

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Maxwell B. Chambers

(2) I.D. Number _____

(3) Cover Period 11 / 1 / 2019 through 11 / 30 / 2019

(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
11 / 25 / 19	Maxwell Chambers 8453 South Hampton Dr Miramar, FL 33025	I		LOA			\$50.00
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