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**

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

^{*} Indicates a required field

6 DECLARATION

SIGNATURE

By signature below, I certify that the Report of Covered Transfers Supporting Direct Campaign Expenditures filed herewith all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-3	
DATE:	

PRINT NAME



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

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

RECIPIENT NAME Recipient is an individual	Organization	n Name or Recipient Last Name, as appl	licable <mark>*</mark>			
2	Recipient Ac	ddress/ PO Box*	Recipient Aparti	ment or Suite Number		
RECIPIENT						
ADDRESS	Recipient Ci	ty*	Recipient State	Recipient Zip Code*		
3	Transfer Dat	re*	(\$) Transfer Amou	int*		
TRANSFER						
DETAILS	Purpose and	Purpose and Description of the Transfer*				
4 If known, identify each cand	didate or ba	llot measure supported or oppo	sed by the intended direc	t campaign expenditure		
Candidate Last Name or Ballot I Supported/Opposed	Measure	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)		



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

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

Add Another Contribution Page