CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Tennell NICKNAME LAST Atkins	MI 	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	DITY; STATE; ZIP CODE Dallas TX 75237	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 417 8939	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME LAST Milliner	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1407 Laura Lane	JITE #; CITY; STATE; Dallas TX 75241	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 371 7482	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2020	THROUGH 06	Day Year 30 / 2020
11 ELECTION	Month Day Year Primary X General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Council District 8	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 F	Filer ID (Ethics Commission Filers)
Tennell Atkins			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOF OF SUCH EXPENDITURES.		T THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
Additional Fages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5100.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5468.84
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 1706.01
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 15181.00
18 AFFIDAVIT	1		1
		I swear, or affirm, under penalty of perjuitrue and correct and includes all informatunder Title 15, Election Code.	
		ELECTRONICALLY CER	TIFIED
		Signature of Candida	te or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE		
Sworn to and subsc	ribed before me,	by the said _Tennell Atkins	, this the15th
day of <u>July</u>	, 20	to certify which, witness my hand and seal of office.	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Tennell Atkins	20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION:	S	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,468.84
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE RETURNED TO FILER	BUTIONS	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
06/30/2020	Betty J Culbreath		100.00
	6 Contributor address; City; State;	Zip Code	
	630 Villa Creek Dr Duncan	ville, TX 75137	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
06/30/2020	Gail Terrell		50.00
00/30/2020	Contributor address; City; State;	Zip Code	30.00
	P.O. Box 41561 Dallas, 7	TX 75241	
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
06/30/2020	Bradley Spelljoy		500.00
	Contributor address; City; State; 7117 Wake Forrest Dr Dallas, 7	Zip Code TX 75214	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
06/23/2020	Jacob Johnson		500.00
		Zip Code ΓX 75115	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 2 of 3
2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2020	Michael Rader 6 Contributor address; City; State;	Zip Code Ille, TX 76034	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 06/21/2020	Ahmad Mustafa Shalabi Contributor address; City; State;	Zip Code	Amount of contribution (\$) 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 06/15/2020	Ronald Steinhart Contributor address; City; State;	Zip Code	Amount of contribution (\$) 250.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 06/15/2020	Full name of contributor	Zip Code	Amount of contribution (\$) 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 3 of 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tennell Atkins			
4 Date	5 Full name of contributor out-of-state PAC (ID:	D#:)	7 Amount of contribution (\$)
06/16/2020	Sam P burford Jr		100.00
00,10,2020	6 Contributor address; City; State;	Zip Code	10000
	23 Lakeside Park Dallas, TX	X 75225	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
06/15/2020	Helen Giddings		100.00
00/13/2020	Contributor address; City; State;	Zip Code	100.00
	400 S Zang Blvd Suite 1018 Dallas, TX	X 75208	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
06/18/2020	Kwang S Chong		1000.00
	Contributor address; City; State; 927 Condor Dr Coppell, 7		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC (ID)	0#*	Amount of contribution (\$)
06/17/2020	Brian Schwartz	///	1000.00
	Contributor address; City; State; 8808 Briar Cove Dallas, TX	Zip Code X 75240	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

Candidate/Officeholder/Politica	l Committee Legal Services	Salaries	Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction	on Guide explains how to	complete this form.		
1 Total pages Schedule F1: 1 of 16	2 FILER NAME Tennell Atkins			3 Filer ID (Ethics Commission Filers)	
4 Date 02/01/2020	5 Payee name ATT				
6 Amount (\$) 485.00	-	City; State; Zip Code allas, TX 75225-5414			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list Office Overhead/Rental Ex			utside of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder Tennell Atkins	er name	Office sought Council District 8	Office held	
Date 03/01/2020	Payee name				
Amount (\$) 445.00	*	City; State; Zip Code allas, TX 75225-5414			
PURPOSE OF EXPENDITURE	Category (See Categories list Office Overhead/Rental Ex			tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde Tennell Atkins	r name	Office sought Council District 8	Office held	
Date 04/01/2020	Payee name ATT				
Amount (\$) 532.00		City; State; Zip Code allas, TX 75225-5414			
PURPOSE OF EXPENDITURE	Category (See Categories list Office Overhead/Rental Ex			tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold Tennell Atkins	er name	Office sought Council District 8	Office held	
	ATTACH ADDITIO	NAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	_

SCHEDULE F1

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	S/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 2 of 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2020	5 Payee name ATT	·
6 Amount (\$) 502.00	7 Payee address; City; State; Zip Code P.O. Box 6811 Dallas, TX 75225-5414	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H Tennell Atkins	Office sought Office held Council District 8
Date 06/01/2020	Payee name ATT	
Amount (\$) 425.00	Payee address; City; State; Zip Code P.O. Box 6811 Dallas, TX 75225-5414	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 01/01/2020	Payee name Jefferson Monumon LLC	
Amount (\$) 350.00	Payee address; City; State; Zip Code 1350 Manufacturing St SDate as () ITX 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office rent
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

SCHEDULE F1

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 16	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2020	5 Payee name Jefferson Monumont LLC		
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 1350 Manufacturing St SDailea 10 TX 75207		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. 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 03/01/2020	Payee name Jefferson Monumont LLC		
Amount (\$) 350.00	Payee address; City; State; Zip Code 1350 Manufacturing St SDated (1) ITX 75207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 04/01/2020	Payee name Jefferson Monumont LLC		
Amount (\$) 350.00	Payee address; City; State; Zip Code 1350 Manufacturing St SDaddat ITX 75207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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 16	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2020	5 Payee name Jefferson Monument LLC		
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 1350 Manufacturing St SDaddsQITX 75207		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. 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		
06/01/2020	Jefferson Monumont LLC		
Amount (\$) 350.00	Payee address; City; State; Zip Code 1350 Manufacturing St SDated At 11X 75207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 05/10/2020	Payee name Home Depot		
Amount (\$) 14.43	Payee address; City; State; Zip Code 2901 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 5 of 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2020	5 Payee name 7 Eleven	
6 Amount (\$) 31.99	7 Payee address; City; State; Zip Code 2935 Camp Wisdom Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/24/2020	Payee name Texaco	
Amount (\$) 46.23	Payee address; City; State; Zip Code 2104 E Ledbetter Dallas, TX 75216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description 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 Office held Council District 8
Date 01/04/2020	Payee name Shell	
Amount (\$) 34.39	Payee address; City; State; Zip Code 8207 S Hampton Rd Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

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 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2020	5 Payee name Shell	
6 Amount (\$) 29.17	7 Payee address; City; State; Zip Code 7027 S R L Thronton FrvDallas, TX 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description 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/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 01/21/2020	Payee name Shell	
Amount (\$) 39.99	Payee address; City; State; Zip Code 7027 S R L Thornton Dallas, TX 75232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/01/2020	Payee name Shell	
Amount (\$) 56.49	Payee address; City; State; Zip Code 8207 S Hampton Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 7 of 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2020	5 Payee name Shell	j
6 Amount (\$) 36.52	7 Payee address; City; State; Zip Code 8207 S Hampton Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description 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/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/14/2020	Payee name Shell	
Amount (\$) 30.00	Payee address; City; State; Zip Code 7027 S R L Thornton Dallas, TX 75232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/17/2020	Payee name Shell	
Amount (\$) 46.46	Payee address; City; State; Zip Code 8207 S Hampton Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

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: 8 of 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2020	5 Payee name Shell	
6 Amount (\$) 37.48	7 Payee address; City; State; Zip Code 8207 S Hampton Rd Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description 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/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 03/07/2020	Payee name Shell	
Amount (\$) 27.37	Payee address; City; State; Zip Code 8207 S Hampton Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 04/26/2020	Payee name Shell	
Amount (\$) 40.61	Payee address; City; State; Zip Code 8207 S Hampton Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

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 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/26/2020	5 Payee name Shell	
6 Amount (\$) 42.81	7 Payee address; City; State; Zip Code 8207 S Hampton Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description 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/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 06/06/2020	Payee name Shell	
Amount (\$) 30.24	Payee address; City; State; Zip Code 8207 S Hampton Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 06/18/2020	Payee name Shell	
Amount (\$) 46.16	Payee address; City; State; Zip Code 8207 S Hampton Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

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.	eals. (e.le. a salegely listileted assist)
1 Total pages Schedule F1: 10 of 16	•		3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2020	5 Payee name Murphy USA		
6 Amount (\$) 25.69	7 Payee address; City; State; Zip Code 3102 W Wheatland Rd Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. , 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 05/02/2020	Payee name Murphy USA		
Amount (\$) 16.99	Payee address; City; State; Zip Code 3102 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		side of Texas. Complete Schedule T. 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 05/19/2020	Payee name Murphy USA		
Amount (\$) 17.04	Payee address; City; State; Zip Code 3102 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		tside of Texas. Complete Schedule T. 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			

SCHEDULE F1

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 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 05/19/2020	5 Payee name Murphy USA	
6 Amount (\$) 30.55	7 Payee address; City; State; Zip Code 3102 W Wheatland Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 05/26/2020	Payee name Murphy USA	
Amount (\$) 59.10	Payee address; City; State; Zip Code 3102 W Wheatland Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 06/29/2020	Payee name Murphy USA	
Amount (\$) 27.31	Payee address; City; State; Zip Code 3102 W Wheatland Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

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.	eals. (e.le. a salegely listileted assist)
1 Total pages Schedule F1: 12 of 16	•		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2020	5 Payee name Omni Dallas		
6 Amount (\$) 16.24	7 Payee address; City; State; Zip Code 555 S Lamar Dallas, TX 75202		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 01/24/2020	Payee name Sonic		
Amount (\$) 5.23	Payee address; City; State; Zip Code 2960 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		side of Texas. Complete Schedule T. 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 01/03/2020	Payee name Burger King		
Amount (\$) 12.97	Payee address; City; State; Zip Code 2403 W Wheatland Dallas, TX 75232		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. 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			

SCHEDULE F1

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

Cardidate/Officerfolder/Politica	The Instruction Guide explains how to	Complete this form. Other (enter a category not listed above)
1 Total pages Schedule F1: 13 of 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2020	5 Payee name Records BBQ	,
6 Amount (\$) 10.83	7 Payee address; City; State; Zip Code 2405 S Lancaster Rd Dallas, TX 75216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/05/2020	Payee name Krispy Kreme	
Amount (\$) 12.35	Payee address; City; State; Zip Code 222 E FM 1382 Cedar Hill, TX 75104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description 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 Office held Council District 8
Date 05/28/2020	Payee name Whataburger	
Amount (\$) 15.27	Payee address; City; State; Zip Code 3222 W Camp Wisdom Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description 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 Office held Council District 8
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

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

Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries	Wages/Contract Labor Other (enter a category not listed above)
Gredit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 14 of 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2020	5 Payee name McDonalds	
6 Amount (\$) 4.33	7 Payee address; City; State; Zip Code 125 W Camp Wisdom Dallas, TX 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description 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/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8
Date 02/11/2020	Payee name McDonalds	
Amount (\$) 13.86	Payee address; City; State; Zip Code 125 W Camp Wisdom Dallas, TX 75232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description 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 Office held Council District 8
Date 02/03/2020	Payee name Jack in the Box	
Amount (\$) 3.29	Payee address; City; State; Zip Code 110 E Cam Wisdom Dallas, TX 75241	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description 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 Office held Council District 8
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 15 of 16	2 FILER NAME Tennell Atkins		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2020	5 Payee name Jack in the Box		
6 Amount (\$) 1.79	7 Payee address; City; State; Zip Code 110 E Camp Wisdom Dallas, TX 75240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Tennell Atkins	Office sought Council District 8	Office held
Date 01/18/2020	Payee name Wendys		
Amount (\$) 12.75	Payee address; City; State; Zip Code 2828 W Wheatland Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. 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 02/03/2020	Payee name Wendys		
Amount (\$) 4.71	Payee address; City; State; Zip Code 2828 W Wheatland Rd Dallas, TX 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , 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			

SCHEDULE F1

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 16 of 16	2 FILER NAME Tennell Atkins	3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2020	5 Payee name Colters BBQ		
6 Amount (\$) 7.09	7 Payee address; City; State; Zip Code 3904 W Camp Wisdom Dallas, TX 75237		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description 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/OF	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
Date 01/04/2020	Payee name CAMPISIS		
Amount (\$) 9.74	Payee address; City; State; Zip Code 1520 ELM ST DALLAS, TX 75201		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description 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 Office held Council District 8	
Date 06/14/2020	Payee name Walmart		
Amount (\$) 82.37	Payee address; City; State; Zip Code 200 Short St Dallas, TX 75232		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tennell Atkins	Office sought Office held Council District 8	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			