REVISED

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

(PLEASE CHECK ONE)

ORIGINAL

Candidate Name	Robert "BOB" Chilmonik
Residence Address	2008 CORNWALLIS PARKUAY
City and Zip Code	CAPE CORAL, FL 33904
Mailing Address (if different)	Check if same as above.
Telephone Number(s)	OR OR
(Daytime)	239 940-0932
Email Address	ELECTBOBC (D) GMAIL, COM
Office Sought	SCHOOL BOARD DISTRICT Z
Area, District, Group Or Seat `Number	DISTRICT 2
Political Party (if applicable for office sought)	NP
Date Of Birth Or Voter ID #	2/19/54
Date	21/12012,
Candidate Signature	X Tobert Chelmonik

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.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.											OFFIC	E USE	ONLY
1. CHECK APPROPRIATE BOX(ES):													
								Party					
2. Name of Candidate (in t		3. Add code)	lress (includ	de pos	t offic	e box	or st	reet, city,	state,	zip			
Robert "Bob" Chilmonil	(1	•	Cornwalli	s Par	'kwa	v				
4. Telephone	5. E-ma	ail address			2008 Cornwallis Parkway Cape Coral FL 33904								
(239) 940-0932	electbobc@gmail.com												
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check								k if					
School Board District 2					ļ	applical		stant i	e to ru	ın ac	a Write-I	n oand	idata
										III as	a vviite-i	n canu	iuale.
8. If a candidate for a <u>parti</u>	<u>san</u> off	ice, check block	c and fil	l in n	ame c	of party as	appli	cable:	: My	inter	nt is to rui	n as a	
☐ Write-In ☐ No F	arty Aff	iliation	N	O	·				,	Part	y can	didate.	
9. I have appointed the fol	lowing	person to act as	s my	X	Cam	paign Trea	surer		De	eputy	Treasure	er.	27.
10. Name of Treasurer or D	eputy T	reasurer											ENUET.
Sue Morales													ယ်
11. Mailing Address 12. Telephone							M10						
601 SE 16th Street									(23	9)	458-93	12	<u> </u>
13. City	14. County 15. Sta				ate 16. Zip Code 17. E-mail address						M101350E		
	cape Coral Lee FI							m					
18. I have designated the following bank as my Primary Depository Secondary Depository							COF						
19. Name of Bank				1	Addre								
Northern Trust	,			796	30 Su	mmerlin L	_akes	Driv	/e				
21. City	22. County 23. State 24. Zip Code												
Fort Myers		Lee				FL.				3	33907-1	816	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.													
25. Date 26. Signature of Candidate,													
1/1/12 X Volest (Julmineles													
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I,, do hereby accept the appointment													
(Please Print or Type Name)													
designated above as:													
7/1/2012 X Lue Marska													
Date				Sign		of Campai	gn Tre	asure	r or D	eputy	Treasur	er	

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APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

officer before opening the								OFF	CE USE	ONLY			
1. CHECK APPROPRIATE BOX(ES):													
	Re-f	iling to Change:	<u> </u>	reasu	irer/De	eputy		Dep	osito	ry 🗌	Office	• 🗆	Party
2. Name of Candidate (in t			ess (ind	clud	e post	office	e box or s	street, ci	y, state,	zip			
Robert "Bob" Chilmoni	k			code) 2008 Cornwallis Parkway									
4. Telephone	5. E-mai	address		Cape Coral FL 33904									
(239) 940-0932	239) 940-0932 electbobc@gmail.com												
6. Office sought (include of	listrict, cir	cuit, group numb	oer)		7				for a	nonpart	<u>isan</u> off	ce, chec	k if
School Board District 2						appli F	cab		tent i	s to run a	s a Write	e-In cand	idate.
AVANTATO							<u> </u>				₩TII/III		·
8. If a candidate for a <u>part</u>	<u>ilsan</u> offic	ce, check block	and fill	in na	ame of	f party	as a	applic	able	: My int	ent is to	run as a	Ϋ́
☐ Write-In ☐ No	Party Affili	ation 🔲	N A	<u> </u>						Pa	irty ca	andidate.	SNB/ZT.
9. I have appointed the fo	llowing p	erson to act as	my	-	Camp	oaign T	reas	surer	X	Depu	ty Treas	urer	3 199
10. Name of Treasurer or D	Deputy Tre	easurer											AM LOT 3 SOE
Robert Chilmonik													<u> </u>
11. Mailing Address										12. Tele			E
2008 Cornwallis Parkway ((239) 458-9312			면이되			
13. City	14. Co	ounty	15. Sta	ate		Zip Cod	е	17. E	-mail	address			'n
Cape Coral	Lee		FL		3390)4							
18. I have designated the	following	g bank as my	Σ	₹ F	Primary	y Depos	sitor	У		Seconda	ary Depo	sitory	
19. Name of Bank				Į.	Addres								
Northern Trust				796	0 Sur	mmerl		.akes	Driv	/e			
21. City		22. County				23. St	ate				1 .	Code	
Fort Myers		Lee				FL					33907	'-1816	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.													
25. Date	110	- H. 1992		26.	Signat	ure of (Can	didate	_ ^		•		
1/1/12	•			X	Vol	blei	Ĺ	2 (Will	mm.	(k)		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
Robert Chilmonik , do hereby accept the appointment													
(Please Print or Type Name)													
designated above as:		Campaign T	reasure	r) ×	Deputy	Tre	asurer		*			
11/1/12	_{jen} o		X	Vobest (Kelmener)									
Date)			Sign	ature	of Cam	paig	yn Tre	asure	er or Dep	uty Trea	surer	

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STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

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I, Robert "Bob" Chilmonik					
candidate for the office of	School Board District 2				
have been provided access to read and understand the requirements of					
Chapter 106, Florida Statutes.					

Signature of Candidate

Date

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).