

# CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY  
NOV 05 2020  
QUALIFYING OFFICES

(1) Robert A Reiner  
Name

(2) 110 E Palm Drive  
Address (number and street)

MARGATE FL 33063  
City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner Sent \$5
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 01 / 2020 To 10 / 31 / 2020 Report Type: 2020m10

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , 00 , 00 . 00

Loans \$ 0 , 00 , 00 . 00

Total Monetary \$ 0 , 00 , 00 . 00

In-Kind \$ 0 , 00 , 00 . 00

(7) Expenditures This Report

Monetary Expenditures \$ 3 . 00

Transfers to Office Account \$ 0 , 00 , 00 . 00

Total Monetary \$ 3 . 00

(8) Other Distributions  
\$ 0 , 00 , 00 . 00

(9) TOTAL Monetary Contributions To Date  
\$ 1 . 200 . 00

(10) TOTAL Monetary Expenditures To Date  
\$ 3 . 00

### (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:

(Type name) Robert Reiner

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

[Signature]

X  
Signature

(Type name) Robert Reiner

Candidate  Chairperson (only for PC and PTY)

[Signature]

X  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

MARGATE

(1) Name Robert A Reiner

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 1 1 2020 through 10 31 2020

(4) Page \_\_\_\_\_ of \_\_\_\_\_

NOV 05 2020

QUALIFYING OFFICES

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
/ /	0	0						0
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MARGATE

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Robert A Reiner

(2) I.D. Number NOV 05 2020

(3) Cover Period 10 101 2020 through 10 131 2020

(4) Page QUALIFYING OFFICES of           

(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
10/30/20	Southeast 4850 wiles rd  coconut creek, FL 33073	Bank fee	CAN		3.00
1 / /					
1 / /					
1 / /					
1 / /					
1 / /					
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