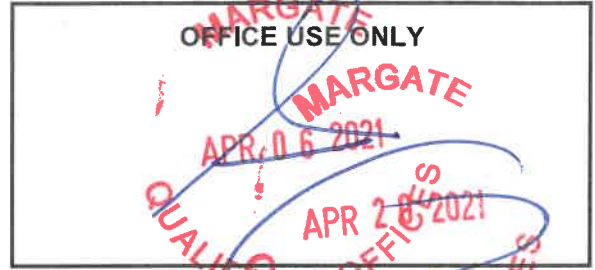


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert A Reinier
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: Commission 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 04 / 01 / 2021 To 04 / 20 / 2021 Report Type: 2021+R.

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 \$ 1,018.00

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ 1,018.00

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 1200, _____, _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 1200, _____, _____ . _____

(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 Reinier

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

[Signature]

X
Signature

(Type name) Robert Reinier

Candidate Chairperson (only for PC and PTY)

[Signature]

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robert Reiner

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2021 through 04 / 20 / 2021

(4) Page ~~APR 06 2021~~ of _____

MARGATE QUALIFYING OFFICES
~~APR 06 2021~~
APR 20 2021
QUALIFYING OFFICES

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 04/01/2021 through 04/20/2021 (4) Page 1 of 1

MARGATE
APR 20 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
04/14/2021	SunTrust Bank 4850 wiles rd conover ak 33033		DIS		1018.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					