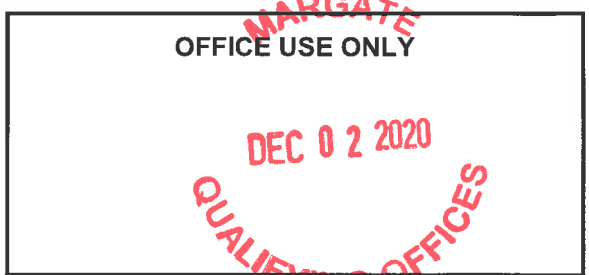


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert A Reiner
Name

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

Margate FL 33063
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(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 11 / 01 / 2020 To 11 / 30 / 2020 Report Type: 2020 MIC

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 \$ 3.00 , ____ , ____ . ____

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

Total Monetary \$ 3.00 , ____ , ____ . ____

(8) Other Distributions

\$ 0 , ____ , ____ . ____

(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]
Signature

(Type name) Robert Reiner

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 11 / 01 / 2020 through 11 / 30 / 2020 (4) Page DEC 02 2020

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
/ /							
0	0						0
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert A. Reiner

(2) I.D. Number _____

(3) Cover Period 10/01/2020 through 11/30/2020

(4) Page _____ of DEC 02 2020

MARGATE
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
11/30/20	SOUTRUST 4850 wiles rd COCONUT CREEK FL 33033	Bank Fee	CAN		3.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					