

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



(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner SEAT 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 01/01/2021 To 01/31/2021 Report Type: 2021 MIE

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ 0, ____, ____ . ____

Total Monetary \$ ____, ____, ____ . ____

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

(7) Expenditures This Report

Monetary Expenditures \$ 0, ____, ____ . ____

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

Total Monetary \$ 0, ____, ____ . ____

(8) Other Distributions

\$ 0, ____, ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 1,200, ____, ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 176, ____, ____ . ____

(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

X [Signature]
Signature

(Type name) Robert Reiner

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MASSATE

(1) Name Robert A Reiner

(2) I.D. Number _____

(3) Cover Period 01/01/2021 through 01/31/2021

(4) Page FEB 1 2021 of _____

QUALIFYING OFFICES

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

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number FEB 1 2021

(3) Cover Period ____/____/____ through ____/____/____

(4) Page ____ of ____

QUALIFYING OFFICES

(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) Amendment	(11) Amount
01/1	1	COCA COLA				
01/31/2021	1	SUNTRUST 4850 wifes Rd COCOMUT Creek 33033	Bank Fee	CAN		3.00
1/1						
1/1						
1/1						
1/1						
1/1						
1/1						
1/1						