CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Commission Filers)			2 Total pages filed:	1	OFFICE USE ONLY		
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	FIRST Ten LAST Atki		MI 	Date Received		
4	ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election	15th app	noff C seeded \$500 limit — h day after treasurer pointment (officeholder only) al report	other (specify)	Date Hand-delivered o	or Date Postmarked Amount \$	
5	ORIGINAL PERIOD COVERED	,	Year 2023 TH	Month HROUGH 04	Day Year 26 2023	Date Imaged		
6	EXPLANATION OF CORRECTION							
To correct Last Day balance.								
7	AFFIDAVIT	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable:						
Semiannual reports: I swear, or affirm, that the made in good faith and without an intent to mis sent the information contained in the report. Other reports: I swear, or affirm, that I am f report not later than the 14th business day after that the report as originally filed is inaccurate or in or affirm, that any error or omission in the report.						to mislead or to ort. I am filing this ay after the date ate or incomplete	corrected I learned I swear,	
	or affirm, that any error or omission in the report as originally filed was made in good faith.							
				* * * El	ectronically Certific	ed * * *		
	AFFIX NOTARY STAMP / SEAL ABOVE			Signature of Candidate or Officeholder				
		ed before me, by the said Mr						
	20_23, to certify	23, to certify which, witness my hand and seal of office.						
_	Signature of officer add	ministering oath	Printed	d name of officer adminis	stering oath	Title of officer	administering oath	
_	Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections							

City Secretary's Office

Signature of officer administering oath

Supplemental Report Officeholder FORM S Cover Sheet MS / MRS / MR FIRST 1. CANDIDATE / MI 2. Total Pages Filed: **OFFICEHOLDER** Mr Tennell NAME NICKNAME LAST SUFFIX 3. Office Held **Atkins** 4. SUPPLEMENTAL c January 15 c 30th day before election c Runoff c 15th day after campaign treasurer appointment REPORT TYPE (officeholder only) c July 15 🗶 8th day before election c Exceeded \$500 c Final Report limit 5. PERIOD / COVERED 3/28/2023 THROUGH 4/26/2023 6. ELECTION Month Day Year ✗ General c Primary c. Runoff c Special c N/A 7. OFFICE-CONTRIBUTION 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$0.00 **HOLDER** PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$0.00 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **EXPENDITURE** \$0.00 **TOTALS** \$0.00 4. TOTAL OFFICEHOLDER EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES 8. POLITICAL CONTRIBUTION \$0.00 TOTALS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (Campaign) 6. TOTAL POLITICAL CONTRIBUTIONS \$30,550.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED **EXPENDITURE** TOTALS \$15,930.82 8. TOTAL POLITICAL EXPENDITURES 9. OFFICEHOLDER FUNDS USED 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR \$0.00 CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD FOR CAMPAIGN PURPOSES 10. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code. ***ELECTRONICALLY CERTIFIED*** AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder Mr Tennell Atkins 17th Sworn to and subscribed before me, by the said _ , this the day _, to certify which, witness my hand and seal of office.

Printed name of officer administering oath

Title of officer administering oath

(214)670-3738