

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Name Robert A REINER
 (2) Address (number and street) 110 E Palm Dr
 (3) City, State, Zip Code MARGATE FL 33063

OFFICE USE ONLY

FEB 1 2021

QUALIFYING OFFICES

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

Cover Period: From

01/01/2021

To

01/31/2021

Report Type:

2021 MISC

Original

Amendment

Special Election Report

(5) Report Identifiers

(6) Contributions This Report

Cash & Checks	\$ <u>0</u> , <u>00</u> , <u>00</u>
Loans	\$ <u>0</u> , <u>00</u> , <u>00</u>
Total Monetary	\$ <u>0</u> , <u>00</u> , <u>00</u>
In-Kind	\$ <u>0</u> , <u>00</u> , <u>00</u>

(7) Expenditures This Report

Monetary Expenditures	\$ <u>0</u> , <u>00</u> , <u>00</u>
Transfers to Office Account	\$ <u>0</u> , <u>00</u> , <u>00</u>
Total Monetary	\$ <u>0</u> , <u>00</u> , <u>00</u>

(8) Other Distributions

\$ 0, 00, 00

(9) TOTAL Monetary Contributions To Date

\$ 1,200, 00, 00

(10) TOTAL Monetary Expenditures To Date

\$ 176, 00, 00

(11) Certification

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

(Type name)

Robert Reiner

Chairperson (only for PC and PTY)

X

Signature

CAMPAIN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Robert A Kerner

(2) I.D. Number

(3) Cover Period 01/01/2021 through 01/31/2021 **(4) Page** FEB 1 2021 **of** 5

~~FEB 1 2021~~

of

MARGATE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(2) I.D. Number

FEB 1 2021

(1) Name _____

(3) Cover Period _____ through _____

(4) Page _____

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
01/1/2021	BOB FEDD				
01/31/2021	SUNTRUST 4850 Willes Rd Coconut Creek 33033	Bank Fee	CAN		3.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					