

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Maxwell B. Chambers
Name

(2) 16482 SW 18 Street
Address (number and street)

Miramar, FL 33027
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): City Commission Seat 1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8 / 1 / 2016 To 8 / 31 / 2016 Report Type M8

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 200.00

Loans \$ 0.00

Total Monetary \$ 200.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 100.00

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 19,700.00

(10) TOTAL Monetary Expenditures To Date
\$ 4,369.07

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

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(Type name) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) _____
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X

Signature

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Maxwell B. Chambers

(2) I.D. Number _____

(3) Cover Period 8 / 1 / 2016 through 8 / 31 / 2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
(6) Sequence Number		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
8 / 10 / 16	Gelin Benefits Group, LLC 6750 N Andrews Avenue Suite 200 Fort Lauderdale, FL 33309	B	Insurance Brokerage	CHE			\$100.00
1							
8 / 10 / 16	Elberg Mike Gelin 5901 Abbey Road Tamarac , FL 33321	I	Insurance Advisor	CHE			\$100.00
2							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Maxwell B. Chambers

(2) I.D. Number _____

(3) Cover Period 8 / 1 / 2016 through 8 / 31 / 2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
8 / 5 / 16	Jamaica United Relief Association, Inc. 5100 Jefferson Street Hollywood, FL 33021	Donation	MON		\$100.00
4					
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