

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

(1) WELLINGTON CHAMBER PAC
Name
(2) 12230 FOREST HILL BLVD SUITE 110 D
Address (number and street)
WELLINGTON, FL. 33414
City, State, Zip Code

OFFICE USE ONLY
*Received 2/28/12
@ 12:30 PM*

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) REPORT IDENTIFIERS

Cover Period: From 2/4/12 To 2/17/12 Report Type 63
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ — 0 —
 Loans \$ — 0 —
 Total Monetary \$ — 0 —
 In-Kind \$ — 0 —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ — 0 —
 Transfers to Office Account \$ — 0 —
 Total Monetary \$ — 0 —

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ — 0 —

(10) TOTAL Monetary Expenditures To Date
\$ — 0 —

(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.

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(Type name) ALEXANDER L. DOMB
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) _____
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X *[Signature]*
Signature

X _____
Signature