CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Commission Filers)			2 Total pages filed:			OFFICE USE ONLY			
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Mr Tennell NICKNAME LAST SUFFIX Atkins								
4	ORIGINAL REPORT TYPE	January 15 July 15 X 30th day before election 8th day before election	n 15ti	eeded \$500 lim n day after treas pointment (office	it ——urer	er (specify)	Date Hand-delivered	or Date Postmarked Amount \$		
5	ORIGINAL PERIOD COVERED	Month Day 01 /	Year 2021 Th	IROUGH	Month 03	Day Year 22 / 2021	Date Imaged			
6	6 EXPLANATION OF CORRECTION									
	Correction to Last Da	y Balance (Line 5, Cov	ersheet 2)-	\$31,624.53						
7	AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.							ted		
	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 correct report not later than the 14th business day after the date I learn that the report as originally filed is inaccurate or incomplete. I swe or affirm, that any error or omission in the report as originally fil was made in good faith.								e I learned e. I swear,		
			* * * Electronically Certified * * *							
	AFFIX NOTARY STAI	AFFIX NOTARY STAMP / SEAL ABOVE			Signature	e of Candidate or	Officeholder			
		d before me, by the said				, this the1	9th day of May	,		
20_23, to certify which, witness my hand and seal of office.										
_	Signature of officer add	ministering oath	Printed	I name of offi	cer administe	ring oath	Title of office	r administering oath		
	Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections									

Supplement Officeholder	FOR Cover She	FORM SR Cover Sheet SR							
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST MI Tennell		2. Total Pages Filed:	S .				
	NICKNAME	LAST Atkins	SUFFIX	3. Office Held					
4. SUPPLEMENTAL REPORT TYPE	c January 15	X 30th day before election c Runoff c 15th day after campaign treasurer appointment (officeholder only)							
	C July 15	c 8th day befor	re election C Exceeded \$50 limit	00 c Final Report					
5. PERIOD / COVERED	1/1/2021 THROUGH 3/22/2021								
6. ELECTION	Month Day Year c Primary c Runoff c General c Special X N/A								
7. OFFICE- HOLDER	CONTRIBUTION TOTALS		LDER CONTRIBUTIONS OF \$50 (OR GUARANTEES OF LOANS), UN	·	\$ 0.00				
		2. TOTAL OFFICEHO OTHER THAN PLEDG	F LOANS)	\$0.00					
	EXPENDITURE	3. TOTAL OFFICEHO	LDER EXPENDITURES OF \$100 (OR LESS, UNLESS ITEMIZED	\$ 0.00				
	TOTALS	4. TOTAL OFFICEHO	LDER EXPENDITURES		\$ 0.00				
8. POLITICAL	CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LE ITEES OF LOANS), UNLESS ITEM	·	\$ 0.00				
(Campaign)		6. TOTAL POLITICAL (OTHER THAN PLED	. CONTRIBUTIONS GES, LOANS, OR GUARANTEES (OF LOANS)	\$ 19,585.00				
	EXPENDITURE TOTALS	7. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LE	SS UNLESS ITEMIZED	\$ 0.00				
		8. TOTAL POLITICAL		\$ 25,464.16					
9. OFFICEHOLDER FUN FOR CAMPAIGN PUR			MOUNT OF OFFICEHOLDER CON TURES DURING THE REPORTING		\$ 0.00				
10. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code.									
			ELECTRONICALLY CERTIFIED						
AFFIX NOTARY 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				
ofMay, 20_23, to certify which, witness my hand and seal of office.									
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath									