

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL
 REVISED
 (PLEASE CHECK ONE)

*12JAN 3 AM1013 SDE LEE CO FL

Candidate Name	Robert "BOB" Chilmonik		
Residence Address	2008 CORNWALLIS PARKWAY		
City and Zip Code	CAPE CORAL, FL 33904		
Mailing Address (if different)	<input type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239 940-0932	OR	
Email Address	ELECTBOBC@GMAIL.COM		
Office Sought	SCHOOL BOARD DISTRICT 2		
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	2/1/2012		
Candidate Signature	X Robert Chilmonik		

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.

*12JAN 3 AM 1014 SOE LEE CO FL

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.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Robert "Bob" Chilmonik

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

2008 Cornwallis Parkway
Cape Coral FL 33904

4. Telephone

(239) 940-0932

5. E-mail address

electbobc@gmail.com

6. Office sought (include district, circuit, group number)

School Board District 2

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation NP Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Sue Morales

11. Mailing Address

601 SE 16th Street

12. Telephone

(239) 458-9312

13. City

Cape Coral

14. County

Lee

15. State

FL

16. Zip Code

33990

17. E-mail address

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Northern Trust

20. Address

7960 Summerlin Lakes Drive

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

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

1/1/12

26. Signature of Candidate

Robert Chilmonik

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Sue Morales, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/1/2012
Date

Sue Morales
Signature of Campaign Treasurer or Deputy Treasurer

*12JAN 3 AM 1013 SOE LEE CO FL

**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.

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1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)
Robert "Bob" Chilmonik

3. Address (include post office box or street, city, state, zip code)
2008 Cornwallis Parkway
Cape Coral FL 33904

4. Telephone
(239) 940-0932

5. E-mail address
electbobc@gmail.com

6. Office sought (include district, circuit, group number)
School Board District 2

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation ND Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Robert Chilmonik

11. Mailing Address
2008 Cornwallis Parkway

12. Telephone
(239) 458-9312

13. City
Cape Coral

14. County
Lee

15. State
FL

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25. Date
1/1/12

26. Signature of Candidate
 Robert Chilmonik

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Robert Chilmonik, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/1/12
Date

Robert Chilmonik
Signature of Campaign Treasurer or Deputy Treasurer

*12JAN 3 AM 1013 SDE LEE CO FL

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

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

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.

X Robert Chilmonik
Signature of Candidate

11/1/12
Date

12JAN 3 PM 10:13 SDE LEE OF F1

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).