

085035

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

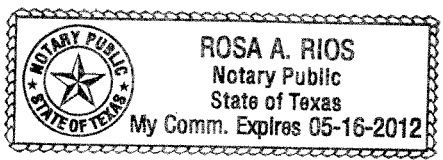
| | | | | | | | | | |
|---------------------------------|--|---|---|--|---|--|------|----------------|-------------|
| 1 ACCOUNT # | | 2 Total pages filed: | | OFFICE USE ONLY | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR | FIRST | MI | Date Received | | | | |
| | | NICKNAME | LAST | SUFFIX | RECEIVED 2008 DEC 12 PM 12:01 CITY SECRETARY DALLAS, TEXAS | | | | |
| 4 ORIGINAL REPORT TYPE | | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | | Date Hand-delivered or Date Postmarked | | | |
| | | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded \$500 limit | | | Receipt # | | | |
| | | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | | Legal | | | |
| 5 ORIGINAL PERIOD COVERED | | Month | Day | Year | Month | Day | Year | Date Processed | Date Imaged |
| | | 7 | 14 | 07 | THROUGH | 12 | 13 | 07 | |

6 EXPLANATION OF CORRECTION

Amended Sch E Report

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *Tennell Atkins* this the *12th* day of *December*, 20 *08*, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Rosa A. Rios* Printed name of officer administering oath: *Rosa A. Rios* Title of officer administering oath: *Notary Public*

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

085035

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Tennell Atkins

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$ 21,866

5 Date of loan

7/15/07

7 Name of lender

Tennell Atkins

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

21,866

6 Is lender a financial Institution?

Y

N

8 Lender address; City; State; Zip Code

2717 meadow Stone LN
Dallas TX 75237

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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