

CAMPAIGN TREASURER'S REPORT SUMMARY

MARGATE

(1) ROBERT ALAN REINER
Name

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

MARGATE FL 33063
City, State, Zip Code

OFFICE USE ONLY

OCT 03 2023

QUALIFYING OFFICES

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner SEPT #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 07 / 01 / 23 To 09 / 30 / 23 Report Type: 2023-Q3

- 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 \$ 0 , _____ , _____ . _____

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

Total Monetary \$ 0 , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 5 , 0 , 0 . 0

(10) TOTAL Monetary Expenditures To Date

\$ 3 , 7 , 8 . 6 . 52

(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

(Type name) ROBERT ALAN REINER

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name Robert Alan REINER (2) I.D. Number 03 2023

(3) Cover Period 07 / 01 / 23 through 09 / 30 / 23 (4) Page of

OCT 03 2023
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
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MARGATE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

03 2023

(1) Name ROBERT ALAN REMER

(2) I.D. Number _____

(3) Cover Period 07/01/23 through 09/30/23

(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
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