

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

ORIGINAL

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 1
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS / MR FIRST MI DAVID D. NICKNAME LAST SUFFIX Rippel	OFFICE USE ONLY Date Received: JAN 15 PM 3:03 Date Hand-Delivered or Date Postmarked: 1/19/10 Receipt # Amount Date Processed: 1/19/10 Date Imaged: 1/19/10	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 520 Central Parkway E Suite 226 Plano, TX 75074		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 923 4000		
6 CAMPAIGN TREASURER NAME	MS MRS / MR FIRST MI Tim NICKNAME LAST SUFFIX McCORD		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 203 RIVA RIDGE WYLE, TX 75098		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) - 442 - 4643		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	* Month Day Year THROUGH Month Day Year 9 / 22 / 2009 THROUGH 12 / 31 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 03 / 02 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judge, Collin County Court 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name Address / PO Box; Apt / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME David D. Rippel 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

COLLIN COUNTY ELECTIONS ADMINISTRATION
JAN 19 PM 1:21

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3050⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7551¹⁷</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Rippel, this the 13th day of January, 20 10, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Notary Public
Print name of officer administering oath

Rosita Funk
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME DAVID D. Rippel		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-6 2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. James C. Rippel	7 Amount of contribution (\$) 2500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 25818 Plantation Ave Denham Springs, La 70726		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Chiropractor		10 Contributor's job title Owner	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	

13 If contributor is a child, law firm of parent(s) (if any)

Date 10-6 2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail A. Rippel	Amount of contribution (\$) 2500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25818 Plantation Ave Denham Springs, La 70726		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation House wife		Contributor's job title owner	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	

If contributor is a child, law firm of parent(s) (if any)

Date 12-30 2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert F. LaRaia	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12130 Broken Bough Houston, TX 7		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation RETIRED		Contributor's job title RETIREE	
Contributor's employer/law firm NA		Law firm of contributor's spouse (if any)	

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12-30-2009</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John LaRaia</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Palomar La Jolla, CA</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Real Estate Developer</i>		10 Contributor's job title <i>owner</i>	
11 Contributor's employer/law firm <i>SELF</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 JAN 19 PM 1:50

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

10 JAN 19 PM 1:27

Total pages Schedule F:

2 FILER NAME

DAVID DOUGLAS RIPPEL
 COLLIN COUNTY ELECTIONS ADMINISTRATION

ACCOUNT # (Ethics Commission filers)

8149980122

4 Date
 10-7
 2010

5 Payee name
 Counter Consulting

7 Amount (\$)
 2,000⁰⁰

6 Payee address; City; State; Zip Code
 3712 Racquet Court
 Plano, TX 75023

8 Purpose of payment (See instructions regarding type of information required.)

Political Consulting

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date
 12-22
 2009

Payee name
 On the Mark Printing

Amount (\$)
 750¹⁷

Payee address; City; State; Zip Code
 1350 East Creapaho
 Richardson, TX 75081

Purpose of payment (See instructions regarding type of information required.)

CARDS and letterhead
 Paperwork

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date
 12-28
 09

Payee name
 Counter Consulting

Amount (\$)
 2,000⁰⁰

Payee address; City; State; Zip Code
 3712 Racquet Court
 Plano, TX 75023

Purpose of payment (See instructions regarding type of information required.)

Political Consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date
 12-28
 09

Payee name
 Michael Samples

Amount (\$)
 750⁰⁰

Payee address; City; State; Zip Code
 1520 Richardson Dr
 Richardson, TX 75081

Purpose of payment (See instructions regarding type of information required.)

Web site

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **DAVID Douglas Rippel** 3 ACCOUNT # (Ethics Commission filers) **8199980122**

4 Date 12-29 2009	5 Payee name Lora Colaric	7 Amount (\$) 551.00
6 Payee address; City: State; Zip Code 2801 Deep Valley Trail Plano, TX 75023		

8 Purpose of payment (See instructions regarding type of information required.) Design Services <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12-31 2009	Payee name Collin County GOP	Amount (\$) 1500.00
Payee address; City: State; Zip Code 8416 Stacy Rd McKinney TX 75070		

Purpose of payment (See instructions regarding type of information required.) Filing Fee <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City: State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City: State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 JAN 19 PM 1:27

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME DAVID D. Rippel		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/28 2009	5 Payee name Counter Consulting 6 Payee address; City: State; Zip Code	8 Amount (\$) 2000⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure Political consulting (If travel outside of Texas, complete Schedule T)		
Date 12-31 2009	Payee name Collin County GOP Payee address; City: State; Zip Code 8416 Stacy Rd McKinney TX 75070	Amount (\$) 1500⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure Filing Fee (If travel outside of Texas, complete Schedule T)		
Date 12/29 2009	Payee name Lora Colanic Payee address; City: State; Zip Code 2801 Deep Valley TRAIL Plano, TX 75073	Amount (\$) 551⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City: State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City: State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		

JAN 19 11 58 AM '09
 COLLIN COUNTY
 ELECTIONS ADMINISTRATION

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