CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 | Filer ID (Ethics Comm | nission Filers) | 2 Total pages filed: 55 | OFFICE USE ONLY | |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|--|
| 3 | CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Mr Ten NICKNAME LAST Atki | SUFFIX | Date Received | |
| 4 | ORIGINAL REPORT TYPE | 30th day before election 15th app | ooff Other (specify) eeded \$500 limit ——————————————————————————————————— | Date Hand-delivered or Date Postmarked Receipt # Amount \$ | |
| 5 | ORIGINAL PERIOD COVERED | Month Day Year 01 / 01 / 2022 TH | Month Day Year ROUGH 06 30 2022 | Date Processed Date Imaged | |
| 6 | EXPLANATION OF CO | RRECTION | | | |
| | Corrections to Last Day Balance (Line 5, Coversheet 2) -\$44,334.66 | | | | |
| 7 | I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. | | | | |
| | Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. | | | | |
| | | | * * * Flastragically Cartifia | J * * * | |
| * * * Electronically Certified * * * | | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder | | | Officeholder | |
| | | d before me, by the said Mr Tennell A | | Oth day of May , | |
| | 20_23, to certify | which, witness my hand and seal of office | ce. | | |
| _ | Signature of officer adm | ninistering oath Printed | I name of officer administering oath | Title of officer administering oath | |
| | Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 55 | | |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST Mr Tennell | MI | OFFICE USE ONLY | | |
| NAME | NICKNAME LAST | SUFFIX | Date Received | | |
| | Atkins | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | CITY; STATE; ZIP CODE Dallas TX 75232 | | | |
| Change of Address | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (469) 417 8839 | EXTENSION | Date Hand-delivered or Date Postmarked Receipt # Amount \$ | | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST Velma | MI | | | |
| NAME | NICKNAME LAST | SUFFIX | Date Processed | | |
| | Mil | | Date Imaged | | |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SI | UITE #; CITY; | STATE; ZIP CODE | | |
| TREASURER ADDRESS (Residence or Business) | 1407 Laura Lane | Dallas TX 75241 | | | |
| , | AREA CODE PHONE NUMBER | EXTENSION | | | |
| 8 CAMPAIGN TREASURER PHONE | (214) 371 7482 | EXTENSION | | | |
| 9 REPORT TYPE | January 15 30th day before e | lection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | X July 15 8th day before ele | Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | | |
| 10 PERIOD | Month Day Year | Month | Day Year | | |
| COVERED | 01 / 01 / 2022 | THROUGH 06 | / 30 / 2022 | | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | | | |
| | Month Day Year Primary | Runoff Other | | | |
| | X General | Description | | | |
| | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known Council District 8 |) | | |
| 14 NOTICE FROM POLITICAL | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED. | S MAY HAVE BEEN MADE WITHOUT THE CAND | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | | |
| COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME | | | | |
| Additional Pages | GENERAL COMMITTEE ADDRESS | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TRE | ASURER NAME | | | |
| | COMMITTEE CAMPAIGN TRE | EASURER ADDRESS | | | |
| | <u> </u> | | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Mr Tennell Atkins | | | | 16 File | er ID (Ethics C | ommission Filers) |
|-----------------------------------|------------------------------------------------|---------------------------------------|------------------------------------------------------------|-------------------|-----------------|-----------------------|
| 17 CONTRIBUTION TOTALS | PLEDGES | | L CONTRIBUTIONS (OTHE NTEES OF LOANS, OR FRONICALLY) | ER THAN | \$ 0.00 | |
| | | OLITICAL CONTRIB HAN PLEDGES, LOAN | UTIONS IS, OR GUARANTEES OF | LOANS) | \$ 40450 | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UN | IITEMIZED POLITICAL | . EXPENDITURE. | | \$ 0.00 | |
| | 4. TOTAL P | OLITICAL EXPENDI | TURES | | \$ 18978 | 3.30 |
| CONTRIBUTION BALANCE | | LITICAL CONTRIBUTI RTING PERIOD | ONS MAINTAINED AS OF | THE LAST DAY | \$ 44334 | 4.66 |
| OUTSTANDING LOAN TOTALS | | INCIPAL AMOUNT OF OF THE REPORTING | ALL OUTSTANDING LOAN PERIOD | NS AS OF THE | \$ 0.00 | |
| | wear, or affirm, under uired to be reported by | | at the accompanying repo | ort is true and c | orrect and inc | ludes all information |
| | | | ***ELECTR | ONICALLY C | CERTIFIED* | ** |
| | | | Signatu | re of Candidate | or Officeholo | ler |
| | | | | | | |
| | | | | | | |
| | | DI | . (| L . I . | | |
| | | Please compl | ete either option | pelow: | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (1) Affidavit | | | | | | |
| | | | | | | |
| NOTARY STAMP/SEA | _ | | | | | |
| Sworn to and subscribed | hoforo mo hy | Tennell Atkins | , | this the 19th | day of | Mav |
| | | | · | uns une | uay ui | , |
| 20 <u>23</u> , to certify | which, witness my han | d and seal of office. | | | | |
| Signature of officer administe | ring oath | Printed name of office | er administering oath | | Title of office | er administering oath |
| | | | OR | | | |
| (2) Unsworn Declaration | on | | | | | |
| My name is | | | , and my date o | f birth is | | <u></u> . |
| My address is | | | | | | |
| | (street | 2) | (city) | | (zip code) | ` , |
| Executed in | County, Sta | te of | _ , on the day of | (month) | , 20 (year) | <u>-</u> · |
| | | | Signature o | of Candidate/Offi | iceholder (Dec | elarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | 19 FILER NAME Mr Tennell Atkins 20 Filer ID (Ethics Con | | | | |
|-----|----------------------------------------------------------------|--------------------------|--------------------|--|--|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 40,450.00 | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU | TIONS | \$ 0.00 | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0.00 | | |
| 4. | . SCHEDULE E: LOANS | | \$ 0.00 | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLIT | ICAL CONTRIBUTIONS | \$ 18,978.30 | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0.00 | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO | \$ 0.00 | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0.00 | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO | NAL FUNDS | \$ 0.00 | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIO | NS TO A BUSINESS OF C/OH | \$ 0.00 | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL | TICAL CONTRIBUTIONS | \$ 0.00 | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER | NTRIBUTIONS RETURNED | \$ 0.00 | | |

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 1 of 17 |
|----------------------------------------|-----------------------------------------------------------------|-----------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atki | 18 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | | (ID#:) | 7 Amount of contribution (\$) |
| 06/15/2022 | Jennifer Gates | | 500.00 |
| | 6 Contributor address; City; | State; Zip Code TX 75229 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructi | ions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 06/03/2022 | Larry Offatt | | 200.00 |
| | Contributor address; City; 6038 Bryan Parkway Dallas, | State; Zip Code TX 75206 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 05/29/2022 | Mike Guber | | 1000.00 |
| | Contributor address; City; 300 Crescent Court Suite 200 Dallas, | State; Zip Code TX 75201 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date 06/20/2022 | Full name of contributor | (ID#:) | Amount of contribution (\$) 500.00 |
| | Contributor address; City; 4709 Forest Lane Dallas, | State: Zip Code TX 75244 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
| | | | |
| | | | |
| | | | |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: 2 of 17 |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | s | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/19/2022 | · · · · · · · · · · · · · · · · · · · | | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 06/16/2022 | Full name of contributor out-of-state PAC (ID Don M Glendenning Contributor address; City; 2200 Ross Ave Suite 2800 Dallas, TX | State; Zip Code | Amount of contribution (\$) 500.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date 06/22/2022 | Full name of contributor | D#:) State; Zip Code X 75210-1651 | Amount of contribution (\$) 100.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 06/23/2022 | Full name of contributor | | Amount of contribution (\$) 150.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how to co | omplete this form. | 1 Total pages Schedule A1: 3 of 17 |
|-----------------------------------------|---------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | s | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/15/2022 | Paul Haung | city; State; Zip Code Richardson, TX 75080 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date 05/16/2022 | David G Luther Jr | City; State; Zip Code Dallas, TX 75208 | Amount of contribution (\$) 50.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date 05/16/2022 | Gilbert Aranza | cout-of-state PAC (ID#:) City; State; Zip Code Dallas, TX 75360-1527 | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 05/11/2022 | R Gunby | Dut-of-state PAC (ID#:) City; State: Zip Code Dallas, TX 75225-4826 | Amount of contribution (\$) 250.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | ı | |

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SCHEDULE A1

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| The | Instruction Guide explains how to comp | plete this form. | 1 Total pages Schedule A1: 4 of 17 |
|-----------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkir | S | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/16/2022 | | | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date 05/16/2022 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | of-state PAC (ID#:) y; State; Zip Code Dallas, TX 75230 | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 05/13/2022 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | of-state PAC (ID#:) /; State; Zip Code Dallas, TX 75208-6643 | Amount of contribution (\$) 500.00 |
| Principal occup | nation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 03/02/2022 | Full name of contributor The Preo Group, LLC Contributor address; 3503 Vibutnum Dr | of-state PAC (ID#:) State: Zip Code Wyle, TX 75098-7459 | Amount of contribution (\$) 500.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 5 of 17 |
|------------------|----------------------------------------------|------------------|------------------------------------|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | : (ID#:) | 7 Amount of contribution (\$) |
| 05/17/2022 | Pete Schenkel | | | 1000.00 |
| | 6 Contributor address; 614 N Bishop | City; | State; Zip Code TX 75208 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 05/14/2022 | Roland G Parrish | | | 1000.00 |
| | Contributor address; 1256 Regents Park Ct | City; Desoto | State; Zip Code , TX 75115-2837 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | : (ID#: TX | Amount of contribution (\$) |
| 05/14/2022 | Jewel K Parrish | | , | 1000.00 |
| | Contributor address; 1256 Regents Park Ct | Citv: | State; Zip Code , TX 75115 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 05/13/2022 | Full name of contributor Craig Schenkel | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) 1000.00 |
| | Contributor address; 3105 Stanford Ave | City; Dallas, | State: Zip Code TX 75225-7702 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 6 of 17 |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | s | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/23/2022 | Sophia Johnson 6 Contributor address; City; | State; Zip Code TX 75215-1811 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date 05/24/2022 | Rafiqul Islam Contributor address; City; | State; Zip Code ne, TX 76051 | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 05/18/2022 | Full name of contributor | State; Zip Code | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 05/31/2022 | Full name of contributor out-of-state PAC Linda W Hart Contributor address; City; 3811 Turtle Creek Blvd Suite 900 Dallas, | | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 7 of 17 |
|-----------------------------------------|-------------------------------------------------|---------------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkir | s | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/02/2022 | Thomas M Dunning 6 Contributor address; City; | State; Zip Code | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date 06/06/2022 | Full name of contributor | State; Zip Code | Amount of contribution (\$) 500.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 06/06/2022 | Kwang Sim Chong | State; Zip Code | Amount of contribution (\$) 500.00 |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 06/02/2022 | Full name of contributor | (ID#:) State: Zip Code TX 75206-2929 | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this fo | rm. | 1 Total pages Schedule A1: 8 of 17 |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | s | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/01/2022 | 5 Full name of contributor Sam Coats 6 Contributor address; 26 Ryddington Place □ out-of-state PAC (ID# | State; Zip Code | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date 05/25/2022 | Full name of contributor | State; Zip Code | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date 05/27/2022 | Full name of contributor | State: Zin Code | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date 06/02/2022 | Full name of contributor Dalton L Lott Contributor address; P.O. Box 765209 Out-of-state PAC (ID# | #:) State: Zip Code X 75376-5209 | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | s form. | 1 Total pages Schedule A1: 9 of 17 |
|-----------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|-------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/19/2022 | 5 Full name of contributor Ronald G Steinhart 6 Contributor address; 25 Robledo Dr | City; | State; Zip Code , TX 75230 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date 05/31/2022 | Full name of contributor Lucious L Williams Contributor address; 1421 Covington Dr | City; | State; Zip Code o, TX 75115 | Amount of contribution (\$) 1000.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 05/31/2022 | Full name of contributor Mrs L Williams Contributor address; 1421 Covington Dr | | State; Zip Code p, TX 75115 | Amount of contribution (\$) 500.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 06/13/2022 | Full name of contributor Neil Goldbert Contributor address; 5530 Palomar Lane | □ out-of-state PAC City; Dallas. | State: Zip Code, TX 75229 | Amount of contribution (\$) 500.00 |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| | | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 10 of 17 |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | 18 | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/10/2022 | 5 Full name of contributor mason c brown III 6 Contributor address; P.O. Box 29615 | City; | State; Zip Code , TX 75229 | 7 Amount of contribution (\$) 1000.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Gail Terrell Contributor address; P.O. Box 41561 | City; | State; Zip Code , TX 75241 | Amount of contribution (\$) 50.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Carolyn Chism Contributor address; 1407 Laura Ln | City: | State; Zip Code, TX 75241 | Amount of contribution (\$) 100.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | itions) |
| Date 06/21/2022 | Full name of contributor Diane Ragsdale Contributor address: | out-of-state PAC | | Amount of contribution (\$) 150.00 |
| Principal occup | Contributor address; 3611 Dunbar Street pation / Job title (See Instructions) | Dallas | State: Zip Code TX 75215 | tions) |
| | | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | s form. | 1 Total pages Schedule A1: 11 of 17 |
|--------------------|-----------------------------------------------|------------------|------------------------------------|----------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | 1S | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Helen E Yclee | | | 150.00 |
| | 6 Contributor address; 1417 Chesterton Dr | City; | State; Zip Code dson, TX 75080 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 06/18/2022 | Matthew L Houston | | | 100.00 |
| | Contributor address; 1504 Boca Chica Drive | City; | State; Zip Code , TX 75232 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 06/20/2022 | Katrina Pitre | | | 200.00 |
| | Contributor address; 2310 Bonnie View Rd | City; | State; Zip Code , TX 75216-2609 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Robert J Pitre | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 300.00 |
| | Contributor address; 2642 S Harwood | City; Dallas | State: Zip Code , TX 75215 | |
| | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |

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SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 12 of 17 |
|----------------------------------------|--------------------------------------------------|------------------|------------------------------------|--------------------------------------------|
| 2 FILER NAME Mr Tennell Atki | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Bradley Spleicy | | | 200.00 |
| | 6 Contributor address; 7117 Wake Forest Drive | City; Dallas, | State; Zip Code TX 75214 | |
| 8 Principal occi | upation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Jerry L Christian | | | 100.00 |
| | Contributor address; 1440 Sunny Glen Dr | City; | State; Zip Code TX 75232 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | iions) |
| Date | Full name of contributor | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | John W Price | | | 500.00 |
| | Contributor address; 510 E 5th | City; Dallas, | State; Zip Code TX 75203 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 06/21/2022 | Full name of contributor Trelaine M Mapp | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 500.00 |
| | Contributor address; 12612 Beech Tree Lane | City; Euless. | State: Zip Code , TX 76040-3428 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |
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SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 13 of 17 |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|----------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | is | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/21/2022 | Full name of contributor Thomas G Jones Contributor address; 1527 Bilco St | City; | State; Zip Code | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Nancy B Shelton Contributor address; 3913 Miramar Ave | City; | State; Zip Code, TX 75205 | Amount of contribution (\$) 250.00 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Michael B Ablon Contributor address; 5908 Azalea Ln | City: | State; Zip Code | Amount of contribution (\$) 500.00 |
| Principal occup | pation / Job title (See Instructions) | Danas. | Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Sylvia Camarillo Contributor address; 5 Richmond Ct | □ out-of-state PAC City; Mansf: | State; Zip Code ield, TX 76063 | Amount of contribution (\$) 500.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| | | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 14 of 17 |
|------------------|-----------------------------------------------|------------------|-----------------------------------------|----------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Dr Charles Ku | | | 500.00 |
| | 6 Contributor address; 148 Red Oak Lane | City; Flowe | State; Zip Code Mound, TX 75028-3501 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Willis E Johnson | | | 500.00 |
| | Contributor address; 1001 Belleview St | City; Dallas, | State; Zip Code TX 75215 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 06/21/2022 | Full name of contributor William M Tsao | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 800.00 |
| | Contributor address; 6922 Aspen Creek Ln | City; | State; Zip Code TX 75252 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Luis S Spinola | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) 500.00 |
| | Contributor address; 4608 Windsor Ridge Dr | City; Irving, | State: Zip Code TX 75038 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
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SCHEDULE A1

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| 06/21/2022 Kevin 6 Contrib 1504 S 8 Principal occupation / Job Date Full nar 06/21/2022 Kalray Contrib | utor address; Summerside Dr | City; Allen, | State; Zip Code TX 75002 9 Employer (See Instruct | Filer ID (Ethics Commission Filers)7 Amount of contribution (\$)500.00tions) |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 06/21/2022 Kevin 6 Contrib 1504 S 8 Principal occupation / Job Date Full nar 06/21/2022 Kalray Contrib 2308 I | E Cho utor address; Summerside Dr title (See Instructions) me of contributor / Chung | City; Allen, | State; Zip Code TX 75002 9 Employer (See Instruct | 500.00 tions) |
| B Principal occupation / Job Date Full nar 06/21/2022 Kalray Contrib 2308 | utor address; Summerside Dr title (See Instructions) me of contributor / Chung | City; Allen, | 9 Employer (See Instruct | tions) |
| Date Full nar 06/21/2022 Kalrar Contrib | title (See Instructions) me of contributor / Chung | Allen, | 9 Employer (See Instruct | |
| Date Full nar 06/21/2022 Kalra Contrib 2308 | ne of contributor | out-of-state PAC | | |
| 06/21/2022 Kalray Contrib | Chung | out-of-state PAC | (ID#:) | Amount of contribution (C) |
| Contrib 2308 | | | | Amount of contribution (\$) |
| Contrib 2308 | | | | 500.00 |
| Principal occupation / Job t | Morning Glory Dr | City; | State; Zip Code dson, TX 75082 | |
| | itle (See Instructions) | | Employer (See Instruct | ions) |
| | ne of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| | Hyun Suh | | | 1000.00 |
| | utor address; Boxwood Dr | City; Irving, | State; Zip Code TX 75063-5513 | |
| Principal occupation / Job t | itle (See Instructions) | | Employer (See Instruct | tions) |
| | ne of contributor Johnson | out-of-state PAC | (ID#:) | Amount of contribution (\$) 1000.00 |
| Contrib 1237 | utor address; Frenchmans Dr | City; Desoto | State: Zip Code , TX 75115 | |
| Principal occupation / Job t | itle (See Instructions) | | Employer (See Instruct | tions) |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 16 of 17 |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|----------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | s | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/21/2022 | Full name of contributor Chong Ann Kim Contributor address; 2013 Cottonwood Valley C | City; | State; Zip Code TX 75038 | 7 Amount of contribution (\$) 1000.00 |
| 8 Principal occup | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Odes H Kim Contributor address; 2013 Cottonwood Vall | City; | State; Zip Code TX 75038 | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor John L Proctor Contributor address; 1524 Oak Meadow Dr | | State; Zip Code , TX 75232 | Amount of contribution (\$) 1000.00 |
| Principal occup | nation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Christine Proctor Contributor address; P.O. Box 765129 | out-of-state PAC | State: Zip Code | Amount of contribution (\$) 1000.00 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
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SCHEDULE A1

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: 17 of 17 |
|--------------------|----------------------------------------------------------------------------------------|--------------------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | ns - | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) |
| 06/21/2022 | DELVA J KING | 1000.00 |
| | 6 Contributor address; City; State; Zip Code 1243 W PLEASANT RUN RD DESOTO, TX 75115 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instru | uctions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 06/21/2022 | Dara Tillotson | 1000.00 |
| | Contributor address; City; State; Zip Code 1807 Ross Ave Suite 325 Dallas, TX 75201 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instru | uctions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 06/21/2022 | Jeffrey M Tillotson | 1000.00 |
| | Contributor address; City; State; Zip Code 1807 Ross Ave Dallas, TX 75201 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instru | uctions) |
| Date 06/03/2022 | Full name of contributor out-of-state PAC (ID#: Linebarger Goggan Blair & Samspon, LLP | Amount of contribution (\$) 1000.00 |
| | Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760 | |
| | pation / Job title (See Instructions) Employer (See Instru | uctions) |

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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

| Ordan Oard Faymon | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 1 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 01/05/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 28.51 | 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 | | | |
| 01/10/2022 | Sams Club | | | |
| Amount (\$) 33.46 | 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 01/10/2022 | Payee name Sams Club | | | |
| Amount (\$) 41.10 | 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: 2 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filer | rs) |
| 4 Date 01/18/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 56.64 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 01/18/2022 | Sams Club | | | |
| Amount (\$) 40.64 | 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 held | |
| Date 01/24/2022 | Payee name Sams Club | | | |
| Amount (\$) 52.34 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description gas | | |
| EXPENDITURE | | | | |
| | 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 | |
| | 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: 3 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/31/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 43.33 | 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 01/31/2022 | Payee name Sams Club | | |
| Amount (\$) 54.93 | 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 02/01/2022 | Payee name Sams Club | | |
| Amount (\$) 56.82 | 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 | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 4 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 02/11/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 58.82 | 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 02/19/2022 | Payee name Sams Club | | | |
| Amount (\$) 42.32 | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 02/22/2022 | Payee name Sams Club | | | |
| Amount (\$) 56.71 | 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 |
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 5 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/28/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 33.94 | 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 02/28/2022 | Payee name Sams Club | | |
| Amount (\$) 30.74 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| DURDOSE | 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 03/02/2022 | Payee name Sams Club | | |
| Amount (\$) 41.59 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
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SCHEDULE F1

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 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/07/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 52.29 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description | |
| | (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 03/07/2022 | Payee name Sams Club | | |
| Amount (\$) 38.26 | 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 03/11/2022 | Payee name Sams Club | | |
| Amount (\$) 29.07 | 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: 7 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics (| Commission Filers) |
| 4 Date 03/19/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 28.63 | 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 | O | ffice held |
| Date 03/19/2022 | Payee name Sams Club | | | |
| Amount (\$) 29.90 | 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 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 03/18/2022 | Payee name Sams Club | | | |
| Amount (\$) 27.48 | 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 ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | C | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | 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 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/21/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 56.63 | 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 03/23/2022 | Payee name Sams Club | | |
| Amount (\$) 48.15 | 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 expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date 03/31/2022 | Payee name Sams Club | | |
| Amount (\$) 47.89 | 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: 9 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/07/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 40.00 | 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 | Payee name | | |
| 04/12/2022 | Sams Club | | |
| Amount (\$) 29.07 | 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 04/08/2022 | Payee name Sams Club | | |
| Amount (\$) 29.72 | 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: 10 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/18/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 57.81 | 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 | Payee name | | |
| 04/18/2022 | Sams Club | | |
| Amount (\$) 50.53 | 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 04/20/2022 | Payee name Sams Club | | |
| Amount (\$) 38.87 | 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: | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/25/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 48.93 | 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 | Payee name | | |
| 05/02/2022 | Sams Club | | |
| Amount (\$) 57.03 | 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 05/02/2022 | Payee name Sams Club | | |
| Amount (\$) 79.28 | 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 | 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: 12 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 05/09/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 23.35 | 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 05/09/2022 | Payee name Sams Club | | | |
| Amount (\$) 36.71 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 05/09/2022 | Payee name Sams Club | | | |
| Amount (\$) 37.29 | 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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|
| 1 Total pages Schedule F1: 13 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers |
| 4 Date 05/16/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 61.58 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if 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 | | |
| 05/20/2022 | Sams Club | | |
| Amount (\$) 56.97 | 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 05/23/2022 | Payee name Sams Club | | |
| Amount (\$) 55.83 | 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: 14 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics C | Commission Filers) |
| 4 Date 05/23/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 40.03 | 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 ex | pense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | 0 | ffice held |
| Date 05/23/2022 | Payee name Sams Club | | | |
| Amount (\$) 42.93 | 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 ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | 0 | ffice held |
| Date 05/31/2022 | Payee name Sams Club | | | |
| Amount (\$) 81.21 | 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 ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | C | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | 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: 15 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/31/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 35.70 | 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 06/03/2022 | Payee name Sams Club | | |
| Amount (\$) 86.49 | 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 06/06/2022 | Payee name Sams Club | | |
| Amount (\$) 43.55 | 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: 16 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 06/06/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 28.38 | 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 Office held Council District 8 | | |
| Date | Payee name | | | |
| 06/07/2022 | Sams Club | | | |
| Amount (\$) 54.21 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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 06/08/2022 | Payee name Sams Club | | | |
| Amount (\$) 35.48 | 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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|------------------|
| 1 Total pages Schedule F1: 17 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Co | mmission Filers) |
| 4 Date 06/13/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 47.02 | 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 exp | ense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date 06/13/2022 | Payee name Sams Club | | | |
| Amount (\$) 63.16 | 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 exp | ense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offi | ice held |
| Date 06/15/2022 | Payee name Sams Club | | | |
| Amount (\$) 87.81 | 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 exp | ense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Of | fice 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: 18 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 06/21/2022 | 5 Payee name Sams Club | | | |
| 6 Amount (\$) 25.71 | 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 | tin, 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 06/21/2022 | Payee name Sams Club | | | |
| Amount (\$) 100.00 | 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 | C | Office held |
| Date 06/21/2022 | Payee name Sams Club | | | |
| Amount (\$) 39.10 | 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

| | The instruction Guide explains now to | complete this form. | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 19 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/23/2022 | 5 Payee name Sams Club | | |
| 6 Amount (\$) 45.88 | 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 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 | | |
| 06/23/2022 | Sams Club | | |
| Amount (\$) 64.91 | 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 06/27/2022 | Payee name Sams Club | | |
| Amount (\$) 100.00 | 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
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: 20 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 02/02/2022 | 5 Payee name Voke Hill Campaign | | | |
| 6 Amount (\$) 250.00 | 7 Payee address; P.O. Box 764856 Dallas, TX 75376 | 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 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 02/11/2022 | Payee name Dominque William Campaign | | | |
| Amount (\$) 250.00 | Payee address; 8487 Creek Bluff Drive Dallas, TX 75249 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Comm | donation | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date 02/28/2022 | Payee name Tracey Gulley Campaign | | | |
| Amount (\$) 1000.00 | Payee address; 203 Satinwood Dallas, TX 75217 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Comm | donation | | |
| | 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District
Other (enter a category not listed above

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not | listed above) |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|------------------|
| Total pages Schedule F1: 21 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Con | nmission Filers) |
| 4 Date 04/22/2022 | 5 Payee name John Wiley Price Campaign | , | | |
| 6 Amount (\$) 500.00 | 7 Payee address; 510 E 5th St Dallas, TX 75203 | City; | State; Z | ip 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 Austin | n, TX, officeholder living exper | nse |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offic | e held |
| Date 05/27/2022 | Payee name Pauline Medrano Campaign | | | |
| Amount (\$) 100.00 | Payee address; 2346 Douglas Ave Dallas, TX 75209 | City; | State; Z | ip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Comm | Description donation | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living exper | nse |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offic | e held |
| Date 05/27/2022 | Payee name John Creuzot Campaign | | | |
| Amount (\$) 250.00 | Payee address; P.O. Box 181268 Dallas, TX 75218 | City; | State; Z | ip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Comm | Description donation | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living exper | nse |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Offi | ce 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: 22 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/21/2022 | 5 Payee name Shontavia Robinson | | |
| 6 Amount (\$) 235.00 | 7 Payee address; P.O. Box 2204 Desoto, TX 75115 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description campaign event | |
| | (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 06/21/2022 | Payee name Eddie Dean & Company | | |
| Amount (\$) 6421.40 | Payee address; P.O. Box 1022 Dallas, TX 75160 | City; | State; Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Event Expense | campaign event | |
| | 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 06/21/2022 | Payee name Office Depot | | |
| Amount (\$) 107.68 | Payee address; 39759 LBJ Frwy Dallas, TX 75237 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description supplies | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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

| Ordan Oard Taymon | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 23 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 01/01/2022 | 5 Payee name Jefferson Momument | | | |
| 6 Amount (\$) 350.00 | 7 Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description rent | | |
| | (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 | | | |
| 02/01/2022 | Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | | |
| | 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 03/01/2022 | Payee name Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 24 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 04/01/2022 | 5 Payee name Jefferson Monument | | | |
| 6 Amount (\$) 350.00 | 7 Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description rent | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 05/01/2022 | Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 06/01/2022 | Payee name Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description rent | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | 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: 25 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 01/04/2022 | 5 Payee name ATT | | | |
| 6 Amount (\$) 570.00 | 7 Payee address; P.O. Box 6811 Dallas, TX 75225 | 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 Austin | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 02/04/2022 | ATT | | | |
| Amount (\$) 456.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | 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 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 03/04/2022 | Payee name ATT | | | |
| Amount (\$) 607.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | 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: 26 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 04/04/2022 | 5 Payee name ATT | | | |
| 6 Amount (\$) 520.00 | 7 Payee address; P.O. Box 6811 Dallas, TX 75225 | 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 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 Office held Council District 8 | | |
| Date 05/04/2022 | Payee name ATT | | | |
| Amount (\$) 470.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | 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 06/04/2022 | Payee name ATT | | | |
| Amount (\$) 482.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description phone | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THE | S SCHEDULE AS 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: 27 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/15/2022 | 5 Payee name USPS | | | |
| 6 Amount (\$) 182.00 | 7 Payee address; 5521 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) Office Overhead/Rental Expense | (b) Description postage | | |
| | (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 06/03/2022 | Payee name USPS | | | |
| Amount (\$) 59.76 | Payee address; 5521 S Hampton Rd Dallas, TX 75232 | 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 | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 01/03/2022 | Payee name Wingstop | | | |
| Amount (\$) 53.90 | Payee address; 3333 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

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 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission File | ers) |
| 4 Date 01/18/2022 | 5 Payee name Wingstop | | | |
| 6 Amount (\$) 38.13 | 7 Payee address; 3333 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 02/07/2022 | Wingstop | | | |
| Amount (\$) 53.90 | Payee address; 3333 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date 01/21/2022 | Payee name Campisis | | | |
| Amount (\$) 64.54 | Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | 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: 29 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/20/2022 | 5 Payee name Campisis | | |
| 6 Amount (\$) 97.03 | 7 Payee address; 1520 Elm St Suite 111 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 | 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 | | |
| 04/28/2022 | Campisis | | |
| Amount (\$) 72.01 | Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | 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 05/27/2022 | Payee name Campisis | | |
| Amount (\$) 95.96 | Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | 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 THE | S SCHEDULE AS NEE | EDED |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

| oreal card aymen | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 30 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 06/09/2022 | 5 Payee name Campisis | | | |
| 6 Amount (\$) 78.56 | 7 Payee address; 1520 Elm St Suite 111 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 | 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 | | | |
| 01/03/2022 | Joys Donut | | | |
| Amount (\$) 184.82 | Payee address; 3502 Simpson Stuart Rd 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 01/20/2022 | Payee name Churchs Chicken | | | |
| Amount (\$) 28.52 | Payee address; 1025 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | 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: 31 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 01/31/2022 | 5 Payee name Dicks Sporting Good | | | |
| 6 Amount (\$) 132.02 | 7 Payee address; 305 W FM 1382 Cedar Hill, TX 75104 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | 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 | | | |
| 02/07/2022 | Smokey Joes BBQ | | | |
| Amount (\$) 85.52 | Payee address; 6403 S R L Thornton FrvDallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 03/04/2022 | Payee name Edible Arrangements | | | |
| Amount (\$) 67.57 | Payee address; 407 N Lamar St Suite 18 D allas, TX 75204 | 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: 32 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 03/15/2022 | 5 Payee name Deluxe Check | | | |
| 6 Amount (\$) 62.87 | 7 Payee address; 3000 Kellway Drive Carrollton, TX 75006 | 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 checks | | |
| | (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 | | | |
| 03/31/2022 | Taco Bell | | | |
| Amount (\$) 26.08 | Payee address; 2972 W Wheatland 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 04/01/2022 | Payee name PJs Fried Chicken | | | |
| Amount (\$) 36.00 | Payee address; 3662 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

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: 33 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 04/27/2022 | 5 Payee name KFC | | | |
| 6 Amount (\$) 35.71 | 7 Payee address; 2802 E Ledbetter Dallas, TX 75216 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 04/28/2022 | Payee name Gonzalez Restaurant | | | |
| Amount (\$) 49.02 | Payee address; 367 W Jefferson Dallas, TX 75207 | 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 06/21/2022 | Payee name Gonzalez Restaurant | | | |
| Amount (\$) 38.45 | Payee address; 367 W Jefferson Dallas, TX 75207 | 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

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: 34 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 05/02/2022 | 5 Payee name Nothing Bundt Cakes | | | |
| 6 Amount (\$) 38.00 | 7 Payee address; 352 N Hwy 67 Suite B Cedar Hill, TX 75104 | 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 | | Office held |
| Date | Payee name | | | |
| 04/02/2022 | Taco Bueno | | | |
| Amount (\$) 41.84 | Payee address; 7953 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 05/16/2022 | Payee name Chubbys | | | |
| Amount (\$) 30.70 | Payee address; 7474 S Cockrell Hill Rd Dallas, TX 75237 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | gexpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | 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: 35 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 06/21/2022 | 5 Payee name Cavenders Boot City | | | |
| 6 Amount (\$) 159.12 | 7 Payee address; 2475 N Stemmons Frwy Dallas, TX 75207 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | 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 | | | |
| 06/27/2022 | Ojeda Family Rest. | | | |
| Amount (\$) 61.64 | Payee address; 2109 N Hampton Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date 06/24/2022 | Payee name Lubys Cafeteria | | | |
| Amount (\$) 30.82 | 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 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 | |

City Secretary's Office

| Supplement Officeholder | tal Report | | | FOR Cover She | et SR |
|-----------------------------------------|-----------------------------|----------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------|
| 1. CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Tennell | МІ | Total Pages Filed: 53 | |
| | NICKNAME | LAST Atkins | SUFFIX | 3. Office Held | |
| 4. SUPPLEMENTAL REPORT TYPE | c January 15 | c 30th day befo | ore election c Runoff | c 15th day after camp treasurer appointme (officeholder only) | |
| | X July 15 | c 8th day before | re election | 0 c Final Report | |
| 5. PERIOD / COVERED | | 1/1/202 | 2 тнгоидн 6/30/2022 | | |
| 6. ELECTION | Month Day Year | | | | |
| | | c Primar | y c Runoff | X General ⊂ Sp€ | ecial c N/A |
| 7. OFFICE- HOLDER | CONTRIBUTION TOTALS | | OLDER CONTRIBUTIONS OF \$50 CO | • | \$0.00 |
| | | | LDER CONTRIBUTIONS GES, LOANS, OR GUARANTEES OF | - LOANS) | \$ 0.00 |
| | EXPENDITURE | 3. TOTAL OFFICEHO | OLDER EXPENDITURES OF \$100 C | R LESS, UNLESS ITEMIZED | \$0.00 |
| | TOTALS | 4. TOTAL OFFICEHO | LDER EXPENDITURES | | \$ 0.00 |
| 8. POLITICAL | CONTRIBUTION TOTALS | | CONTRIBUTIONS OF \$50 OR LE TEES OF LOANS), UNLESS ITEM | • | \$ 0.00 |
| (Campaign) | | 6. TOTAL POLITICAL (OTHER THAN PLED | ₋ CONTRIBUTIONS GES, LOANS, OR GUARANTEES C | F LOANS) | \$ 40,450.00 |
| | EXPENDITURE | 7. TOTAL POLITICAL | EXPENDITURES OF \$100 OR LE | SS UNLESS ITEMIZED | \$ 0.00 |
| | TOTALS | 8. TOTAL POLITICAL | EXPENDITURES | | \$ 18,978.30 |
| 9. OFFICEHOLDER FUN FOR CAMPAIGN PUR | | | MOUNT OF OFFICEHOLDER CONT TURES DURING THE REPORTING | | \$0.00 |
| 10. AFFIDAVIT | | is true a | or affirm, under penalty of p nd correct and includes all in or Title 15, Election code. | 3 3 | , , |
| | | | ***ELECTRONICALLY | CERTIFIED*** | |
| AFFIX NOTARY STAM | MP / SEAL ABOVE | | Signature of Candidate | or Officeholder | |
| Sworn to and subscribed | before me, by the said Mr T | ennell Atkins | | , this the 19th | day |
| of May , 2 | 0_23, to certify which | , witness my hand and | d seal of office. | | |
| Signature of officer ad | ministering oath | Printed name of office | er administering oath | Title of officer ad | ministering oath |

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: 1 of 17 |
|--------------------------|-------------------------------------------------------------------|-----------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | is | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (I | ID#:) | 7 Amount of contribution (\$) |
| 06/15/2022 | Jennifer Gates | | 500.00 |
| Campaign Contribution | 6 Contributor address; City; 4914 Keyhole Lane Dallas, T | State; Zip Code FX 75229 | |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ions) |
| Date | Full name of contributor | ID#:) | Amount of contribution (\$) |
| 06/03/2022 | Larry Offatt | | 200.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code FX 75206 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | Full name of contributor | ID#:) | Amount of contribution (\$) |
| 05/29/2022 | Mike Guber | | 1000.00 |
| Campaign Contribution | Contributor address; City; 300 Crescent Court Suite 200 Dallas, T | State; Zip Code ГХ 75201 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date 06/20/2022 | Full name of contributor ☐ out-of-state PAC (I | ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; City; 4709 Forest Lane Dallas, T | State: Zip Code FX 75244 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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 17 |
|--------------------------|--------------------------------------------------|------------------|----------------------------------|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | : (ID#:) | 7 Amount of contribution (\$) |
| 06/19/2022 | Vg Brooks | | | 250.00 |
| Campaign Contribution | 6 Contributor address; P.O. Box 140092 | City; Dallas, | State; Zip Code TX 75014-0092 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 06/16/2022 | Don M Glendenning | | | 500.00 |
| Campaign Contribution | Contributor address; 2200 Ross Ave Suite 2800 | City; | State; Zip Code TX 75201 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 06/22/2022 | Lucy J Cain | | | 100.00 |
| Campaign Contribution | Contributor address; 4308 Spring Ave | City; Dallas, | State; Zip Code TX 75210-1651 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date 06/23/2022 | Full name of contributor Lorie Blair | out-of-state PAC | : (ID#:) | Amount of contribution (\$) 150.00 |
| Campaign Contribution | Contributor address; 2010 Autumn Meadow Trai | City; Dallas, | State: Zip Code TX 75232-3704 | |
| Principal occup | nation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 3 of 17 |
|--------------------------|---------------------------------------------------|------------------|------------------------------------|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | S | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 05/15/2022 | Paul Haung | | | 50.00 |
| Campaign Contribution | 6 Contributor address; 422 Ridgewood | City; Richar | State; Zip Code dson, TX 75080 | |
| 8 Principal occup | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 05/16/2022 | David G Luther Jr | | | 50.00 |
| Campaign Contribution | Contributor address; 619 Kessler Springs Drive | City; | State; Zip Code , TX 75208 | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 05/16/2022 | Gilbert Aranza | | | 1000.00 |
| Campaign Contribution | Contributor address; P.O. Box 601527 | City; Dallas, | State; Zip Code , TX 75360-1527 | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 05/11/2022 | Full name of contributor R Gunby | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 250.00 |
| Campaign Contribution | Contributor address; 1209 Colgate Ave | City; Dallas, | State: Zip Code TX 75225-4826 | |
| Į. | eation / Job title (See Instructions) | | Employer (See Instruc | tions) |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: 4 of 17 |
|--------------------------|------------------------------------------------------------|----------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | is | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (| (ID#:) | 7 Amount of contribution (\$) |
| 05/16/2022 | Walter A Waine | | 250.00 |
| Campaign Contribution | 6 Contributor address; City; 10020 Caribou Trail Dallas, 7 | State; Zip Code FX 75238 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 05/16/2022 | Bobby B Lyle | | 1000.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code FX 75230 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 05/13/2022 | Helen Giddings | | 500.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code ГХ 75208-6643 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 03/02/2022 | Full name of contributor | (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; City; 3503 Vibutnum Dr Wyle, T | State: Zip Code X 75098-7459 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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

| The li | | | | |
|--------------------------|----------------------------------------------|------------------|------------------------------------|---------------------------------------|
| 2 FILER NAME | nstruction Guide explains how t | o complete this | form. | 1 Total pages Schedule A1: 5 of 17 |
| | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkins | 3 | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 05/17/2022 | Pete Schenkel | | | 1000.00 |
| Campaign Contribution | 6 Contributor address; 614 N Bishop | City; Dallas, | State; Zip Code TX 75208 | |
| 8 Principal occupa | ation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 05/14/2022 | Roland G Parrish | | | 1000.00 |
| Campaign Contribution | Contributor address; 1256 Regents Park Ct | City; Desoto | State; Zip Code , TX 75115-2837 | |
| Principal occupa | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:_TX | Amount of contribution (\$) |
| 05/14/2022 | Jewel K Parrish | | | 1000.00 |
| Campaign Contribution | Contributor address; 1256 Regents Park Ct | City; | State; Zip Code , TX 75115 | |
| Principal occupa | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 05/13/2022 | Full name of contributor Craig Schenkel | out-of-state PAC | (ID#:) | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; 3105 Stanford Ave | | State: Zip Code TX 75225-7702 | |
| | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |

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SCHEDULE A1

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| The | Instruction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: 6 of 17 |
|------------------------------------------------|----------------------------------------------------|-------------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atkin | ıs | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/23/2022 Campaign Contribution | | O#:) State; Zip Code X 75215-1811 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date 05/24/2022 Campaign Contribution | | O#:) State; Zip Code e, TX 76051 | Amount of contribution (\$) 1000.00 |
| Principal occup | nation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date 05/18/2022 Campaign Contribution | Full name of contributor | | Amount of contribution (\$) 1000.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date 05/31/2022 Campaign Contribution | Full name of contributor | | Amount of contribution (\$) 1000.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 7 of 17 |
|----------------------------------------|------------------------------------------------------------------|----------------------------------|---------------------------------------|
| 2 FILER NAME Mr Tennell Atki | ns | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | | C (ID#:) | 7 Amount of contribution (\$) |
| 06/02/2022 | Thomas M Dunning | | 250.00 |
| Campaign Contribution | 6 Contributor address; City; 2100 Ross Ave Suite 1200 Dallas. | State; Zip Code TX 75201 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | G (ID#:) | Amount of contribution (\$) |
| 06/06/2022 | R Steve Folsom | | 500.00 |
| Campaign Contribution | Contributor address; City; 16475 Dallas Parkway Suite 800 Addisc | State; Zip Code on, TX 75001 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| 06/06/2022 | Kwang Sim Chong | | 500.00 |
| Campaign Contribution | Contributor address; City; 3688 Pistol Creek Dr Frisco, | State; Zip Code TX 75034 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 06/02/2022 | Full name of contributor | C (ID#:) | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; 3412 Beverly Drive Dallas, | State: Zip Code TX 75206-2929 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

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SCHEDULE A1

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

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: 8 of 17 |
|--------------------------|----------------------------------------------------------------|-------------------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | ns | | |
| 4 Date | 5 Full name of contributor out-of-state PA | C (ID#:) | 7 Amount of contribution (\$) |
| 06/01/2022 | Sam Coats | | 250.00 |
| Campaign Contribution | 6 Contributor address; City; 26 Ryddington Place Dallas | State; Zip Code s, TX 75230 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| 05/25/2022 | Tim Byrne | | 1000.00 |
| Campaign Contribution | Contributor address; City; 2000 McKinney Ave Suite 1000 Dallas | State; Zip Code s , TX 75201 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| 05/27/2022 | Deedie Rose | | 1000.00 |
| Campaign Contribution | Contributor address; City; 3963 Maple Ave Suite 200 Dallas | State; Zip Code s, TX 75219 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date 06/02/2022 | Full name of contributor □ out-of-state PA Dalton L Lott | C (ID#:) | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; P.O. Box 765209 Dallas | State: Zip Code 5, TX 75376-5209 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | | | |

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SCHEDULE A1

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

| 05/19/2022 F. Campaign G. Contribution 2 8 Principal occupation | all name of contributor Ronald G Steinhart Dontributor address; 5 Robledo Dr / Job title (See Instructions) | City; | C (ID#:) State; Zip Code | 3 Filer ID (Ethics Commission Filers)7 Amount of contribution (\$)500.00 |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------|
| 4 Date 5 Ft 05/19/2022 F Campaign Contribution 2 | Ronald G Steinhart Ontributor address; 5 Robledo Dr | City; | State; Zip Code | . , |
| 05/19/2022 F Campaign 6 Co Contribution 2 | Ronald G Steinhart Ontributor address; 5 Robledo Dr | City; | State; Zip Code | . , |
| Campaign 6 Co Contribution 2 | ontributor address; 5 Robledo Dr | • | | 500.00 |
| Contribution 2 8 Principal occupation | 5 Robledo Dr | • | | |
| · · · | / Job title (See Instructions) | | , TX 75230 | |
| | | | 9 Employer (See Instruct | tions) |
| Date Fi | ull name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 05/31/2022 I | ucious L Williams | | | 1000.00 |
| Cumpuign | ontributor address; 421 Covington Dr | City; | State; Zip Code o, TX 75115 | |
| Principal occupation / | Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date Fu | ıll name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 05/31/2022 N | Ars L Williams | | | 500.00 |
| | ontributor address; 421 Covington Dr | City; | State; Zip Code o, TX 75115 | |
| Principal occupation / | Job title (See Instructions) | | Employer (See Instruct | tions) |
| | ull name of contributor Neil Goldbert | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution 5 | ontributor address; 530 Palomar Lane | City; Dallas, | State; Zip Code , TX 75229 | |
| Principal occupation / | Job title (See Instructions) | | Employer (See Instruct | iions) |

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SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 10 of 17 |
|--------------------------|--------------------------------------------|------------------|-----------------------------|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 06/10/2022 | mason c brown III | | | 1000.00 |
| Campaign Contribution | 6 Contributor address; P.O. Box 29615 | City; Dallas, | State; Zip Code TX 75229 | |
| 8 Principal occu | upation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Gail Terrell | | | 50.00 |
| Campaign Contribution | Contributor address; P.O. Box 41561 | City; | State; Zip Code TX 75241 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Carolyn Chism | | | 100.00 |
| Campaign Contribution | Contributor address; 1407 Laura Ln | City; Dallas, | State; Zip Code TX 75241 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 06/21/2022 | Full name of contributor Diane Ragsdale | out-of-state PAC | (ID#:) | Amount of contribution (\$) 150.00 |
| Campaign Contribution | Contributor address; 3611 Dunbar Street | City; Dallas, | State: Zip Code TX 75215 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how to comple | te this form. | 1 Total pages Schedule A1: 11 of 17 |
|--------------------------|--------------------------------------------------|------------------------------------------|----------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | |
| 4 Date | 5 Full name of contributor out-of-s | ate PAC (ID#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Helen E Yclee | | 150.00 |
| Campaign Contribution | 6 Contributor address; City; 1417 Chesterton Dr | State; Zip Code Richardson, TX 75080 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instru | ctions) |
| Date | Full name of contributor ut-of-s | ate PAC (ID#:) | Amount of contribution (\$) |
| 06/18/2022 | Matthew L Houston | | 100.00 |
| Campaign Contribution | Contributor address; City; 1504 Boca Chica Drive | State; Zip Code Dallas, TX 75232 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instru | ctions) |
| Date | Full name of contributor | ate PAC (ID#:) | Amount of contribution (\$) |
| 06/20/2022 | Katrina Pitre | , | 200.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code Dallas, TX 75216-2609 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instru | ctions) |
| Date 06/21/2022 | Full name of contributor out-of-s | ate PAC (ID#:) | Amount of contribution (\$) 300.00 |
| Campaign Contribution | Contributor address; City; 2642 S Harwood] | State: Zip Code Dallas, TX 75215 | |
| Principal occu | vation / Job title (See Instructions) | Employer (See Instru | ctions) |
| | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how to | complete this | form. | 1 Total pages Schedule A1: 12 of 17 |
|--------------------------|--------------------------------------------------|------------------|----------------------------------|---------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atki | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Bradley Spleicy | | | 200.00 |
| Campaign Contribution | 6 Contributor address; 7117 Wake Forest Drive | City; Dallas, | State; Zip Code TX 75214 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Jerry L Christian | | | 100.00 |
| Campaign Contribution | Contributor address; 1440 Sunny Glen Dr | City; | State; Zip Code TX 75232 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | John W Price | | | 500.00 |
| Campaign Contribution | Contributor address; 510 E 5th | City; Dallas, | State; Zip Code TX 75203 | |
| Principal occu | oation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date 06/21/2022 | Full name of contributor Trelaine M Mapp | out-of-state PAC | (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; 12612 Beech Tree Lane | City; Euless, | State: Zip Code TX 76040-3428 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 13 of 17 |
|--------------------------|----------------------------------------------|------------------|-----------------------------------|----------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkin | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Thomas G Jones | | | 250.00 |
| Campaign Contribution | 6 Contributor address; 1527 Bilco St | City; Dallas, | State; Zip Code , TX 75232 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Nancy B Shelton | | | 250.00 |
| Campaign Contribution | Contributor address; 3913 Miramar Ave | City; Dallas, | State; Zip Code , TX 75205 | |
| Principal occup | aation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Michael B Ablon | | | 500.00 |
| Campaign Contribution | Contributor address; 5908 Azalea Ln | City; Dallas, | State; Zip Code , TX 75230 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date 06/21/2022 | Full name of contributor Sylvia Camarillo | out-of-state PAC | C (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; 5 Richmond Ct | City; Mansfi | State; Zip Code ield, TX 76063 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| | | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 14 of 17 |
|--------------------------|-----------------------------------------------|------------------|-----------------------------------------|----------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkir | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | ; (ID#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Dr Charles Ku | | | 500.00 |
| Campaign Contribution | 6 Contributor address; 148 Red Oak Lane | City; Flowe | State; Zip Code Mound, TX 75028-3501 | |
| 8 Principal occu | upation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Willis E Johnson | | | 500.00 |
| Campaign Contribution | Contributor address; 1001 Belleview St | City; | State; Zip Code TX 75215 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | William M Tsao | | | 800.00 |
| Campaign Contribution | Contributor address; 6922 Aspen Creek Ln | City; | State; Zip Code TX 75252 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 06/21/2022 | Full name of contributor Luis S Spinola | out-of-state PAC | (ID#:) | Amount of contribution (\$) 500.00 |
| Campaign Contribution | Contributor address; 4608 Windsor Ridge Dr | City; Irving, | State: Zip Code TX 75038 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: 15 of 17 |
|--------------------------|-----------------------------------------------|------------------|-----------------------------------|----------------------------------------|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkii | ns | | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Kevin E Cho | | | 500.00 |
| Campaign Contribution | 6 Contributor address; 1504 Summerside Dr | City; Allen, | State; Zip Code TX 75002 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Kalray Chung | | | 500.00 |
| Campaign Contribution | Contributor address; 2308 Morning Glory Dr | City; | State; Zip Code dson, TX 75082 | |
| Principal occup | aation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 06/21/2022 | Jenny Hyun Suh | | | 1000.00 |
| Campaign Contribution | Contributor address; 2012 Boxwood Dr | City; Irving, | State; Zip Code TX 75063-5513 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date 06/21/2022 | Full name of contributor Jacob Johnson | out-of-state PAC | (ID#:) | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; 1237 Frenchmans Dr | City; Desoto | State; Zip Code , TX 75115 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | | | | |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| Th | e Instruction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: 16 of 17 |
|--------------------------|---------------------------------------------------------------------|-----------------------------|---------------------------------------|
| 2 FILER NAME | <u> </u> | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atk | ins | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (II | D#:) | 7 Amount of contribution (\$) |
| 06/21/2022 | Chong Ann Kim | | 1000.00 |
| Campaign Contribution | 6 Contributor address; City; 2013 Cottonwood Valley Cir S Irving, T | State; Zip Code X 75038 | |
| 8 Principal occ | upation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 06/21/2022 | Odes H Kim | | 1000.00 |
| Campaign Contribution | Contributor address; City; 2013 Cottonwood Vall Irving, To | State; Zip Code | |
| Principal occi | upation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 06/21/2022 | John L Proctor | | 1000.00 |
| Campaign Contribution | Contributor address; City; 1524 Oak Meadow Dr Dallas, T. | State; Zip Code IX 75232 | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date 06/21/2022 | Full name of contributor | D#:) | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; P.O. Box 765129 Dallas, T. | State: Zip Code X 75376 | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Principal occi | upation / Job title (See Instructions) | Employer (See Instruction | ons) |

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| ine | Instruction Guide explains how to complete this for | m. 1 Total pages Schedule A1: 17 of 17 |
|--------------------------|--------------------------------------------------------------------|----------------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Mr Tennell Atkii | ns | |
| 4 Date | 5 Full name of contributor out-of-state_PAC (ID#: | 7 Amount of contribution (\$) |
| 06/21/2022 | DELVA J KING | 1000.00 |
| Campaign Contribution | 6 Contributor address; City; S 1243 W PLEASANT RUN RD DESOTO, | tate; Zip Code TX 75115 |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instructions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 06/21/2022 | Dara Tillotson | 1000.00 |
| Campaign Contribution | Contributor address; City; S 1807 Ross Ave Suite 325 Dallas, TX | state; Zip Code |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 06/21/2022 | Jeffrey M Tillotson | 1000.00 |
| Campaign Contribution | Contributor address; City; S 1807 Ross Ave Dallas, TX | tate; Zip Code 75201 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |
| Date 06/03/2022 | Full name of contributor | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; S P.O. Box 17428 Austin, TX | state: Zip Code 278760 |
| | pation / Job title (See Instructions) | Employer (See Instructions) |

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | I | |
| 01/05/2022 | Sams Club | | | |
| 6 Amount (\$) 28.51 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/10/2022 | Sams Club | | | |
| Amount (\$) 33.46 Campaign Funds for Campaign Expenditures | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/10/2022 | Sams Club | | | |
| Amount (\$) 41.10 Campaign Funds for | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Expenditures | Catagony (See Catagories listed at the tap of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | outer (enter a satisge | , |
|--------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 2 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/18/2022 | Sams Club | | | |
| 6 Amount (\$) 56.64 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 01/18/2022 | Sams Club | | | |
| Amount (\$) 40.64 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | , | Office held |
| Date | Payee name | | | |
| 01/24/2022 | Sams Club | | | |
| Amount (\$) 52.34 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2500 William Rd Bullus, 111 /5257 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | 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: 3 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/31/2022 | Sams Club | | |
| 6 Amount (\$) 43.33 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if 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 | | |
| 01/31/2022 | Sams Club | | |
| Amount (\$) 54.93 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/01/2022 | Sams Club | | |
| Amount (\$) 56.82 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | 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: 4 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/11/2022 | Sams Club | | |
| 6 Amount (\$) 58.82 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living 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 | | |
| 02/19/2022 | Sams Club | | |
| Amount (\$) 42.32 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/22/2022 | Sams Club | | |
| Amount (\$) 56.71 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 W Wilcandid Rd Danias, TX 73237 | | |
| | 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 |
| | 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: 5 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/28/2022 | Sams Club | | |
| 6 Amount (\$) 33.94 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living 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 | | |
| 02/28/2022 | Sams Club | | |
| Amount (\$) 30.74 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/02/2022 | Sams Club | | |
| Amount (\$) 41.59 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 w wheatiand Ru Danas, 1A /323/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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

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 (effici a category not listed above) | |
|--------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------|--------------------------------------------|------|
| 1 Total pages Schedule F1: 6 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission File | ers) |
| 4 Date | 5 Payee name | | | |
| 03/07/2022 | Sams Club | | | |
| 6 Amount (\$) 52.29 Campaign Funds for | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Expenditures | (5) (2) | (h) D | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 03/07/2022 | Sams Club | | | |
| Amount (\$) 38.26 | Payee address; | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/11/2022 | Sams Club | | | |
| Amount (\$) 29.07 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 2900 w wheatiand Rd Danas, 1A /325/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | 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: 7 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/19/2022 | Sams Club | | |
| 6 Amount (\$) 28.63 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if 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 | | |
| 03/19/2022 | Sams Club | | |
| Amount (\$) 29.90 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 03/18/2022 | Sams Club | | |
| Amount (\$) 27.48 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2500 W Wheatland Ru Danas, 1A /323/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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

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: 8 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 03/21/2022 | Sams Club | | | |
| 6 Amount (\$) 56.63 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living e | 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 | | | |
| 03/23/2022 | Sams Club | | | |
| Amount (\$) 48.15 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living e | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | C | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/31/2022 | Sams Club | | | |
| Amount (\$) 47.89 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 W Wilcattana Rd Danias, TX 73237 | | | |
| | 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 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 | 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: 9 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 04/07/2022 | Sams Club | | |
| 6 Amount (\$) 40.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living 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 | | |
| 04/12/2022 | Sams Club | | |
| Amount (\$) 29.07 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 04/08/2022 | Sams Club | | |
| Amount (\$) 29.72 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 w wheatiand Ru Danas, 1A /323/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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: 10 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 04/18/2022 | Sams Club | | | |
| 6 Amount (\$) 57.81 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | 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 | | | |
| 04/18/2022 | Sams Club | | | |
| Amount (\$) 50.53 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | T | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 04/20/2022 | Sams Club | | | |
| Amount (\$) 38.87 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 w wheatiand Ru Danas, 1A /323/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1: 11 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | | |
| 04/25/2022 | Sams Club | | | |
| 6 Amount (\$) 48.93 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if 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 | | | |
| 05/02/2022 | Sams Club | | | |
| Amount (\$) 57.03 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 05/02/2022 | Sams Club | | | |
| Amount (\$) 79.28 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 2900 w wheatiand Ru Danias, 1A /323/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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: 12 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/09/2022 | Sams Club | | |
| 6 Amount (\$) 23.35 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if 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 | | |
| 05/09/2022 | Sams Club | | |
| Amount (\$) 36.71 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 05/09/2022 | Sams Club | | |
| Amount (\$) 37.29 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | 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 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | 1 | |
| 05/16/2022 | Sams Club | | | |
| 6 Amount (\$) 61.58 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 05/20/2022 | Sams Club | | | |
| Amount (\$) 56.97 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 05/23/2022 | Sams Club | | | |
| Amount (\$) 55.83 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 w wheatland Ru Danas, 1A /323/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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: 14 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | 1 | |
| 05/23/2022 | Sams Club | | | |
| 6 Amount (\$) 40.03 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 05/23/2022 | Sams Club | | | |
| Amount (\$) 42.93 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 05/31/2022 | Sams Club | | | |
| Amount (\$) 81.21 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 W Wilcanand Ru Danas, 1A 13231 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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 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: 15 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 05/31/2022 | Sams Club | | |
| 6 Amount (\$) 35.70 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 06/03/2022 | Sams Club | | |
| Amount (\$) 86.49 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| , | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 06/06/2022 | Sams Club | | |
| Amount (\$) 43.55 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2700 W Wilcattalid Rd Danas, 1A 73237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | 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: 16 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 06/06/2022 | Sams Club | | | |
| 6 Amount (\$) 28.38 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | 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 | | | |
| 06/07/2022 | Sams Club | | | |
| Amount (\$) 54.21 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit 6/011 | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 06/08/2022 | Sams Club | | | |
| Amount (\$) 35.48 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 2300 Willeamand Rd Banas, 111 /325/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 17 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission File | ers) |
| 4 Date | 5 Payee name | | | |
| 06/13/2022 | Sams Club | | | |
| 6 Amount (\$) 47.02 | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| Date | Payee name | | | |
| 06/13/2022 | Sams Club | | | |
| Amount (\$) 63.16 | Payee address; | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 06/15/2022 | Sams Club | | | |
| Amount (\$) 87.81 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 2500 W Wilculand Rd Bullaus, 111 / 5257 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | 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: 18 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 06/21/2022 | Sams Club | | |
| 6 Amount (\$) 25.71 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if 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 | | |
| 06/21/2022 | Sams Club | | |
| Amount (\$) 100.00 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 06/21/2022 | Sams Club | | |
| Amount (\$) 39.10 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 W Wheatland Rd Dallas, TX 75237 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | 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: 19 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 06/23/2022 | Sams Club | | |
| 6 Amount (\$) 45.88 Campaign Funds for Campaign Expenditures | 7 Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if 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 | | |
| 06/23/2022 | Sams Club | | |
| Amount (\$) 64.91 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 06/27/2022 | Sams Club | | |
| Amount (\$) 100.00 | Payee address; 2900 W Wheatland Rd Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2900 w Wheatland Ru Danias, 1A /323/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | gas | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 20 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 02/02/2022 | Voke Hill Campaign | | |
| 6 Amount (\$) 250.00 Campaign Funds for | 7 Payee address; P.O. Box 764856 Dallas, TX 75376 | City; | State; Zip Code |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | donation | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/11/2022 | Dominque William Campaign | | |
| Amount (\$) 250.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 8487 Creek Bluff Drive Dallas, TX 75249 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | donation | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 02/28/2022 | Tracey Gulley Campaign | | |
| Amount (\$) 1000.00 | Payee address; 203 Satinwood Dallas, TX 75217 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 203 Satinwood Danas, 1X /3217 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | donation | |
| | 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1: 21 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | | |
| 04/22/2022 | John Wiley Price Campaign | | | |
| 6 Amount (\$) 500.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 510 E 5th St Dallas, TX 75203 | City; | State; Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | donation | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, 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 | | | |
| 05/27/2022 | Pauline Medrano Campaign | | | |
| Amount (\$) 100.00 | Payee address; 2346 Douglas Ave Dallas, TX 75209 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | donation | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 05/27/2022 | John Creuzot Campaign | | | |
| Amount (\$) 250.00 | Payee address; | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | P.O. Box 181268 Dallas, TX 75218 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | donation | | |
| | 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: 22 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 06/21/2022 | Shontavia Robinson | | | |
| 6 Amount (\$) 235.00 Campaign Funds for Campaign Expenditures | 7 Payee address; P.O. Box 2204 Desoto, TX 75115 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Event Expense | campaign event | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| Date | Payee name | | | |
| 06/21/2022 | Eddie Dean & Company | | | |
| Amount (\$) 6421.40 Campaign Funds for | Payee address; P.O. Box 1022 Dallas, TX 75160 | City; | State; | Zip Code |
| Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Event Expense | campaign event | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | (| Office held |
| Date | Payee name | | | |
| 06/21/2022 | Office Depot | | | |
| Amount (\$) 107.68 Campaign Funds for | Payee address; 39759 LBJ Frwy Dallas, TX 75237 | City; | State; | Zip Code |
| Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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 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: 23 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/01/2022 | Jefferson Momument | | |
| 6 Amount (\$) 350.00 Campaign Funds for | 7 Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; Zip Code |
| Campaign Expenditures 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Office Overhead/Rental Expense | rent | |
| OF EXPENDITURE | Office Overfiead/Rental Expense | Tent | |
| | (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 | | |
| 02/01/2022 | Jefferson Monument | | |
| Amount (\$) 350.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1350 Manufacturing St Dallas, TX 75207 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| | | | |
| 03/01/2022 | Jefferson Monument | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1330 Wallutacturing St. Danas, 17, 73207 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Office Overhead/Rental Expense | rent | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | 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: 24 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 04/01/2022 | Jefferson Monument | | | |
| 6 Amount (\$) 350.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 05/01/2022 | Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; 1350 Manufacturing St Dallas, TX 75207 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | T 5 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | rent | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 06/01/2022 | Jefferson Monument | | | |
| Amount (\$) 350.00 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 1350 Manufacturing St Dallas, TX 75207 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Office Overhead/Rental Expense | rent | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | 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. | cale. (citie. a category not noted accord) |
|--------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------|--------------------------------------------|
| 1 Total pages Schedule F1: 25 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 01/04/2022 | ATT | | |
| 6 Amount (\$) 570.00 Campaign Funds for | 7 Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 02/04/2022 | ATT | | |
| Amount (\$) 456.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | P.O. Box 6811 Dallas, TX 75225 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 03/04/2022 | ATT | | |
| Amount (\$) 607.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | phone | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (enter a category not listed above) |
|--------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------|-------------------------------------------|
| 1 Total pages Schedule F1: 26 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | l | |
| 04/04/2022 | ATT | | |
| 6 Amount (\$) 520.00 | 7 Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Transportation Equipment & Related Expense | phone | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held |
| Date | Payee name | | |
| 05/04/2022 | ATT | | |
| Amount (\$) 470.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | P.O. Box 6811 Dallas, TX 75225 | | |
| | 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 | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | |
| Date | Payee name | | |
| 06/04/2022 | ATT | | |
| Amount (\$) 482.00 | Payee address; P.O. Box 6811 Dallas, TX 75225 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1.0. Box 0011 Danas, 1A 13223 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Office Overhead/Rental Expense | phone | |
| EXPENDITURE | | | |
| | 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: 27 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | | |
| 03/15/2022 | USPS | | | |
| 6 Amount (\$) 182.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 5521 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | postage | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 06/03/2022 | USPS | | | |
| Amount (\$) 59.76 | Payee address; 5521 S Hampton Rd Dallas, TX 75232 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | T 5 | | |
| | 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 expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 01/03/2022 | Wingstop | | | |
| Amount (\$) 53.90 | Payee address; 3333 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 3333 w Camp wisdom Danas, 1A 13231 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1: 28 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | | |
| 01/18/2022 | Wingstop | | | |
| 6 Amount (\$) 38.13 Campaign Funds for Campaign Expenditures | 7 Payee address; 3333 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if 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 | Payee name | | | |
| 02/07/2022 | Wingstop | | | |
| Amount (\$) 53.90 | Payee address; 3333 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | T | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 01/21/2022 | Campisis | | | |
| Amount (\$) 64.54 | Payee address; | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 1520 Elm St Suite 111 Dallas, TX 75201 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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: 29 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Fil | lers) |
| 4 Date | 5 Payee name | | | |
| 04/20/2022 | Campisis | | | |
| 6 Amount (\$) 97.03 Campaign Funds for Campaign Expenditures | 7 Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | City; | State; Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Office held Council District 8 | | |
| Date | Payee name | | | |
| 04/28/2022 | Campisis | | | |
| Amount (\$) 72.01 | Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | | T = | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 05/27/2022 | Campisis | | | |
| Amount (\$) 95.96 | Payee address; | City; | State; Zip Code | _ |
| Campaign Funds for Campaign Expenditures | 1520 Elm St Suite 111 Dallas, TX 75201 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | outer (errier a catego | .,, |
|---------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 30 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 06/09/2022 | Campisis | | | |
| 6 Amount (\$) 78.56 Campaign Funds for Campaign Expenditures | 7 Payee address; 1520 Elm St Suite 111 Dallas, TX 75201 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | 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 | | | |
| 01/03/2022 | Joys Donut | | | |
| Amount (\$) 184.82 Campaign Funds for Campaign Expenditures | Payee address; 3502 Simpson Stuart Rd 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 | Payee name | | | |
| 01/20/2022 | Churchs Chicken | | | |
| Amount (\$) 28.52 Campaign Funds for Campaign Expenditures | Payee address; 1025 W Camp Wisdom Dallas, TX 75232 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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 | 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: 31 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 01/31/2022 | Dicks Sporting Good | | | |
| 6 Amount (\$) 132.02 Campaign Funds for Campaign Expenditures | 7 Payee address; 305 W FM 1382 Cedar Hill, TX 75104 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Gift/Awards/Memorials Expense | gift | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | 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 | | | |
| 02/07/2022 | Smokey Joes BBQ | | | |
| Amount (\$) 85.52 | Payee address; 6403 S R L Thornton FrvDallas, TX 75232 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 03/04/2022 | Edible Arrangements | | | |
| Amount (\$) 67.57 | Payee address; 407 N Lamar St Suite 18 0 allas, TX 75204 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 40/ IV Lamai St Suite 19 Danas, 1X /3204 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | 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

| Orean Garar ayment | The Instruction Guide explains how to | complete this form. | |
|--------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 32 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 03/15/2022 | Deluxe Check | | |
| 6 Amount (\$) 62.87 Campaign Funds for | 7 Payee address; 3000 Kellway Drive Carrollton, TX 75006 | City; | State; Zip Code |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | checks | |
| | (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 | | |
| 03/31/2022 | Taco Bell | | |
| Amount (\$) 26.08 | Payee address; 2972 W Wheatland Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Food/Beverage Expense | food | |
| EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | | Council District 8 | |
| Date | Payee name | | |
| 04/01/2022 | PJs Fried Chicken | | |
| Amount (\$) 36.00 | Payee address; 3662 W Camp Wisdom Dallas, TX 75237 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 3002 w Camp wisdom Danas, 1A 13231 | | |
| | 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 |
| | 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/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1: 33 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 04/27/2022 | KFC | | | |
| 6 Amount (\$) 35.71 Campaign Funds for Campaign Expenditures | 7 Payee address; 2802 E Ledbetter Dallas, TX 75216 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | 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 | | | |
| 04/28/2022 | Gonzalez Restaurant | | | |
| Amount (\$) 49.02 | Payee address; 367 W Jefferson Dallas, TX 75207 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Tennell Atkins | Council District 8 | | |
| Date | Payee name | | | |
| 06/21/2022 | Gonzalez Restaurant | | | |
| Amount (\$) 38.45 | Payee address; 367 W Jefferson Dallas, TX 75207 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | John W Jeffelson Danas, 1A /J20/ | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Food/Beverage Expense | food | | |
| EXPENDITURE | | | | |
| | 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

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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. | Curer (errier a categor) | , not noted above, |
|--------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1: 34 of 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/02/2022 | Nothing Bundt Cakes | | | |
| 6 Amount (\$) 38.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 352 N Hwy 67 Suite B Cedar Hill, TX 75104 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | 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 | | | |
| 04/02/2022 | Taco Bueno | | | |
| Amount (\$) 41.84 Campaign Funds for Campaign Expenditures | Payee address; 7953 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code |
| 16 | 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 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 | Payee name | | | |
| 05/16/2022 | Chubbys | | | |
| Amount (\$) 30.70 Campaign Funds for Campaign Expenditures | Payee address; 7474 S Cockrell Hill 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 Austin | 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 | 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 35 | 2 FILER NAME Mr Tennell Atkins | | 3 Filer ID (Ethics | Commission Filers) | |
| 4 Date | 5 Payee name | | | | |
| 06/21/2022 | Cavenders Boot City | | | | |
| 6 Amount (\$) 159.12 Campaign Funds for Campaign Expenditures | 7 Payee address; 2475 N Stemmons Frwy Dallas, TX 75207 | City; | State; | Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Gift/Awards/Memorials Expense | gift | | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, 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 | | | | |
| 06/27/2022 | Ojeda Family Rest. | | | | |
| Amount (\$) 61.64 Campaign Funds for | Payee address; 2109 N Hampton Dallas, TX 75232 | City; | State; | Zip Code | |
| Campaign Expenditures | | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | food | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| Date | Payee name | | | | |
| 06/24/2022 | Lubys Cafeteria | | | | |
| Amount (\$) 30.82 | Payee address; 5600 S Hampton Rd Dallas, TX 75232 | City; | State; | Zip Code | |
| Campaign Funds for Campaign Expenditures | John S Hampton Ru Danas, 1A 73232 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF | Food/Beverage Expense | food | | | |
| EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Tennell Atkins | Office sought Council District 8 | | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |