FORM 1	STATEM	STATEMENT OF		2018	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDL CHAMBERS MAXWELL B	E NAME :			OFFICE	
MAILING ADDRESS: 8453 Southampt	on Drive			≥ 200	
Miramar	33025 Brow	ard		ECH ECH ECH ECH ECH ECH ECH ECH ECH ECH	
NAME OF ACENOV	ZIP			AMI	
NAME OF AGENCY: CITY OF MIRAMAR NAME OF OFFICE OR POSITION HELD OR SOUGHT:				VED CLESS	
COMMISSIONER	:-		20		
You are not limited to the space on the lin	es on this form. Attach additional sho				
**** BOTH	PARTS OF THIS SEC	TION MUST BE COI	MPI FT	FD ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU'S YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	R FINANCIAL INTERESTS FOR	THE PRECEDING TAX YEAR	R, WHETI	HER BASED ON A CALENDAR	
☐ DECEMBER 31, 20	18 <u>OR</u> 🗆 SPEC	IFY TAX YEAR IF OTHER TH	AN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING REP FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMP/ for further details). CHECK THE ONE	NG REPORTING THRESHOLDS ARATIVE THRESHOLDS, WHICH	HARE USUALLY BASED ON			
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF IN		the reporting person - See inst	ructions]		
NAME OF SOURCE OF INCOME	•	DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Trion Solutions 11		eaver Rd	Emp	burnent agency	
	Suite 160 Troy Mi		1		
	11.09, 1411				
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busine	esses owned by the reporting pe	rson - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	3.4				
	NA				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions			EII IN	C INCTRUCTIONS for when	
(If you have nothing to report, write "none" or "n/a")			and w	G INSTRUCTIONS for when the contract of the co	
'\\alpha			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
			pegin	on page s.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"	ks, bonds, certificate	es of deposit, etc See ins	tructions)	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES	
l n	1			
	(n			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
	ola			
	(A) (P)	· · · · · · · · · · · · · · · · · · ·		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Overline] (If you have nothing to report, write "none" or	r "n/a")	ns in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY		1		
POSITION HELD WITH ENTITY		NA		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST	<u> </u>			
PART G — TRAINING For elected municipal officers required to complete annu I CERTIFY THAT I H				
IF ANY OF PARTS A THROUGH G ARE	CONTINUED OF	N A SEPARATE SHE	ET, PLEASE CHECK HERE	
Signature: Signature: Date Signed: 21219 MBC		CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,		
		Date Signed:		
FILING INSTRUCTIONS:		 -	-	
If you was a marker of the dament has the Committee of th				

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email, Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or emptoyment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.