Date Date Date Full name of contributor Date O7/01/2020 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 200.00 Campaign Contribution Contribution Contributor Date O7/01/2020 Date Date Date Date Date Date Date Dat		Eddie Reeves			
Date Full name of contributor out-of-state PAC (ID#:		6 Contributor address;	City;	State; Zip Code	
Tante Williams 1000.00	8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Campaign Contribution Contrib			out-of-state PAC	(ID#:)	• • • • • • • • • • • • • • • • • • • •
Date Full name of contributor out-of-state PAC (ID#:	Campaign	Contributor address;	City;	State; Zip Code	100000
Deedie Rose	Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Contribution 5 Willowood Dallas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor O7/01/2020 Dr Maria Garcia Campaign Contributor address; 618 W Jefferson City; Dallas, TX 75208 City; Dallas, TX 75208			out-of-state PAC	C (ID#:)	• •
Date 07/01/2020 Campaign Contribution Contribution Contribution Date Dr Maria Garcia Contribution Contribution Contribution Contribution Date Dr Maria Garcia City; Dallas, TX 75208 City; Dallas, TX 75208 Amount of contribution (\$) 200.00		Contributor address; 5 Willowood	City; Dallas,	State; Zip Code TX 75205	
O7/01/2020 Dr Maria Garcia 200.00 Campaign Contributor address; City; State; Zip Code Contribution Dallas, TX 75208	Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Contribution 618 W Jefferson Dallas, TX 75208			out-of-state PAC	C (ID#:)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Campaign Contribution	Contributor address; 618 W Jefferson	City; Dallas,	State: Zip Code TX 75208	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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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: 8 of 15
2 FILER NAME Mr Tennell Atkin				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
07/01/2020	Albert Wash			500.00
Campaign Contribution	6 Contributor address; 731 S R L Thornton Frwy	City; Dallas,	State; Zip Code TX 75203	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
07/01/2020	V Neils Agather			1000.00
Campaign Contribution	Contributor address; 5661 Mariner Dr	City;	State; Zip Code TX 75237	
Principal occu	oation / Job title (See Instructions)		Employer (See Instruct	cions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/28/2020	Delva King			1000.00
Campaign Contribution	Contributor address; 1243 W Pleasant Run Rd	City;	State; Zip Code TX 75115	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/28/2020	Full name of contributor johnnie king jr	out-of-state PAC	TX (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 1243 w pleasant run rd	City; DeSoto	State: Zip Code o, TX 75115	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 9 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atki	ns			
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
12/14/2020	Roland Parrish			1000.00
Campaign Contribution	6 Contributor address; 1256 Regents Park Ct	City;	State; Zip Code , TX 75115	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
07/01/2020	Bobby Lyle			500.00
Campaign Contribution	Contributor address; 24 Masland Circle	City;	State; Zip Code TX 75230	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
07/01/2020	Edwin Cabaniss			500.00
Campaign Contribution	Contributor address; 1344 N Windomere Ave	City;	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 07/01/2020	Full name of contributor Sophia Johnson	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 1001 Belleview St		State: Zip Code TX 75215	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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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: 10 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkir	is		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/16/2020	Joh Proctor		1000.00
Campaign Contribution	6 Contributor address; City; 1524 Oak Meadows Dr Dallas,	State; Zip Code TX 75232	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
07/15/2020	PETE SCHENKEL		1000.00
Campaign Contribution	Contributor address; City; 614 N BISHOP Suite 3 Dallas, 7	State; Zip Code TX 75208	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/17/2020	Golden Auto Parts Recyclers		1000.00
Campaign Contribution	Contributor address; City; 3301 S Lamar St Dallas,	State; Zip Code TX 75215	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/19/2020	Full name of contributor	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; 3925 Stonebridge Drive Dallas,	State: Zip Code ГХ 75204	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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

The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 11 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	as .			
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/22/2020	Jon Napper			500.00
Campaign Contribution	6 Contributor address; 300 N Akard Suite 3106	City;	State; Zip Code TX 75201	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/17/2020	Gail Terrell			200.00
Campaign Contribution	Contributor address; P.O. Box 41561	City;	State; Zip Code TX 75241	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/22/2020	Sam Coats			500.00
Campaign Contribution	Contributor address; 26 Ryddington Place	City;	State; Zip Code TX 75230	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 07/12/2020	Full name of contributor Jewel Parrish	out-of-state PAC	(ID#:)	Amount of contribution (\$) 150.00
Campaign Contribution	Contributor address; 1256 Regents Park Ct	City; Desoto,	State: Zip Code , TX 75115	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
		,		

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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: 12 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atk	ns			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
07/20/2020	Christine Paris			1000.00
Campaign Contribution	6 Contributor address; P.O. Box 7665129	City; Dallas,	State; Zip Code , TX 75376	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/07/2020	Gilbert Aranza			1000.00
Campaign Contribution	Contributor address; P.O. Box 601527	City;	State; Zip Code , TX 75360	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/19/2020	Tina Rich			1000.00
Campaign Contribution	Contributor address; P.O. Box 2083	City; Frisco,	State; Zip Code TX 75034	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 09/18/2020	Full name of contributor William Penz	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 6307 Pintail Ln	City; Frisco,	State: Zip Code TX 75034-2290	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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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: 13 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkin	1S			
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
08/19/2020	Nicole S Blake			1000.00
Campaign Contribution	6 Contributor address; 11004 Ormond Lane	City; Frisco,	State; Zip Code TX 75035	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
08/19/2020	Mendy McCain			1000.00
Campaign Contribution	Contributor address; 5284 Quail Run	City;	State; Zip Code TX 75034	
Principal occup	aation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
08/19/2020	Danielle Bernard			1000.00
Campaign Contribution	Contributor address; 5020 Kimber Ln	City;	State; Zip Code , OK 74701	
Principal occu	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 08/20/2020	Full name of contributor Amber Libby	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 2092 Hague Drive	City; Frisco,	State: Zip Code OK 75033	
			Employer (See Instruc	

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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: 14 of 15
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr Tennell Atki	ns			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
08/20/2020	John Brantley			1000.00
Campaign Contribution	6 Contributor address; P.O. Box 190829	City; Dallas,	State; Zip Code TX 75219	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
08/20/2020	Clayton Thomas			1000.00
Campaign Contribution	Contributor address; 6827 Coumty Road 90	City;	State; Zip Code , TX 75009	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	cions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/18/2020	Pat Schenkel			1000.00
Campaign Contribution	Contributor address; 4201 Belclair Ave	City; Dallas,	State; Zip Code TX 75205	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/11/2020	Full name of contributor Lucious Williams	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 1421 Covington Dr	City; Desoto	State; Zip Code , TX 75115	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 15 of 15
2 FILER NAME Mr Tennell Atkin	ıs			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/07/2020	Lucy Billingsley			1000.00
Campaign Contribution	6 Contributor address; 1722 Routh St Suite 770	City; Dallas	State; Zip Code , TX 75201	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/15/2020	Hawatha Williams			1000.00
Campaign Contribution	Contributor address; 1014 Clfton Lane	City;	State; Zip Code o, TX 75115	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/17/2020	AECOM PAC			1000.00
Campaign Contribution	Contributor address; 2000 K St. Suite 800	City;	State; Zip Code ngton, DC 20006	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACILABBIT	TONAL CODIEC		IEEDED

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 1 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/01/2020	ATT		
6 Amount (\$) 485.37 Campaign Funds for Campaign Expenditures	7 Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	phone	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
08/01/2020	ATT		
Amount (\$) 387.36	Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	phone	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8	
Date	Payee name		
09/01/2020	ATT		
Amount (\$) 250.90	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	P.O. Box 6811 Dallas, TX 75225-5414		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	phone	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/01/2020	ATT		
6 Amount (\$) 551.47 Campaign Funds for Campaign Expenditures	7 Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	phone	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
11/01/2020	ATT		
Amount (\$) 251.00 Campaign Funds for Campaign Expenditures	Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	phone	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
12/01/2020	ATT		
Amount (\$) 501.00 Campaign Funds for Campaign Expenditures	Payee address; P.O. Box 6811 Dallas, TX 75225-5414	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	phone	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/01/2020	Jefferson Monument		
6 Amount (\$) 350.00	7 Payee address; 1350 Manufacturing St Suite 101	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	Dallas, TX 75207		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office rent	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
08/01/2020	Jefferson Monument		
Amount (\$) 350.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	1350 Manufacturing St Dallas, TX 75207		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office rent	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8	
Date	Payee name		
09/01/2020	Jefferson Monument		
Amount (\$) 350.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	1350 Manufacturing St Dallas, TX 75207		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office rent	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Garer (errier a satege	.,
1 Total pages Schedule F1: 4 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/01/2020	Jefferson Monument			
6 Amount (\$) 350.00 Campaign Funds for Campaign Expenditures	7 Payee address; 1350 Manufacturing St Dallas, TX 75207	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office rent		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
11/01/2020	Jefferson Monument			
Amount (\$) 350.00 Campaign Funds for Campaign Expenditures	Payee address; 1350 Manufacturing St Dallas, TX 75207	City;	State;	Zip Code
Campaign Expenditures	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office rent		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
12/01/2020	Jefferson Monument			
Amount (\$) 350.00 Campaign Funds for Campaign Expenditures	Payee address; 1350 Manufacturing St Dallas, TX 75207	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office rent		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/01/2020	Jeff Dalton			
6 Amount (\$) 2000.00 Campaign Funds for Campaign Expenditures	7 Payee address; 8552 Royal County Down Drive McKinney, TX 75070	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	consultation		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
08/03/2020	Sams Club			
Amount (\$) 29.29	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
08/03/2020	Sams Club			
Amount (\$) 21.97	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not instead above)	
1 Total pages Schedule F1: 6 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission File	rs)
4 Date	5 Payee name			
08/13/2020	Sams Club			
6 Amount (\$) 27.04 Campaign Funds for	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code	
Campaign Expenditures	(2) C-1(2) C-1(3)	(h) Decembrica		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
Date	Payee name			
08/26/2020	Sams Club			
Amount (\$) 37.52	Payee address;	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	2900 W Wheatland Rd Dallas, TX 75237			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	Tennell Atkins	Council District 8		
Date	Payee name			
08/31/2020	Sams Club			
Amount (\$) 29.88	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	2700 W Wilcatianu Ku Danas, 17/13237			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	_
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 7 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	l	
08/31/2020	Sams Club		
6 Amount (\$) 35.05	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
09/04/2020	Sams Club		
Amount (\$) 20.21	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	2900 W Wheatland Rd Dallas, TX 75237		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8	
Date	Payee name		
09/08/2020	Sams Club		
Amount (\$) 32.66	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	2700 W Wilcattand Rd Danas, 1A 13231		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, ,	
1 Total pages Schedule F1: 8 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/16/2020	Sams Club			
6 Amount (\$) 36.48 Campaign Funds for Campaign Expenditures	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
09/23/2020	Sams Club			
Amount (\$) 29.42 Campaign Funds for	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	Tellieli Atkilis	Council District 8		
Date	Payee name			
09/29/2020	Sams Club			
Amount (\$) 29.54	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2300 W Wilcold Rd Dallas, TX 73257			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (enter a satisge	, ,
1 Total pages Schedule F1: 9 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 10/05/2020	5 Payee name Sams Club			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
30.93 Campaign Funds for Campaign Expenditures	2900 W Wheatland Rd Dallas, TX 75237	Oity,	State,	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
10/09/2020	Sams Club			
Amount (\$) 26.58	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2900 W Wheatland Rd Dallas, TX 75237			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
10/13/2020	Sams Club			
Amount (\$) 27.87	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2900 W Wheatland Rd Dallas, TX 75237			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a sategory	
1 Total pages Schedule F1: 10 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics C	Commission Filers)
4 Date 10/27/2020	5 Payee name Sams Club			
6 Amount (\$) 9.39 Campaign Funds for Campaign Expenditures	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description gas		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	n, TX, officeholder living ex	ffice held
Date	Payee name			
Amount (\$) 32.04 Campaign Funds for Campaign Expenditures	Sams Club Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	0	ffice held
Date	Payee name			
Amount (\$) 27.90 Campaign Funds for Campaign Expenditures	Sams Club Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T.	Description	TV - 461-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Council District 8	n, TX, officeholder living ex	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 11 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
11/10/2020	Sams Club			
6 Amount (\$) 20.58 Campaign Funds for Campaign Expenditures	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
11/16/2020	Sams Club			
Amount (\$) 30.05	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8		
Date	Payee name			
12/01/2020	Sams Club			
Amount (\$) 25.09	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2900 w wheatland Ru Danas, 1A /323/			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (errier a satisge	.,
1 Total pages Schedule F1: 12 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 12/18/2020	5 Payee name Sams Club			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2900 W Wheatland Rd Dallas, TX 75237	Oity,	State,	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	gas		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
08/03/2020	Tennell Atkins Home Depot			
Amount (\$) 117.99	Payee address; 2901 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2501 William Rd Bullus, 111 / 5257			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
10/05/2020	Tennell Atkins Home Depot			
Amount (\$) 90.00	Payee address; 2901 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2501 W Wheatland Rd Bullas, 174 75257			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 13 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission F	Filers)
4 Date	5 Payee name			
08/24/2020	Luke Locker			
6 Amount (\$) 76.66 Campaign Funds for Campaign Expenditures	7 Payee address; 3046 Mockingbird Lane Dallas, TX 75205	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	gift		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
Date	Payee name			
08/31/2020	Baby Back Shack			
Amount (\$) 31.66	Payee address; 1800 S Akard St Dallas, TX 75215	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures		T		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	Tennell Atkins	Council District 8		
Date	Payee name			
09/08/2020	Tennell Atkins Baby Back Shack			
Amount (\$) 29.23	Payee address; 1800 S Akard St Dallas, TX 75215	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	1800 S Akard St Dallas, TX 75215			
	Category (See Categories listed at the top of this schedule)	Description		_
PURPOSE OF EXPENDITURE	Food/Beverage Expense	food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 14 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/17/2020	Baby Back Shack		
6 Amount (\$) 18.51	7 Payee address; 1800 S Akard St Dallas, TX 75215	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Food/Beverage Expense	Food	
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date	Payee name		
10/02/2020	Baby Back Shack		
Amount (\$) 45.78	Payee address;	City;	State; Zip Code
Campaign Funds for	1800 S Akard St Dallas, TX 75215		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expense	Food	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8	
Date	Payee name		
09/01/2020	KFC		
Amount (\$) 28.60	Payee address;	City;	State; Zip Code
Campaign Funds for	3415 W Camp Wisdom Dallas, TX 75237		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expense	Food	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Council District 8	Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 15 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
09/22/2020	KFC			
6 Amount (\$) 11.76 Campaign Funds for Campaign Expenditures	7 Payee address; 3415 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
09/30/2020	KFC			
Amount (\$) 9.72	Payee address; 3415 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8		
Date	Payee name			
11/04/2020	Chilis			
Amount (\$) 32.74	Payee address; 2503 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2505 W Wilcanaid Ru Danas, 1A 15251			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food/Beverage Expense	Food		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (ethic, a sategory	
1 Total pages Schedule F1: 16 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics C	Commission Filers)
4 Date 09/08/2020	5 Payee name Whataburger			
6 Amount (\$) 12.20 Campaign Funds for Campaign Expenditures	7 Payee address; 3222 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	kpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	0	ffice held
Date 09/14/2020	Payee name Red Lobster			
Amount (\$) 91.03 Campaign Funds for Campaign Expenditures	Payee address; 603 N Cockrell Hill Rd Duncanville, TX 75116	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	0	ffice held
Date	Payee name			
09/14/2020	Lubys			
Amount (\$) 23.36 Campaign Funds for Campaign Expenditures	Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 17 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
09/21/2020	Lubys			
6 Amount (\$) 46.01 Campaign Funds for Campaign Expenditures	7 Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
09/25/2020	Lubys			
Amount (\$) 25.51	Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	gexpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8		
Date	Payee name			
10/05/2020	Lubys			
Amount (\$) 22.16	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	5600 S Hampton Rd Dallas, TX 75232			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food/Beverage Expense	Food		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 18 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/20/2020	Lubys		
6 Amount (\$) 34.28 Campaign Funds for Campaign Expenditures	7 Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
Date	Payee name		
10/30/2020	Lubys		
Amount (\$) 35.37	Payee address; 5600 S Hampton Rd Dallas, TX 75232	City;	State; Zip Code
Campaign Funds for Campaign Expenditures		T =	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8	
Date	Payee name		
10/08/2020	Chick-Fila		
Amount (\$) 28.43	Payee address; 2429 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	212) William Rd Banas, 111 (323)		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Carlot (errior a category frontinated above)	
1 Total pages Schedule F1: 19 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission File	rs)
4 Date 10/09/2020	5 Payee name Ojeda			
6 Amount (\$) 53.58 Campaign Funds for Campaign Expenditures	7 Payee address; 2109 N Hampton Desoto, TX 75115	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
Date	Payee name			
11/02/2020	Williams Chicken	City;	State; Zip Code	
Amount (\$) 30.30 Campaign Funds for Campaign Expenditures	Payee address; 6220 Marvin D Love Fwpallas, TX 75237	Oity,	State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
Date	Payee name			
11/06/2020	Olive Garden			
Amount (\$) 39.06 Campaign Funds for Campaign Expenditures	Payee address; 639 S Cockrell Hill Rd Duncanville, TX 75116	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 20 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/13/2020	Target			
6 Amount (\$) 178.05 Campaign Funds for Campaign Expenditures	7 Payee address; 39739 LBJ Frwy Dallas, TX 75237	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	gift		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
10/26/2020	Party City			
Amount (\$) 35.73	Payee address; 39759 LBJ Frwy Dallas, TX 75237	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held
expenditure to benefit C/OH	Tennell Atkins	Council District 8		
Date	Payee name			
10/26/2020	Office Depot			
Amount (\$) 9.39	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	39759 LBJ Frwy Dallas, TX 75237			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Office Overhead/Rental Expense	supplies		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	ourse (orner a sategory ristin	3.04 4.50 7.0)
1 Total pages Schedule F1: 21 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Comm	nission Filers)
4 Date	5 Payee name			
11/25/2020	Office Depot			
6 Amount (\$) 194.83 Campaign Funds for Campaign Expenditures	7 Payee address; 39759 LBJ Frwy Dallas, TX 75237	City;	State; Zip) Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expens	е
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office	held
Date	Payee name			
11/12/2020	Popeyes			
Amount (\$) 9.37 Campaign Funds for Campaign Expenditures	Payee address; 2972 W Wheatland Rd Dallas, TX 75237	City;	State; Zip) Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expens	е
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office	held
Date	Payee name			
10/26/2020	Auto Zone			
Amount (\$) 149.58 Campaign Funds for Campaign Expenditures	Payee address; 1201 W Camp Wisdom Dallas, TX 75232	City;	State; Zip) Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	automobile		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	е
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office	e held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Garer (errier a satisge	.,
1 Total pages Schedule F1: 22 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		l	
10/23/2020	Halls Honey Fired Chicken			
6 Amount (\$) 23.35 Campaign Funds for Campaign Expenditures	7 Payee address; 4105 W Camp Wisdom Dallas, TX 75237	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 7		Office held
Date	Payee name			
10/26/2020	Allstate			
Amount (\$) 283.21	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1300 Summit Ave Suite 417 Ft. Worth, TX 76102-4440			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	auto insurance		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
12/11/2020	Pappadeaux			
Amount (\$) 92.17	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	800 E Hwy 67 Duncanville, TX 75137			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 23 of 23	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name		1	
12/06/2020	McDonalds			
6 Amount (\$) 18.02 Campaign Funds for Campaign Expenditures	7 Payee address; 125 W Camp Wisdom Dallas, TX 75232	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
12/18/2020	Black Business Director			
Amount (\$) 400.00	Payee address; P.O. Box 830631 Richardson, TX 75083	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	E-Glass display		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	