

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH PARTY AFFILIATION

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

I,

Robert

First Name

DAVID

Middle Name/Initial

Chilmonik

Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE (Section 99.021, 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 office of County Commissioner, one, _____

(office)

(district)

(circuit)

_____ ; I am a qualified elector of Lee County, Florida; I am qualified (group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the REPUBLICAN Party; I am not a registered member of any other political party; I have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X Robert Chilmonik

Signature of Candidate

(239) 940-0932 RCHILMONIK@COMCAST.NET

Telephone Number

Email Address

2008 CORNWALLIS PARKWAY CAPE CORAL, FL 33904

Address

City

State

ZIP Code

Sworn to (or affirmed) and subscribed before me this 3 day of JUNE, 2010.

Personally Known: ☒ or

Signature of Notary Public - State of Florida

Produced Identification:

Type of Identification Produced



ROSE ANN M. HARPER
Notary Public - State of Florida
My Comm. Expires Aug 5, 2012
Commission # DD 612148
Bonded Through National Notary Assn.

Print, type, or Stamp Commissioned Name of Notary Public

10JUN14PM012250E Lee Co FL

10JUN14PM083350E Lee Co FL

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Chilmonik Robert David

MAILING ADDRESS:

2008 CORNWALLIS PARKWAY

CAPE CORAL FL 33904 Lee

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Lee County Commission District One

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

2010 JUN 16 PM 11:58:50 DE Lee Co FL

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, 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 JUNE 1, 20 10 was \$ 671,242.09

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 p.4)

VALUE OF ASSET

SEE ATTACHMENT ONE

766,213.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CHASE P.O. Box 9001871 Louisville, Ky 402290-1871

147,981.97

SUNTRUST Baltimore, MD 21279-1274

46,983.94

194,965.91

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

Financial Summary for Robert D. Chilmonik

As of June 1, 2010

Attachment One

• Home at 2008 Cornwallis Parkway Cape Coral Fl 33904, Estimate value	\$400,000.00
• Condo at 1900 #701 Clifford Street Fort Myers Fl 33901, Estimate Value	\$85,000.00
• Checking: Northern Trust	\$18,000.00
• Checking: Sun Coast Credit	\$1188.00
• Retirement: Pensco Trust	\$238,541.00
• Retirement: Fidelity	\$5,221.00
• Retirement: TIAA-CREF	\$2,948.00
• Retirement : Bencore	\$4,669.00
• Life Insurance:	\$10,646.00
Total:	<u>\$766,213.00</u>

10JUN16PM 11:58:50E Lee Co FL

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all 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 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LEE COUNTY SCHOOL DISTRICT	2855 COLONIAL BLVD FORT MYERS, FL	38,422.90
EDISON STATE COLLEGE	P.O. BOX 60210 FORT MYERS, FL	20,860.00
VETERANS ADMINISTRATION	P.O. BOX 437 ST. PETERSBURG, FL	1,476.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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.

Robert Chilton

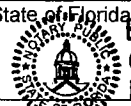
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 16th day of

June, 20 10 by ROBERT CHILMONIK
Bernice Ramos Feliciano

(Signature of Notary Public--State of Florida)



Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010

(Print, Type, or Stamp Commissioned Notary Public Name and Title) Inc. 800-385-7019

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.