

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert A Reiner
Name

(2) 110 E. Palm Dr.
Address (number and street)

MARGATE FL 33063
City, State, Zip Code

MARGATE
OFFICE USE ONLY
JAN 05 2021
QUALIFYING OFFICES

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Sept 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 12 / 01 / 2020 To 12 / 31 / 2020 Report Type: 2020MIC

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ 0 , , .

Loans \$ 0 , , .

Total Monetary \$ 0 , , .

In-Kind \$ 0 , , .

(7) **Expenditures This Report**

Monetary Expenditures \$ ~~5.00~~ , 164 , 167 . 00

Transfers to Office Account \$ 0 , , .

Total Monetary \$ 167 , , .

(8) **Other Distributions**

\$ 0 , , .

(9) **TOTAL Monetary Contributions To Date**

\$ 1200 , , .

(10) **TOTAL Monetary Expenditures To Date**

\$ 173 , , .

(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]
Signature

(Type name) Robert Reiner

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Robert A Reineu

(2) I.D. Number JAN 05 2021

(3) Cover Period 12 1 01 2020 through 12 31 2020

(4) Page _____ of _____

MARGATE
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				
/ /	/							
	6	0						0
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MARGATE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Robert A Remer

(2) I.D. Number JAN 05 2021

(3) Cover Period 12/01/2020 through 12/31/2020

(4) Page of

QUALIFYING OFFICES

(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
12/28/2020	ONLINE candidate paid DEBIT FROM ACCOUNT ON-LINE candidate.com	CAMPAIGN WEB site			164.00
12/31/2020	SUNTRUST 4850 wilcox rd Colonet Creek FL 33033	BANK Fee	CAN		3.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
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