

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Alan Reiner
Name

(2) 110 EAST PALM DR
Address (number and street)

MARGATE FL 33063
City, State, Zip Code

~~OFFICE USE ONLY~~

APR 03 2023

QUALIFYING OFFICES

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner Seat # 2
- 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 03 / 01 / 23 To 03 / 31 / 23 Report Type: 2023 m3

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ 1 , 0 , 0 . 0

Total Monetary \$ _____ , _____ , _____ . _____

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 , 5 , 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 Alan Reiner

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

X [Signature]
Signature

(Type name) Robert Alan Reiner

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name Robert Alan Reiner

(2) I.D. Number APR 03 2023

(3) Cover Period 03 / 01 / 23 through 03 / 31 / 23

(4) Page of
 QUALIFYING OFFICES

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
03 / 21 / 23		ROBERT ALAN REINER 110 E PALM DR MARGATE, FL 33063			LOAN			1,000.00
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MARGATE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Robert Alan Reiner

(2) I.D. Number APR 03 2023

(3) Cover Period 03 / 01 / 23 through 03 / 31 / 23

(4) Page of

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					
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