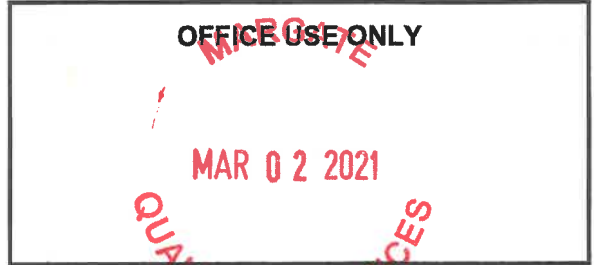


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert A Reiner
Name

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

Margate FL 33663
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 02/11/2021 To 02/28/2021 Report Type: 2021mic

- 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 , ____ , ____ . ____

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

Total Monetary \$ 3 ^{PK} / 026 , ____ , ____ . ____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 1,200 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 179 , ____ , ____ . ____

(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

(Type name) Robert Reiner

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 03/01/2021 through 03/28/2021 (4) Page MAR 02 2021 of 1

MARGATE
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
(6) Sequence Number		Type	Occupation	Type	Description		
/ /							
0	0						0
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

MARGATE

(1) Name Robert A Reiner

(2) I.D. Number _____

(3) Cover Period 03/01/2021 through 03/28/2021

(4) Page 1 of 2 MAR 02 2021

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
(6) Sequence Number					
2/26/21 <u>1</u>	<p style="font-size: small;">nk. Santvut Bul</p> <p style="font-size: x-large; font-weight: bold;">3.00</p> <p style="font-size: x-large; font-weight: bold;">⊗</p> <p style="font-size: small;">Columb creek FL</p>		Bank fee.		<p style="font-size: x-large; font-weight: bold;">0</p> <p style="font-size: small;">3.00 nk</p>
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