

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

☐ ORIGINAL

☒ REVISED

(PLEASE CHECK ONE)

Candidate Name	DICK RIPP		
Residence Address	2431 JASPER AVE.		
City and Zip Code	FT. MYERS, FL. 33907		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above. <div style="position: absolute; top: 50px; right: 50px; font-size: 100px; opacity: 0.5;">REVISED</div>		
Telephone Number(s) (Daytime)	(339) 825-7221	OR	
Email Address	dickripp@dickripp.com		
Office Sought	LEE COUNTY COMMISSION - District 2		
Area, District, Group Or Seat Number	→ 2		
Political Party (if applicable for office sought)	REPUBLICAN		
Date Of Birth Or Voter ID #	12/29/1949		
Date	JUNE 29, 2010		
Candidate Signature	X <i>Dick Ripp</i>		

All information on this form becomes a  
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:



Original Appointment



Deputy Treasurer



Reappointment of Treasurer

Name of Candidate

Dick Ripp

1. Address (include post office box or street, city, state, zip code)

2431 Jasper Ave  
Fort Myers, FL 33907

Telephone (optional)

(239)

2. Party (Partisan candidates only)

REPUBLICAN

3. Office (add district, circuit, group number)

County Commission #2

I have appointed the following person to act as my



Campaign Treasurer



Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

PAMELA A. RIPP

5. Mailing Address (If post office box or drawer add street address)

2431 JASPER AVE

6. Telephone

(239) 340-9872

7. City

FORT MYERS

8. County

LEE

9. State

FL.

10. Zip Code

33907

I have designated the following named bank as my



Primary Depository



Secondary Depository

11. Name of Bank

FLORIDA GULF BANK

12. Street Address

9101 College Point Court

13. City

FORT MYERS

14. County

LEE

15. State

FLORIDA

16. Zip Code

33919

17. Signature of Candidate

X

Dick Ripp

Date

7/1/09

Campaign Treasurer's Acceptance of Appointment

I, PAMELA A. RIPP, do hereby accept the appointment as  
(Please Print or Type)



Campaign Treasurer



Deputy Treasurer

for the campaign of

DICK RIPP

who is seeking nomination or election as a

REPUBLICAN

candidate to the office of

LEE County Board of Commissioners, For District 2

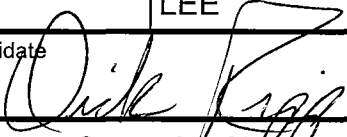
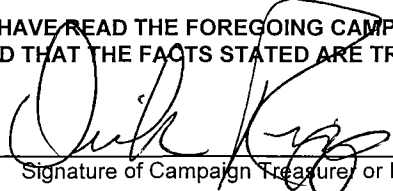
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

July 1, 2009  
Date

X

Pamela Ripp  
Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

<b>STATE OF FLORIDA</b> <b>APPOINTMENT OF CAMPAIGN TREASURER</b> <b>AND DESIGNATION OF CAMPAIGN</b> <b>DEPOSITORY FOR CANDIDATES</b> (Section 106.021(1), F.S.)  (PLEASE TYPE)				OFFICE USE ONLY	
<b>CHECK APPROPRIATE BOX:</b> <input type="checkbox"/> Original Appointment <input checked="" type="checkbox"/> Deputy Treasurer <input type="checkbox"/> Reappointment of Treasurer					
Name of Candidate  <b>DICK RIPP</b>			1. Address (include post office box or street, city, state, zip code)  <b>2431 JASPER AVE FORT MYERS FL 33907</b>		
Telephone (optional) ( 239 ) 825-7221		2. Party (Partisan candidates only) <b>REPUBLICAN</b>		3. Office (add district, circuit, group number) <b>COUNTY COMMISSION DISTRICT 2</b>	
I have appointed the following person to act as my <input type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer					
4. Name of Treasurer or Deputy Treasurer <b>DICK RIPP</b>					
5. Mailing Address (If post office box or drawer add street address) <b>2431 JASPER AVE</b>				6. Telephone <b>239-825-7221</b>	
7. City <b>FORT MYERS</b>		8. County <b>LEE</b>		9. State <b>FL</b>	
				10. Zip Code <b>33907</b>	
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
11. Name of Bank <b>FLORIDA GULF BANK</b>			12. Street Address <b>9101 COLLEGE POINT CT</b>		
13. City <b>FORT MYERS</b>		14. County <b>LEE</b>		15. State <b>FL</b>	
				16. Zip Code <b>33919</b>	
17. Signature of Candidate <b>X</b> 				Date <b>07-01-09</b>	
<b>Campaign Treasurer's Acceptance of Appointment</b>					
I, <u><b>DICK RIPP</b></u> , do hereby accept the appointment as (Please Print or Type)					
<input type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer      for the campaign of <u><b>DICK RIPP</b></u> ,					
who is seeking nomination or election as a <u><b>REPUBLICAN</b></u> candidate to the office of (Party)					
<u><b>COUNTY COMMISSION DISTRICT 2</b></u>					
<b>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S          ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.</b>					
<b>07-01-09</b> Date				<b>X</b>  Signature of Campaign Treasurer or Deputy Treasurer	

09 JUL 01 PM 04:20 SDE Lee Co FL

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Dick Ripp,

candidate for the office of County Commission #2;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

Dick Ripp

Signature of Candidate

7/1/09

Date

09 JUL 01 PM 04:20 SIE L Lee Co FI

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

SCANNED

Untitled

1:28 PM 8/11/2009

**TO:** Lee County Supervisor of Elections Office  
Bernie Feliciano, Qualifying Officer

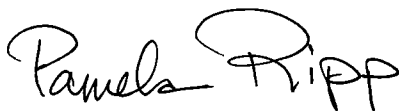
**FROM:** Dick Ripp Campaign  
County Commission, District 2

**RE:** Change in Designation of Campaign Depository

Please update your records to reflect that the Dick Ripp Campaign for County Commission, District 2 has changed its designation in campaign depository from Florida Gulf Bank, 9101 College Point Court, Fort Myers FL 33919 to the following:

Wachovia Bank  
12751 S Cleveland Avenue  
Fort Myers, FL 33907

Thank you for your attention to this request.



Pamela A. Ripp  
Dick Ripp Campaign  
Primary Treasurer

09AUG11PM0131 SDE Lee Co FL

**LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

**CANDIDATE WITH PARTY AFFILIATION**

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

**SCANNED**

I,

DickERipp

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**Important:** If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

**OATH OF CANDIDATE** (Section 99.021, Florida Statutes)

I,

Dick Ripp

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Lee County Board of Commissioners, 2, \_\_\_\_\_,

(office)

(district)

(circuit)

\_\_\_\_\_; I am a qualified elector of Lee County, Florida; I am qualified (group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

**STATEMENT OF PARTY** (Section 99.021, Florida Statutes)

I am a member of the Republican Party; I am not a registered member of any other political party; I have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

**X**

Signature of Candidate

(239) 825-7221

Telephone Number

dick.ripp@yahoo.com

Email Address

2431 Jasper Avenue

Address

Fort Myers

City

FL

State

33907

ZIP Code

Sworn to (or affirmed) and subscribed before me this 7<sup>th</sup> day of June, 2010.

Personally Known: ☒ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Bernice Ramos Feliciano  
Commission # DD589927  
Expires October 19, 2010  
Bonded Troy Fain - Insurance, Inc. 800-385-7019

SCANNED  
2009

FORM 6

FULL AND PUBLIC DISCLOSURE

FINANCIAL INTEREST

Please print or type your name, mailing address, agency name, and position below :

LAST NAME — FIRST NAME — MIDDLE NAME:

Ripp Dick E

FOR OFFICE  
USE ONLY:

MAILING ADDRESS:

2431 Jasper Ave

ID Code

ID No.

Conf. Code

P. Req. Code

CITY :

Fort Myers

ZIP :

33907

COUNTY :

Lee

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Lee County Board of Commissioners, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE



PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 7th, 2010 was \$ 187,710.05

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$

\$187,710.05

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

BANK — PERSONAL Checking

\$33,522.42

BANK — CAMPAIGN ACCOUNT (PERSONAL LOAN to CAMPAIGN)

\$30,000.00

DEFINED BENEFIT RETIREMENT PLAN (PBGC) (ESTIMATED VALUE)

\$75,000.00

Household Goods

\$15,000.00

CAR 2003 ACURA RSX

\$7,500.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

0

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

0

# SCANNED

## PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

### PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
FIDELITY INVESTMENTS		\$49,000.00
CONSTRUCTION SOLUTIONS PLUS, INC.	2431 JASPER AVE / FT. MYERS	\$17,000.00

### SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	N/A		

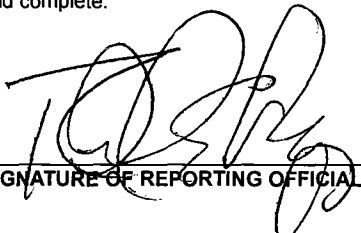
## PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

## OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 7th day of

June, 2010 by DICK RIPP

Bernice Ramos Feliciano  
(Signature of Notary Public, State of Florida)

Bernice Ramos Feliciano  
Commission # DD589927

(Print, Type, or Stamp Commissioned Name of Notary Public)  
Expires October 19, 2010

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.  
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.  
OTHER FORMS you may need to file are described on page 6.