

CANDIDATE OATH -  
SCHOOL BOARD  
NONPARTISAN OFFICE

111687111

CHILMONIK, ROBERT DAVID  
5591 SUNRISE DR  
FORT MYERS FL 33919

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Robert "Bob" Chilmonik

(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 nonpartisan office of School Board, 2,  
(office) (district #)  
; I am a qualified elector of Lee County, Florida;  
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Robert Chilmonik (239) 940-0932 electbobc@gmail.com  
Signature of Candidate Telephone Number Email Address

5591 Sunrise Dr. Fort Myers FL 33919  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111687111

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):  
111687111

STATE OF FLORIDA

COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of May, 2012

Personally Known:  or

Bernice R. Feliciano  
Signature of Notary Public

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



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

**FORM 6**

**FULL AND PUBLIC DISCLOSURE OF**

**2011**

**FINANCIAL INTERESTS**

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Chilmonik Robert David

MAILING ADDRESS:

5591 Sunrise Drive

CITY: ZIP: COUNTY:

Fort Myers 33919 Lee

NAME OF AGENCY:

School District of Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board District Two

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12MAY21AM 8 59 SDC LEE CO FL

2011 PDF Form 6

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2011, 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 May 1, 20 12 was \$ 647,280.00

**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 \$ 100,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| DESCRIPTION OF ASSET (specific description is required - see instructions page 4) | VALUE OF ASSET |
|---|----------------|
| Home@ 2008 Cornwallis Parkway Cape Coral 33904                                    | \$349,000.00   |
| Northern Trust family Trust checking account Fort Myers, FL                       | \$10,000.00    |
| Sun Coast Credit Union Fort Myers, FL checking and savings account                | \$150.00       |
| Trust retirement accounts@Fidelity Investments, Pensco, Bencor and TIAA           | \$175,000.00   |
| Life Insurance@ Horace Mann and Connecticut Life                                  | \$13,130.00    |

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| None                         |                     |
|                              |                     |
|                              |                     |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| None                         |                     |
|                              |                     |
|                              |                     |

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and 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 2011 federal income tax return and all W2's, schedules, and attachments.  
 (If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.)

**PRIMARY SOURCES OF INCOME (See Instructions on page 5):**

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME         | AMOUNT      |
|--|-------------------------------------|-------------|
| Edison State College                       | 8099 College Parkway Fort Myers, FL | \$24,193.00 |
| Department of Veteran Affairs              | 1000 Bay Pines Blvd Bay Pines FL    | \$5,220.00  |
|  |                                     |             |

**SECONDARY SOURCES OF INCOME** (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| None                    |   |                   |                                       |
|                         |   |                   |                                       |

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]**

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | None                |                     |                     |
| ADDRESS OF BUSINESS ENTITY                    |                     |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   |                     |                     |                     |
| 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**

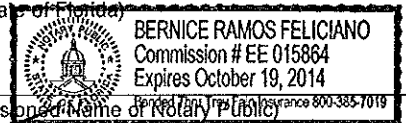
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of

May, 2012 by ROBERT CHILMONIK

Bernice R. Feliciano  
 (Signature of Notary Public--State of Florida)



Robert Chilmonik  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)

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.