

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DICK RIPP  
Name

(2) 2431 JASPER AVE, FORT MYERS, FL 33907  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY** 58

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): COUNTY COMMISSIONER-2

Political Committee  CHECK IF PC HAS DISBANDED

Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/1/2010 To 3/31/2010 Report Type Q1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>51.10</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>51.10</u>

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
\$ 228,050.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 157,266.12

**(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) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DICK RIPP (2) I.D. Number 58

1/1/2010 through 3/31/2010

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name DICK RIPP

(2) I.D. Number 58

(3) Cover Period 1/1/2010 through 3/31/2010

(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					
3/15/2010 / /	Shell Service Station, 2657 Colonial Blvd Fort Myers, FL 33907	fuel	MO	Add	\$51.10
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