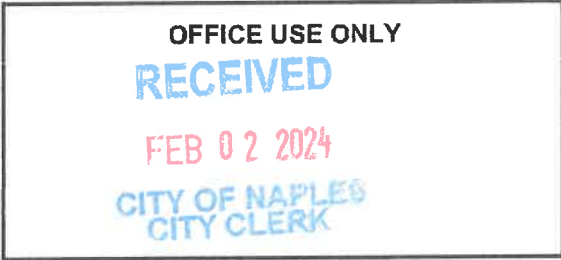


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ted Blankenship
 Name
 (2) PO Box 11747
 Address (number and street)
Naples FL 34101
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Naples Mayor
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 13 / 24 To 01 / 26 / 24 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 900 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 900 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 618 . 30

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

Total Monetary \$ _____ , _____ , 618 . 30

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 34 , 909 . 80

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 23 , 107 . 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) Ted Blankenship

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

X Ted Blankenship
 Signature

(Type name) Ted Blankenship

Candidate Chairperson (only for PC and PTY)

X Ted Blankenship
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ted Blankenship (2) I.D. Number _____

(3) Cover Period 1 / 13 / 24 through 01 / 26 / 24 (4) Page 1 of 1

(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
(6) Sequence Number							
01 22 24 / /	Susan Earl 945 Wedge Dr Naples FL 34103	I	Retired	CHE			300.00
01							
/ /	Sarah Petersen 376 First Ave N Naples FL 34102	I	Retired	Credit card			100.00
02							
/ /	F. Charles Vickers Jr PO Box 400 Naples FL 34106	I	Retired	CHE			500.00
03							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ted Blankenship

(2) I.D. Number _____

(3) Cover Period 1 / 13 / 24 through 1 / 26 / 24

(4) Page 1 of 1

(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					
1 / 23 / 24	Anedot 1920 McKinney Ave Dallas TX 75201	Credit card processing fees	CAN		4.30
01					
1 / 17 / 24	City of Naples 735 8th Street South Naples FL 34102	Qualifying fee	CAN		614.00
02					
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