CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Maxwell Martinez	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	520 Brickell Key Drive, Apt. 1113	Submitted on:					
	Address (number and street)	10/9/2024 17:49:41 (eastern)					
	Miami, FL 33131 City, State, Zip Code	— I					
	☐ Check here if address has changed	(3) ID Number: 116					
/ 4\	_	(b) 15 Number.					
(4)	Check appropriate box(es): Candidate Office Sought: Mayor						
	Political Committee (PC)						
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded					
	Party Executive Committee (PTY)	Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed					
	marvada making decisories ing communications)						
	(5) Report	Identifiers					
Cove	er Period: From 7 / 1 / 2024 To	9 / 30 / 2024 Report Type: Q03					
X O	riginal Amendment Spo	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	h & Checks \$,13 , _50000	Monetary					
Loar	s ,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00					
Tota	I Monetary \$,13 , _50000						
		Total Monetary \$, , 0 . 00					
In-Ki	ind \$,,, <u>0</u> . <u>00</u>						
		(8) Other Distributions \$, , 000_					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>124</u> , <u>000</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>					
	(44) 0	(15) Al					
		tification on 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:							
(Type name) (Type name)							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
Si	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Maxwell	Mart	inez			(2) I.D. Number _		116	
	7/	1/202	4		9/30/	2024				
(3) Cover Peri	od	1	1	through	1	1	(4) Page	1	of	1

(5) Date	(7) Full Name	(8) Contributor Type Occupation		(9)	(10) In-kind Description	(11)	(12) Amount
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code			Contribution Type			
8/1/2024 /	Martinez, Maxwell N 520 Brickell Key Drive, Apt Apt. 1113 Miami, FL 33131		agency consultant	CH			\$5,000.C
9/3/2024	Martinez, Maxwell 520 Brickell Key Drive, Apt Apt. 1113 Miami, FL 33131	S :. 1113	agency consultant	СН			\$4,500.0
9/29/2024 // //	Martinez, Maxwell 520 Brickell Key Drive, Apt Apt. 1113 Miami, FL 33131		agency consultant	CH			\$4,000.0
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1 1							
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1 1							

1) Name Maxwel	l Martinez	ĩ	TEMIZED EXPENDITURES (2) I.D. Number 1		
3) Cover Period _	7/1/2024 <u>/</u> <u>/</u> through	9/30/2024 /	4) Page <u>1</u>	of	0
(5) Date (6) Sequence Number	(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)	(11) Amount
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