CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Kimberly Works	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1253434]							
(2) P.O. Box 184	Submitted on:							
Address (number and street) Pinellas Park, FL 33780	1/7/2022 18:45:32 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 1068							
(4) Check appropriate box(es):								
Candidate Office Sought: School Board	Member - District 6 - Single Member							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>12</u> / <u>1</u> / <u>2021</u> To	D <u>12</u> / <u>31</u> / <u>2021</u> Report Type: <u>M12</u>							
⊠ Original □ Amendment □ S	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$ , , 00	Expenditures \$,, <u>12</u> .00							
\$ 0.00	Transform to							
Loans \$,, <u>0</u> .00	Transfers to     Office Account     \$							
Total Monetary \$ , , 0.00	· · · · · · · · · · · · · · · · · · ·							
	Total Monetary \$ , , _ 12 . 00							
In-Kind \$,,0.00								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, 20146_	\$,, 24.00							
(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)	(Type name)							
or electioneering comm.)								
X	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kimberly Works (2) I.D. Number					r1	1068		
	12/1/2021			12/31/2021					
(3) Cover Perio	od / /	thro	bugh	I I	(4) Page	•	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
+ 1	-								
1 1	_								
1 1	-								
1 1									
1 1	-								
1 1	_								
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Kimb	CAMPAIGN TREASURER'	-	D EXPENDIT (2) I.D. Number		1068
(3) Cover Period	12/1/2021 I/ through_	12/31/2021 //	(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
12/1/2021 1	Bank of America, 5100 park blvd Pinellas Park, fl 33781	banking fee	MO	Add	\$12.00
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_/ /					
_/ /					
_/ /					
_/ /					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES