

# 2023 Form 1 - Statement of Financial Interests

Filed with COE: 07/15/2024

## General Information

Name: Maxwell B Chambers

Address: 8453 Southampton Dr, Miramar, FL 33025

PID 262537

County: Broward

## AGENCY INFORMATION

Organization	Suborganization	Title
Miramar	Mayor And City Commission	Commissioner

## Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

## Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)  
(If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
N/A		

**Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

**Real Property**

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

**Intangible Personal Property**

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
N/A	

**Liabilities**

LIABILITIES (Major debts valued over \$10,000):  
 (If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

**Interests in Specified Businesses**

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
 (If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

**Training**

This section applies only to an appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

**Signature of Filer**

***Maxwell B Chambers***

Digitally signed: 07/15/2024

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