

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY (cover sheet)

Modified For Lee County Only (09-2001)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(1) Robert Ch. Lomonik (2) 239 540-8869
 Candidate, Committee or Political Party Name Daytime Telephone Number

(3) 3008 CORNWALLS PARKWAY CAPE CORAL FL 33904
 Address (Number and Street) City State Zip Code

NOTE: Check box if address has changed since last report

(4) Check appropriate box or boxes below indicating reporting status:

Candidate (office sought and district or seat #) SCHOOL BOARD DISTRICT 4

- | | |
|--|---|
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> CHECK IF PC HAS DISBANDED |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> CHECK IF CCE HAS DISBANDED |
| <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Electioneering Communication | |

(5) REPORT IDENTIFIERS (see reporting calendar or report reminder notice)

Reporting Period Covered: From 7/1/05 TO 9/30/05 Report Type Code: _____

- Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 0
 Loans by Candidate \$ 500.00
 TOTAL Monetary for Reporting Period \$ 500.00

In-kind Contributions

(\$ 0)
 For this reporting period only.
DO NOT add in-kind with monetary **AND** only list the amount for this reporting period.

(7) EXPENDITURES FOR THIS REPORTING PERIOD

Monetary Expenditures \$ 19.25
 Transfers to Office Account \$ 0
 TOTAL Monetary Expenditures for Reporting Period \$ 19.25

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)

(\$ _____)
 For this reporting period only.
DO NOT add to expenditures **AND** only list the amount for this reporting period. (see instructions)

(9) TOTAL Monetary Contributions TO DATE:

\$ 500.00
 Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:

\$ 19.25
 Combine amount in (10) from last report on this line.

(11) CERTIFICATION

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

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)
 I certify that I have examined this report and it is true, correct and complete

Treasurer Joint Treasurer Individual (only for Electioneering Communication and Independent Expenditure)

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)
 I certify that I have examined this report and it is true, correct and complete

Candidate Chairman (only for PC, PTY and Electioneering Communication Organization)

X Cheryl Chelmonik
 Signature

X Robert Chelmonik
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

RECEIVED
 DIVISION OF ELECTIONS
 OCT - 7 AM 11:40
 33904

CAMPAIGN TREASURER'S REPORT (ITEMIZED EXPENDITURES)

(1) Robert Chikmonik
Name

(2) 540-896
Daytime Telephone Number

(3) Reporting Period Covered: 4/1/05 TO 9/30/05

(4) Page 1 of 1 (itemized expenditures)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(5) & (6) DATE and Sequence Number	(7) Entity Receiving Payment: Full Name (Last, Suffix, First, Middle) Street Address City-State-Zip Code	(8) PURPOSE OF EXPENDITURE (including bank service fees) <small>NOTE: A candidate cannot contribute to another candidate from campaign funds. (PC's, PTY's, CCE'S- add office sought if contribution to a candidate)</small>	(9) Expenditure Type	(10) Amendment use "ADD or DEL" see instructions	(11) AMOUNT
8/2/05 1	NORTHERN TRUST BANK 8060 COLLEGE PARKWAY FONT MYERS, FL 33919	Checks	MON		19.25

RECEIVED
 2005 OCT -7 AM 10
 SUPERVISOR OF ELECTIONS

CAMPAIGN TREASURER'S REPORT (ITEMIZED CONTRIBUTIONS)

(1) Robert Chilmonik (2) 540-2869
 Name Daytime Telephone Number

(3) Reporting Period Covered: 7/1/05 TO 7/30/05

(4) Page 1 of 1 (itemized contributions)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 12

(5) & (6) DATE and Sequence Number	(7) Full Name of Contributor (Last, Suffix, First, Middle) Street Address City-State-Zip Code	(8) Contributor Type / Occupation		(9) Contribution Type	(10) In-Kind Contribution Description	(11) Amendment use "ADD or DEL" see instructions	(12) AMOUNT
1 7/21/05	Robert Chilmonik 2008 CORNWALLIS CAPE CORAL, FL 33904	L O A	School Board DISTRICT ONE	LOA		SUPERVISOR OF ELECTIONS 2005 OCT - 7 JAN 11: 40	RECEIVED 500.00