☐ Office Use Only

Report of Covered Transfers Supporting Direct Campaign Expenditures: Schedule ATX.8

Use this form to report covered transfers made and contributions received by the filer, as defined in § 2-2-34(a) of the City Code. For detailed instructions on how to complete this form, see the **Report of Covered Transfers Supporting Direct Campaign Expenditures Instruction Guide.**

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

1 **INDIVIDUAL OR ORGANIZATION NAME** ☐ Filer is an individual	Committee or Organization Name* Title / First Name* / Middle Initial Last Name* / Suffix Filer Employer* / Filer Occupation*
2 **INDIVIDUAL OR ORGANIZATION ADDRESS**	Address/ PO Box* / Apartment or Suite Number City* / State* / Zip Code*
3 **COMMITTEE TREASURER NAME (if applicable)**	Title / First Name / Middle Initial Last Name / Suffix
4 **COMMITTEE TREASURER ADDRESS (if applicable)**	Address/ PO Box / Apartment or Suite Number City / State / Zip Code
5 **REPORT DATE**	Date Filed (yyyymmdd)*

* **Indicates a required field**

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6 AFFIDAVIT

By signature below, I certify that the Report of Covered Transfers Supporting Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-34.

DATE: _____

_____ _____

AFFIANT'S SIGNATURE PRINT NAME

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Transfers Made

Itemize each transfer of funds **made** by the filer towards a direct campaign expenditure in Sections 1-4.
For additional transfers, click "Add Another Transfer Page" below.

* Indicates a required field

1 **RECIPIENT NAME** ☐ Recipient is an individual	Organization Name or Recipient Last Name, as applicable*
2 **RECIPIENT ADDRESS**	Recipient Address/ PO Box* Recipient Apartment or Suite Number Recipient City* Recipient State* Recipient Zip Code*
3 **TRANSFER DETAILS**	Transfer Date* ($) Transfer Amount* Purpose and Description of the Transfer*

4 If known, identify each candidate or ballot measure supported or opposed by the intended direct campaign expenditure

Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)

Add Another Transfer Page

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Contributions Received

A filer is required to report contribution information only if the filer has received $500 or more in contributions in aggregate from a particular contributor during the current election reporting cycle, which is the two-year period beginning on the date following the most recent City general election. If the $500 aggregate threshold is met for a particular contributor at the time that a filer reports a covered transfer, then the filer must include the following information regarding each contribution received from that contributor in the report, subject to certain exceptions and other criteria which are set forth in more detail in City Code § 2-2-34(C)(8).

If the $500 contribution threshold is not met for any contributor, then leave this page blank.

Itemize each contribution **received by the filer** in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

1 **CONTRIBUTOR NAME** ☒ Contributor is an individual	Contributor Title Contributor First Name* Organization Name or Contributor Last Name, as applicable* Contributor Suffix
2 **CONTRIBUTOR ADDRESS AND EMPLOYER**	Contributor Address/ PO Box* Contributor Apartment or Suite Number Contributor City* Contributor State* Contributor Zip Code* Contributor Employer Contributor Occupation Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals
3 **CONTRIBUTION DETAILS**	Contribution Date (yyyymmdd)* ($) Contribution Amount*

Add Another Contribution Page