

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert A REINER
Name

(2) 110 E PALM Drive
Address (number and street)
MARGATE FL 33063
City, State, Zip Code

OFFICE USE ONLY

MARGATE

OCT 06 2020

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 09/01/2020 To 09/30/2020 Report Type: 2020m9

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ 1 , 2 , 0 . 0

Total Monetary \$ 1 , 2 , 0 . 0

In-Kind \$ _____ , _____ , _____ . _____

(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 , 2 , 0 . 0

(10) TOTAL Monetary Expenditures To Date

\$ 0 , _____ , _____ . _____

(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]

(Type name) Robert Reiner

Candidate Chairperson (only for PC and PTY)

[Signature]

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robert A Reiner (2) I.D. Number _____

MARGATE

(3) Cover Period 9 1 01 2020 through 9 1 30 2020 (4) Page OCT 0 6 2020 of _____

QUALIFYING OFFICES

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9, 24, 2020	ROBERT A Reiner 110 E palm dr margate FL 33063	S	Sales	LOA			1,000
1							
9, 30, 2020	ROBERT A Reiner 110 E palm dr margate FL 33063	S	SALES	LOA			200.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ROBERT A Reiner

(2) I.D. Number _____

(3) Cover Period 9 10 2020 through 9 30 2020

(4) Page _____ of 6 2020

MARGATE
OCT 6 2020
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
//	N/A				0
//					
//					
//					
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