CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Kimberly Works	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	P.O. Box 184	Submitted on:								
	Address (number and street) Pinellas Park, FL 33780	10/5/2021 09:22:00 (eastern)								
	City, State, Zip Code	<del></del>								
	Check here if address has changed	(3) ID Number: 1068								
(4)	Check appropriate box(es):	(6) 15 (141)551.								
(~)		Member - District 6 - Single Member								
	Political Committee (PC)									
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded								
		<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>								
	individual making electioneering communications)	_ Check here if no other in or no reports will be med								
	• • •	Identifiers								
Cove	er Period: From 9 / 1 / 2021 To	9 / 30 / 2021 Report Type: M9								
X O	Original Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Cash	h & Checks \$ , , <u>201</u> . <u>46</u>	Expenditures \$ , , 0 . 00								
Lagr	<b>\$</b> 0.00	Towns form to								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0 . 00								
Tota	al Monetary \$ , , 201 . 46	,,,								
1014	, , , ,	Total Monetary \$ , , 0 . 00								
In-Ki	ind \$ , , 0.00	· , ,								
		(8) Other Distributions								
		\$,,000								
(0)	TOTAL Manatany Contributions To Date									
(9)	TOTAL Monetary Contributions To Date \$ , , 201 . 46	(10) TOTAL Monetary Expenditures To Date \$ , , 0 . 00								
	\$,, <u>201</u> 46	Ψ , ,								
	(11) Cert									
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:										
(T)	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
х		X								
	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kimberly Works				(2) I.D. Number				
	9/1/2021 iod///		9	/30/2021	(4) Pag	e <u>1</u>	of _1	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	G	(8)	(9) Contribution	(10) In-kind	(11)	(12)	
Number 9/10/2021	City, State, Zip Code Works, Kimberly Sue 5941 100th ave n Pinellas Park, fl 33782	Туре	A CONTRACTOR OF STREET	Туре	Description	Amendment	Amount \$100.0	
1								
9/23/2021	Works, Joshua Travis 5941 100th ave n Pinellas Park, fl 33782	I	health techniciar	CH 1			\$101.4	
2								
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J I								
1 1								
1 1								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name Kimberly Works (2) I.D. Number 1068										
(3) Cover Period	9/1/2021 /through	9/30/2021	4) Page <u>1</u>	of	0					
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)					
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount					
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