



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

Office Use Only

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**

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <input type="text"/>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* <input type="text"/> Apartment or Suite Number <input type="text"/> City* <input type="text"/> State* <input type="text"/> Zip Code* <input type="text"/>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title <input type="text"/> First Name <input type="text"/> Middle Initial <input type="text"/> Last Name <input type="text"/> Suffix <input type="text"/>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box <input type="text"/> Apartment or Suite Number <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* <input type="text"/>

\* Indicates a required field



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## 6 DECLARATION

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: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

PRINT NAME





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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

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

Add Another Contribution Page