FLORIDA DEPARTMENT OF STATE   DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ROBERT (BOB) CHILMONIK

Name

(2) 2008 CORNWALLIS PKY, CAPE CORAL, FL 33904

Address (number and street)

City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY   56

(3)   ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): COUNTY COMMISSIONER-1

☐ Political Committee   ☐ **CHECK IF PC HAS DISBANDED**

☐ Committee of Continuous Existence   ☐ **CHECK IF CCE HAS DISBANDED**

☐ Party Executive Committee

☐ Electioneering Communication   ☐ **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From   7/17/2010   To   7/30/2010   Report Type   F2

☐ Original   ☒ Amendment   ☐ Special Election Report   ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	$	20.00
Loans	$	0.00
Total Monetary	$	20.00
In-Kind	$	0.00

(7)   EXPENDITURES THIS REPORT

Monetary Expenditures	$	0.00
Transfers to Office Account	$	0.00
Total Monetary	$	0.00

(8)   Other Distributions $ 0.00

(9) TOTAL Monetary Contributions To Date
$ 16,330.18

(10) TOTAL Monetary Expenditures To Date
$ 16,044.26

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.)   ☐ Treasurer   ☐ Deputy Treasurer

X _____

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Candidate   ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X _____

Signature

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ROBERT (BOB) CHILMONIK   **(2) I.D. Number** 56

(3) Cover Period 7/17/2010 ___/___/___ through 7/30/2010 ___/___/___   **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7/20/2010 / / 1	HOWSMON, MARIA 4604 FLAGSHIP DR #303 FORT MYERS, FL 33919	I		CH		Add	$20.00
/ /							
/ /							
/ /							
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/ /							
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DS-DE 13 (Rev. 08/03)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ROBERT (BOB) CHILMONIK   **(2) I.D. Number** 56

(3) Cover Period 7/17/2010 ___/___/___ through 7/30/2010 ___/___/___   **(4) Page** 1 of 0

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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DS-DE 14 (Rev. 08/03)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES