CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to d	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file 55	ed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mr	FIRST Tennell	MI	OFFICE	USE ONLY
NAME			SUFFIX	Date Received	
	NICKNAME	LAST Atkins	SUFFIX		
4 CANDIDATE/	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	2717 Meadow Stone	•	Dallas TX 75232		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 417 8839	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST Velma	MI	Receipt #	Amount \$
TREASURER NAME	Ms 			Date Processed	I
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Milliner			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO 1 1407 Laura Lane	PO BOX PLEASE); APT / SI	UITE #; CITY; Dallas TX 75241	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(214)	371 7482			
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day aft treasurer ap (Officeholder	pointment
	X July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	01 /	01 /2024	THROUGH 06	/ 30 / 2024	1
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day	Year Primary	Runoff X Other Description		
		General	Special Election	on	
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known Council District 8	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHO	LDER. 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 OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEL(S)	COMMITTEE TYPE CO	OMMITTEE NAME			
Additional Pages	GENERAL	OMMITTEE ADDRESS			
	SPECIFIC	OMMITTEE CAMPAIGN TRE	ASURER NAME		
	CO	OMMITTEE CAMPAIGN TRE	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 (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOA	MIZED POLITICAL CONTRIBU NNS, OR GUARANTEES OF L NS MADE ELECTRONICALL	OANS, OR	\$	0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$	18500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDIT	URE.	\$	0.00
	4. TOTAL POLITI	CAL EXPENDITURES		\$	15104.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINT S PERIOD	AINED AS OF THE LAS	ST DAY \$	77758.67
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTST THE REPORTING PERIOD	ANDING LOANS AS O	F THE \$	0.00
		lty of perjury, that the accorunder Title 15, Election Code		e and correct	and includes all information
		k	***ELECTRONICA	ALLY CERTI	FIED***
			Signature of Ca	andidate or Of	ficeholder
	Ple	ase complete eith	er option belov	v:	
(1) Affidavit					
NOTARY STAMP/SEAI					
	Tenr	nell Atkins		12th .	. July
Sworn to and subscribed			this the	da	y of <u>July</u> ,
20, to certify	vhich, witness my hand and	seal of office.			
Signature of officer administe	ing oath Pri	nted name of officer administer	ing oath	Title	of officer administering oath
		OR			
(2) Unsworn Declaration	n				
My name is		, a	nd my date of birth is	S	
My address is				,	,
	(street)		, , ,	state) (zip o	, , ,
Executed in	County, State of _	, on the	day of (montl	h) , 20	O (year)
			Signature of Candi	date/Officeholo	ler (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME Mr Tennell Atkins	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONT	TRIBUTIONS \$ 18,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) P	POLITICAL CONTRIBUTIONS \$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	. SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES	S MADE FROM POLITICAL CONTRIBUTIONS \$ 15,104.56
6.	SCHEDULE F2: UNPAID INCURRED OBLIGAT	TIONS \$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMEN	NTS MADE FROM POLITICAL CONTRIBUTIONS \$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY 0	CREDIT CARD \$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES I	MADE FROM PERSONAL FUNDS \$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLI	TICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURE	ES MADE FROM POLITICAL CONTRIBUTIONS \$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, TO FILER	, REFUNDS, AND CONTRIBUTIONS RETURNED $\qquad \qquad \$ \ 0.00$

SCHEDULE A1

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

Ine	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 1 of 10
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkir	S		
4 Date	5 Full name of contributor ut-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
06/28/2024	Katherine Stewart		250.00
	6 Contributor address; City; 9509 Shady Valley Drive Dallas, T	State; Zip Code ΓΧ 75238	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
06/27/2024	Ryan Trimble		100.00
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:_TX	Amount of contribution (\$)
06/25/2024	Henry Billingsley Beyond The Slogam		1000.00
	Contributor address; City; 1722 Routh St Dallas, T	State; Zip Code ΓΧ 75201	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 06/25/2024	Full name of contributor	ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 1722 Routh Street Suite 770 Dallas, T	State: Zip Code ГХ 75201	
	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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: 2 of 10
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr Tennell Atkii	ns	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
06/25/2024	SB Development	1000.00
	6 Contributor address; City; State; Zip Code 3748 Park Place Addison, TX 75001	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
06/25/2024	Michael Russell	500.00
	Contributor address; City; State; Zip Code 171 17th Street NW Suite 1600 Atlanta, GA 30363	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor	Amount of contribution (\$)
06/17/2024	Larry Offut	250.00
	Contributor address; City; State; Zip Code 6038 Bryan Parkway Dallas, TX 75206	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date 06/18/2024	Full name of contributor	Amount of contribution (\$) 1000.00
	Contributor address; City; State; Zip Code 123 Oak Lawn Ave Dallas, TX 75207	
	pation / Job title (See Instructions) Employer (See Instru	uctions)

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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	e this form.	1 Total pages Schedule A1: 3 of 10
2 FILER NAME Mr Tennell Atkin	ıs		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-sta	te PAC (ID#:)	7 Amount of contribution (\$)
05/29/2024	Carol L Dingman		1000.00
	6 Contributor address; City; 13223 Glad Acres Drive D	State; Zip Code allas, TX 75234	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$)
06/13/2024	Deedie Rose Household Account		1000.00
	Contributor address; City; 4215 W Lovers Lane D	State; Zip Code allas, TX 75209	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$)
06/24/2024	Neil Goldberg		1000.00
	Contributor address; City; 5530 Palomar Lane D	State; Zip Code allas, TX 75229	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 06/25/2024	Full name of contributor	TX te PAC (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 1243 W PLEASANT RUN RD D	State; Zip Code ESOTO, TX 75115	
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.**

Date S Full name of contributor out-of-state PAC (ID#: T Amount of contribution (\$)	Mr Tennell Atkins 4 Date 5 Full name of contributor out-of-state PAC (ID#:	Т	he Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1: 4 of 10
Pete Schenkel 1000.00	Pete Schenkel 1000.00					3 Filer ID (Ethics Commission Filers)
Bate Of-16/2024 Principal occupation / Job title (See Instructions) Date	8 Principal occupation / Job title (See Instructions) Date Full name of contributor		Pete Schenkel	_		
Date Date Full name of contributor out-of-state PAC (ID#; State; Zip Code Dallas, TX 75238	Date Date Full name of contributor Out-of-state PAC (ID#:			•	-	
Date Full name of contributor Contributor Contributor Contributor Solution Solution	Date Full name of contributor Contribu	8 Principal o	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Contributor address; 10020 Caribou Trail Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 500.00 Contributor address; 1014 Clifton Lane City; Desoto, TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 500.00 Employer (See Instructions) Employer (See Instructions) Contributor address; 1014 Clifton Lane City; Desoto, TX 75115 Amount of contribution (\$) 500.00 Contributor address: City; Dallas, TX 75215 City; Dallas, TX 75215	Contributor address; 10020 Caribou Trail Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Od/16/2024 Doris L Williams Contributor address; 1014 Clifton Lane Desoto, TX 75115 Date Full name of contributor Od/11/2024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (3 500.00) Employer (See Instructions) Contributor address; 1014 Clifton Instructions Contributor Od/11/2024 Contributor Od/11/2024		Joan Waine	_		, ,
Date 06/16/2024 Full name of contributor Doris L Williams Contributor address; 1014 Clifton Lane City; Desoto, TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate 06/11/2024 Full name of contributor Willis Johnson Contributor address; 1001 Belleview St City; Desoto, TX 75115 Amount of contribution (\$) 500.00	Date Date Full name of contributor Out-of-state PAC (ID#:		Contributor address;	City;	State; Zip Code	
Doris L Williams Contributor address; 1014 Clifton Lane City; State; Zip Code Desoto, TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date O6/11/2024 Full name of contributor O6/11/2024 Willis Johnson Contributor address; City; State: Zip Code O6/11/2024 Contributor address; City; State: Zip Code O7/10/2024 Contributor address; City; State: Zip Code O7/10/2024 Dallas, TX 75215	Doris L Williams Contributor address; 1014 Clifton Lane City; State; Zip Code Desoto, TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$\frac{1}{3}\$\text{ City; Dallas, TX 75215}} Date Contributor address; City; Dallas, TX 75215	Principal oc			Employer (See Instruct	tions)
Contributor address; 1014 Clifton Lane City; Desoto, TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date O6/11/2024 Full name of contributor O6/11/2024 Willis Johnson Contributor address; City; Dallas, TX 75215 City; Dallas, TX 75215	Contributor address; 1014 Clifton Lane City; State; Zip Code Desoto, TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$500.00) Contributor address; 1001 Belleview St City; Dallas, TX 75215		Doris L Williams		C (ID#:)	
Date 06/11/2024 Full name of contributor Willis Johnson Contributor address; 1001 Belleview St Date PAC (ID#:) State: Zip Code Dallas, TX 75215	Date 06/11/2024 Full name of contributor Willis Johnson Contributor address; 1001 Belleview St Date PAC (ID#:) State: Zip Code Dallas, TX 75215		Contributor address;	City;	State; Zip Code o, TX 75115	
06/11/2024 Willis Johnson 500.00 Contributor address; City; State: Zip Code 1001 Belleview St Dallas, TX 75215	06/11/2024 Willis Johnson 500.00 Contributor address; City; State: Zip Code 1001 Belleview St Dallas, TX 75215	Principal oc	 cupation / Job title (See Instructions)		Employer (See Instruc	tions)
				out-of-state PAC	C (ID#:)	(1)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; 1001 Belleview St	City; Dallas	State: Zip Code , TX 75215	
	<u> </u>	Principal oc			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 com	plete this form.	1 Total pages Schedule A1: 5 of 10
2 FILER NAME Mr Tennell Atk			3 Filer ID (Ethics Commission Filers)
4 Date 06/25/2024	5 Full name of contributor out-	of-state PAC (ID#:	7 Amount of contribution (\$) 500.00
	6 Contributor address; Ci	ty; State; Zip Code Dallas, TX 75215	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instru	uctions)
Date		of-state PAC (ID#:	Amount of contribution (\$)
06/25/2024	Contributor address; Ci 6723 Sunnyland Lane	ty; State; Zip Code Dallas, TX 75214	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date 06/24/2024	Trelaine M Mapp	of-state PAC (ID#:	Amount of contribution (\$) 500.00
	Contributor address; Cit 12612 Beech Tree Lane	ty; State; Zip Code Euless, TX 76040	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date 06/25/2024	Full name of contributor out-	of-state PAC (ID#:	Amount of contribution (\$) 500.00
	Contributor address; Cit P.O. Box 29615	State: Zip Code Dallas, TX 75229	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)

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SCHEDULE A1

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

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6 of 10
2 FILER NAM Mr Tennell Atl		3 Filer ID (Ethics Commission Filers)
4 Date 06/25/2024	Full name of contributor	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code 6422 Lupton Dallas, TX 75225	
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See	Instructions)
Date 06/23/2024	Full name of contributor	Amount of contribution (\$) 300.00
	Contributor address; City; State; Zip Code 6860 Dallas Parkway Suite 550 Plano, TX 75024	
Principal occ	supation / Job title (See Instructions) Employer (See	Instructions)
Date 06/19/2024	Full name of contributor	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 148 Red Oak Lane Flower Mound, TX 75028	-3501
Principal occ	cupation / Job title (See Instructions) Employer (See	Instructions)
Date 06/16/2024	Full name of contributor	Amount of contribution (\$) 250.00
	Contributor address; City; State: Zip Code 26 Ryddington Place Dallas, TX 75230	
Principal occ	cupation / 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. 2 FILER NAME Mr Tennell Atkins 4 Date Mr Tennell Atkins 4 Date Mr Tennell Atkins 5 Full name of contributor out-of-state PAC (ID#:	
Mr Tennell Atkins 4 Date 5 Full name of contributor out-of-state PAC (ID#:	nmission Filers)
Tamount of contributed	
Ronald Steinhart 250.00 250.00	
6 Contributor address; 25 Robledo Dr Dallas, TX 75230 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: TX Amount of contributor 250.00 Contributor address; City; State; Zip Code 16475 Dallas Parkway Suite 550 Addison, TX 75001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contributor 250.00 Contributor address; City: State; Zip Code 250.00 Contributor address; City: State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	tion (\$)
8 Principal occupation / Job title (See Instructions) Date Full name of contributor R Steve Folsom Elevation Management, LLC Contributor address; City; State; Zip Code 16475 Dallas Parkway Suite 550 Addison, TX 75001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Butler Construction Group LLC Contributor address; City; State; Zip Code 16475 Dallas Parkway Suite 550 Addison, TX 75001 Amount of contributor Contributor address; City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#: TX Amount of contribution 250.00 R Steve Folsom Elevation Management, LLC 250.00 Contributor address; City; State; Zip Code 16475 Dallas Parkway Suite 550 Addison, TX 75001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	
O6/14/2024 R Steve Folsom Elevation Management, LLC 250.00 Contributor address; City; State; Zip Code 16475 Dallas Parkway Suite 550 Addison, TX 75001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contributor 06/25/2024 Butler Construction Group LLC 250.00 Contributor address; City; State; Zip Code Lancaster, TX 75146 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contributor 001-01-01-01-01-01-01-01-01-01-01-01-01-	
R Steve Folsom Elevation Management, LLC 250.00	ution (\$)
Contributor address; City; State; Zip Code 16475 Dallas Parkway Suite 550 Addison, TX 75001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	(1)
Date Full name of contributor	
Butler Construction Group LLC Contributor address; P.O. Box 277 City; State; Zip Code P.O. Box 277 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor	
Contributor address; City; State; Zip Code P.O. Box 277 Lancaster, TX 75146 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributorout-of-state PAC (ID#:) Amount of contributor	ution (\$)
Contributor address; City; State; Zip Code P.O. Box 277 Lancaster, TX 75146 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributorout-of-state PAC (ID#:) Amount of contributor	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution	
dut-of-state PAC (ID#)	-
	ution (\$)
Contributor address; City; City; State: Zip Code 1001 Belleview St Suite 1001 Dallas, TX 75215	
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: 8 of 10
2 FILER NAME Mr Tennell Atkin			3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
06/23/2024	Lynn McBee	,	250.00
	6 Contributor address; City; 3925 Stonebridge Drive Dallas,	State; Zip Code TX 75204	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
06/25/2024	Nancy B Shelton		100.00
	Contributor address; City; 3913 Miramar Ave Dallas,	State; Zip Code TX 75205	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
06/25/2024	Lucy J Cain		100.00
	Contributor address; City; 4308 Spring Ave Dallas,	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 06/25/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 50.00
	Contributor address; City; 3525 Turtle Creek Blvd Suite 8A Dallas,	State: Zip Code TX 75219	
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.**

	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 9 of 10
2 FILER NAME Mr Tennell Atk				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
06/25/2024	Opal Hoskins			50.00
	6 Contributor address; 6990 Cedar Ct	City; Ovilla,	State; Zip Code TX 75154	
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 (\$)
06/25/2024	Gloria R Barnes			25.00
	Contributor address; 5171 Joy Lane	City;	State; Zip Code , TX 75241	
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 (\$)
06/25/2024	Joe Tave			25.00
	Contributor address; 3330 Shady Hollow CT	City;	State; Zip Code , TX 75233	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 06/24/2024	Full name of contributor Mr Chris W Kleinert	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 5909 Steuben Court	City; Dallas,	State: Zip Code TX 75248-2115	
	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 comp	plete this form.	1 Total pages Schedule A1: 10 of 10
2 FILER NAME Mr Tennell Atkin	s		3 Filer ID (Ethics Commission Filers)
4 Date 06/24/2024	Mr Ray L Hunt	of-state PAC (ID#:) y; State; Zip Code Dallas, TX 75201	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	 ctions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City	r; State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
		CODICE OF THE SCHEDULE AS A	

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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 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 01/02/2024	5 Payee name Sams Club			
6 Amount (\$) 41.77	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			
01/05/2024	Sams Club			
Amount (\$) 22.32	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date 01/11/2024	Payee name Sams Club			
Amount (\$) 37.57	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 <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

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.	oursi (omer a sategor	,
1 Total pages Schedule F1: 2 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 01/16/2024	5 Payee name Sams Club			
6 Amount (\$) 35.43	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	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	,	Office held
Date 01/17/2024	Payee name Sams Club			
Amount (\$) 40.50	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
Date 01/22/2024	Payee name Sams Club			
Amount (\$) 33.08	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 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	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

Ordan Oard Faymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 3 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 01/24/2024	5 Payee name Sams Club			
6 Amount (\$) 37.27	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 Council District 8		Office held
Date 01/29/2024	Payee name Sams Club			
Amount (\$) 48.42	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related	Description		
OF EXPENDITURE	Expense			
	Check if travel outside of Texas. Complete Schedule T.		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 01/29/2024	Payee name Sams Club			
Amount (\$) 32.82	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: 4 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 02/02/2024	5 Payee name Sams Club			
6 Amount (\$) 15.10	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 t	Office sought Council District 8		Office held
Date	Payee name			
02/02/2024	Sams Club			
Amount (\$) 40.37	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 02/06/2024	Payee name Sams Club			
Amount (\$) 99.84	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
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	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: 5 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers
4 Date 02/12/2024	5 Payee name Sams Club		
6 Amount (\$) 47.76	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 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 02/20/2024	Payee name Sams Club		
Amount (\$) 55.37	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 02/26/2024	Payee name Sams Club		
Amount (\$) 52.32	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
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	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: 6 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 02/26/2024	5 Payee name Sams Club			
6 Amount (\$) 38.78	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 e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	C	Office held
Date 03/01/2024	Payee name Sams Club			
Amount (\$) 45.15	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 e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	C	office held
Date 03/01/2024	Payee name Sams Club			
Amount (\$) 37.86	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 e	xpense
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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 7 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2024	5 Payee name Sams Club		
6 Amount (\$) 44.99	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 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 03/07/2024	Payee name Sams Club		
Amount (\$) 87.39	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 04/11/2024	Payee name Sams Club		
Amount (\$) 34.95	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
	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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 8 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission	on Filers)
4 Date 04/15/2024	5 Payee name Sams Club			
6 Amount (\$) 38.70	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Coo	de
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 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	i
Date 03/18/2024	Payee name Sams Club			
Amount (\$) 41.02	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Cod	de
	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	I
Date 04/22/2024	Payee name Sams Club			
Amount (\$) 50.91	Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Cod	de
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	d
	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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 9 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 04/25/2024	5 Payee name Sams Club			
6 Amount (\$) 42.62	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 04/25/2024	Payee name Sams Club			
Amount (\$) 47.11	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 04/02/2024	Payee name Sams Club			
Amount (\$) 65.31	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	

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 Faymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 10 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 04/08/2024	5 Payee name Sams Club			
6 Amount (\$) 54.13	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 Council District 8		Office held
Date	Payee name			
04/08/2024	Sams Club			
Amount (\$) 31.38	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 04/22/2024	Payee name Sams Club			
Amount (\$) 59.75	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 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: 11 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers	;)
4 Date 04/24/2024	5 Payee name Sams Club			
6 Amount (\$) 44.93	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 <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			
04/25/2024	Sams Club			
Amount (\$) 56.80	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 04/30/2024	Payee name Sams Club			
Amount (\$) 48.68	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 Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 12 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/06/2024	5 Payee name Sams Club			
6 Amount (\$) 56.07	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 livin	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			
05/13/2024	Sams Club			
Amount (\$) 46.80	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 livin	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 05/21/2024	Payee name Sams Club			
Amount (\$) 50.66	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	g 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 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/22/2024	5 Payee name Sams Club			
6 Amount (\$) 46.19	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 05/28/2024	Payee name Sams Club			
Amount (\$) 44.55	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 06/03/2024	Payee name Sams Club			
Amount (\$) 53.82	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	

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 Faymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 14 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 06/10/2024	5 Payee name Sams Club			
6 Amount (\$) 49.12	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			
06/17/2024	Sams Club			
Amount (\$) 45.57	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 06/17/2024	Payee name Sams Club			
Amount (\$) 46.98	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: 15 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commis	ssion Filers)
4 Date 06/24/2024	5 Payee name Sams Club			
6 Amount (\$) 49.06	7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237	City;	State; Zip 0	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 h	eld
Date 06/24/2024	Payee name Sams Club			
Amount (\$) 37.64	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 h	eld
Date 06/24/2024	Payee name Sams Club			
Amount (\$) 75.28	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 I	neld
	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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 16 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2024	5 Payee name Paradise Quick		
6 Amount (\$) 20.00	7 Payee address; 8181 S. Lancaster Dallas, TX 75241	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 02/12/2024	Payee name Paradise Quick		
Amount (\$) 33.38	Payee address; 8181 S. Lancaster Dallas, TX 75241	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 02/09/2024	Payee name Bright Brigade		
Amount (\$) 36.99	Payee address; 3611 W Camp Wisdom 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 auto	
	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: 17 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 01/25/2024	5 Payee name Target			
6 Amount (\$) 75.76	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) Office Overhead/Rental Expense	(b) Description office		
	(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 03/21/2024	Payee name Target			
Amount (\$) 31.39	Payee address; 39739 LBJ Frwy Dallas, TX 75237	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 01/12/2024	Payee name Autozone			
Amount (\$) 18.39	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 auto		
	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: 18 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 03/25/2024	5 Payee name Autozone			
6 Amount (\$) 21.09	7 Payee address; 1201 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) Transportation Equipment & Related Expense	(b) Description auto		
	(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			
06/25/2024	Eddie Dean & Company			
Amount (\$) 4011.22	Payee address; P.O. Box 1022 Terrell, TX 75160	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	catering		
	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 06/25/2024	Payee name Cassi G LLC			
Amount (\$) 500.00	Payee address; 1616 Hunterwood Dr Dallas, TX 75253	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Photography		
	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: 19 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2024	5 Payee name Jefferson Monument		
6 Amount (\$) 350.00	7 Payee address; 351 Jefferson Dallas, TX 75208	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 office	
	(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		
02/01/2024	Jefferson Monument		
Amount (\$) 350.00	Payee address; 351 Jefferson Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office	
	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 03/01/2024	Payee name Jefferson Monument		
Amount (\$) 350.00	Payee address; 351 Jefferson Dallas, TX 75208	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description office	
	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

oreal card aymen	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 20 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Payee name Jefferson Monument		
6 Amount (\$) 350.00	7 Payee address; 351 Jefferson Dallas, TX 75208	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	
	(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 8	Office held
Date	Payee name		
05/01/2024	Jefferson Monument		
Amount (\$) 350.00	Payee address; 351 Jefferson Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office	
	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 06/01/2024	Payee name Jefferson Monument		
Amount (\$) 350.00	Payee address; 351 Jefferson Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	office	
	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: 21 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2024	5 Payee name Marian Brown Campaign		
6 Amount (\$) 250.00	7 Payee address; 133 N Riverfront Dallas, TX 75207	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Comm	(b) Description Donation	
	(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		
01/02/2024	Olive Garden		
Amount (\$) 85.02	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 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 02/20/2024	Payee name Olive Garden		
Amount (\$) 83.40	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 THE	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: 22 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/01/2024	5 Payee name Olive Garden			
6 Amount (\$) 84.71	7 Payee address; 639 S Cockrell Hill Rd Duncanville, TX 75116	City;	State;	Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description food		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	ı expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Council District 8	., , , , , , , , , , , , , , , , , , ,	Office held
Date	Payee name			
01/16/2024	Brerakfast Brothers			
Amount (\$) 53.95	Payee address; 3704 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	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 01/24/2024	Payee name Brerakfast Brothers			
Amount (\$) 58.69	Payee address; 3704 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 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

Ordan Oard Faymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 23 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 01/29/2024	5 Payee name Brerakfast Brothers			
6 Amount (\$) 58.39	7 Payee address; 3704 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/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held
Date	Payee name			
01/23/2024	Off The Bone			
Amount (\$) 20.56	Payee address; 1734 Botham Jean Blvd 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 02/12/2024	Payee name Off The Bone			
Amount (\$) 20.56	Payee address; 1734 Botham Jean Blvd 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
	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: 24 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers	
4 Date 02/09/2024	5 Payee name JJ Fish & Chicken			
6 Amount (\$) 23.80	7 Payee address; 3302 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 Office held Council District 8		
Date 04/15/2024	Payee name Outback			
Amount (\$) 104.12	Payee address; 1101 N I-35 E Desot, TX 75115	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 02/02/2024	Payee name McDonalds			
Amount (\$) 15.10	Payee address; 125 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	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 NE	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: 25 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 02/14/2024	5 Payee name McDonalds			
6 Amount (\$) 11.02	7 Payee address; 125 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 Austin	n, TX, officeholder living	g 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			
03/29/2024	McDonalds			
Amount (\$) 14.35	Payee address; 125 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 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
Date 04/01/2024	Payee name McDonalds			
Amount (\$) 33.78	Payee address; 125 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 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
	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.		,
1 Total pages Schedule F1: 26 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/20/2024	5 Payee name McDonalds			
6 Amount (\$) 20.84	7 Payee address; 125 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	g 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			
06/24/2024	McDonalds			
Amount (\$) 23.41	Payee address; 125 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	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 02/05/2024	Payee name Smokey Joes BBQ			
Amount (\$) 75.02	Payee address; 6403 S R L Thornton FrvDallas, 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 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.			
1 Total pages Schedule F1: 27 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)	
4 Date 03/22/2024	5 Payee name Smokey Joes BBQ				
6 Amount (\$) 61.70	7 Payee address; 6403 S R L Thornton FrvDallas, 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	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	•		
Date	Payee name				
02/05/2024	Baby Back Shack				
Amount (\$) 63.33	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	n, TX, officeholder living	ı expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8			
Date 02/20/2024	Payee name Brother Pizza				
Amount (\$) 20.24	Payee address; 2130 E Ledbetter Dallas, TX 75216	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

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: 28 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 03/04/2024	5 Payee name KFC			
6 Amount (\$) 30.82	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 e	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			
02/26/2024	Whataburger			
Amount (\$) 37.39	Payee address; 3222 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 Aust	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date 02/15/2024	Payee name Ojeda Family Rest.			
Amount (\$) 75.02	Payee address; 2109 N Hampton Desoto, TX 75115	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 e	xpense
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 NEI	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: 29 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)	
4 Date 03/11/2024	5 Payee name Ojeda Family Rest.				
6 Amount (\$) 59.97	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	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	•		
Date	Payee name				
02/20/2024	Popeyes				
Amount (\$) 25.89	Payee address; 8181 S Lancaster Dallas, TX 75241	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	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8		Office held	
Date 04/29/2024	Payee name Popeyes				
Amount (\$) 29.27	Payee address; 8181 S Lancaster Dallas, TX 75241	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

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: 30 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commissio	n Filers)
4 Date 02/29/2024	5 Payee name Cafe Brazil			
6 Amount (\$) 28.24	7 Payee address; 6420 N Central Expresswalland, TX 75206	City;	State; Zip Coo	de
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 Office held Council District 8		
Date 02/29/2024	Payee name Cafe Brazil			
Amount (\$) 42.95	Payee address; 6420 N Central Expresswayllas, TX 75206	City;	State; Zip Coo	de
	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 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 02/26/2024	Payee name Taco Bell			
Amount (\$) 22.54	Payee address; 2972 W Wheatland Rd Dallas, TX 75237	City;	State; Zip Coo	de
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	d
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	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: 31 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 02/08/2024	5 Payee name CAMPISIS			
6 Amount (\$) 135.89	7 Payee address; 1520 ELM ST DALLAS, TX 75201	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	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8		
Date	Payee name			
03/11/2024	Colter BBQ			
Amount (\$) 74.89	Payee address; 3904 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	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office he Council District 8		Office held
Date 03/14/2024	Payee name Lubys Cafeteria			
Amount (\$) 46.56	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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 32 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)	
4 Date 05/22/2024	5 Payee name Lubys Cafeteria			
6 Amount (\$) 36.34	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 Aust	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 03/18/2024	Payee name Red Robin Gourmet Burgers			
Amount (\$) 41.94	Payee address; 229 N Hwy 67 Cedar Hill, TX 75104	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 Office held Council District 8		
Date 03/18/2024	Payee name El Jordan Cafe			
Amount (\$) 45.86	Payee address; 416 N Biship Ave Dallas, TX 75208	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: 33 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)	
4 Date 03/11/2024	5 Payee name Acapulo			
6 Amount (\$) 71.80	7 Payee address; 225 E Beltline 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	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			
04/01/2024	Taco Caso			
Amount (\$) 19.85	Payee address; 8155 S R L Thornton FrvDallas, TX 75231	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 03/18/2024	Payee name Captain D			
Amount (\$) 21.92	Payee address; 419 E Camp Wisdom 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 THE	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: 34 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 03/12/2024	5 Payee name River Cut Rate			
6 Amount (\$) 78.37	7 Payee address; 327 Cadiz St Dallas, TX 75207	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Beverage		
	(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 Office held Council District 8		
Date	Payee name			
03/18/2024	Dick Sporting Goods			
Amount (\$) 151.51	Payee address; 305 FM 1382 Cedar Hill, TX 75104	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		Office held
Date 02/26/2024	Payee name Home Depot			
Amount (\$) 164.46	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

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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: 35 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 01/04/2024	5 Payee name ATT			
6 Amount (\$) 361.78	7 Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 <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			
02/02/2024	ATT			
Amount (\$) 361.76	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 03/04/2024	Payee name ATT			
Amount (\$) 360.81	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 <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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 36 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Payee name ATT		
6 Amount (\$) 360.81	7 Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 05/01/2024	Payee name ATT		
Amount (\$) 360.71	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 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 03/25/2024	Payee name Walmart		
Amount (\$) 61.55	Payee address; 200 Short St Dallas, TX 75232	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	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 NE	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: 37 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/12/2024	5 Payee name Wingstop			
6 Amount (\$) 44.70	7 Payee address; 3333 W Camp Wisdom SDaiklak (%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	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			
04/05/2024	Burger King			
Amount (\$) 28.88	Payee address; 2403 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 05/28/2024	Payee name Burger King			
Amount (\$) 12.96	Payee address; 2403 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 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.	oursi (orner a sategor)	, not noted above,
1 Total pages Schedule F1: 38 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	Commission Filers)
4 Date 04/08/2024	5 Payee name Two Ponders			
6 Amount (\$) 60.66	7 Payee address; 1441 Robert B Cullum B Dal las, TX 75210	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 e	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	(Office held
Date 04/22/2024	Payee name Dans Seafood			
Amount (\$) 54.86	Payee address; 8360 S Polk St 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 e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	C	Office held
Date 06/28/2024	Payee name Chubbys			
Amount (\$) 30.92	Payee address; 7474 S Cockrell Hill Rd Dallas, TX 75236	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 e	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 NEEDED				

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: 39 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 06/21/2024	5 Payee name Smokey Joes BBQ			
6 Amount (\$) 52.50	7 Payee address; 6403 R L Thornton FrwyDallas, 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 Austin, 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			
06/10/2024	Pappadeaux			
Amount (\$) 125.45	Payee address; 800 E Hwy 67 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 06/17/2024	Payee name Popeyes			
Amount (\$) 29.93	Payee address; 2972 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 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: 40 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics C	Commission Filers)
4 Date 04/11/2024	5 Payee name UPS			
6 Amount (\$) 200.00	7 Payee address; 3107 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) Office Overhead/Rental Expense	(b) Description postage		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	0	ffice held
Date 06/11/2024	Payee name UPS			
Amount (\$) 68.00	Payee address; 3107 W Camp Wisdom 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	postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 06/03/2024	Payee name Office Depot			
Amount (\$) 92.21	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	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
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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: 41 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics	s Commission Filers)
4 Date 06/10/2024	5 Payee name Office Depot			
6 Amount (\$) 67.08	7 Payee address; 2901 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) Office Overhead/Rental Expense	(b) Description supplies		
	(c) 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 06/01/2024	Payee name ATT			
Amount (\$) 124.45	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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 06/01/2024	Payee name ATT			
Amount (\$) 360.71	Payee address; P.O. Box 5014 Carol Stream, IL 60197	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	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: 42 of 42	2 FILER NAME Mr Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2024	5 Payee name Ms Winsor Barber		
6 Amount (\$) 500.00	7 Payee address; P.O. Box 222139 Dallas, TX 75222	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Contract labor	
	(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		
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 Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	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/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED