

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

Office Use Only PH 12: 02

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 5 2014

FEC MAIL CENTER

KROM FOR CONGRESS

ADDRESS (number and street)

119385 POTTERS BRIDGE ROAD

Check if different than previously reported. (ACC)

NOBLESVILLE IN 46060

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00561019

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

IN

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11 04 2014

in the State of

IN

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D Y Y Y Y

in the State of

5. Covering Period

10 01 2014

through

10 16 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ELIZABETH A. KROM

Signature of Treasurer

Elizabeth A. Krom

Date

10 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 8 columns for Office Use Only

FEC FORM 3 (Revised 02/2013)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Krom for Congress

Report Covering the Period: From:

10^M / 01^D / 2014^Y

To:

10^M / 16^D / 2014^Y

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	, 200.00	, 1,098.97
(b) Total Contribution Refunds (from Line 20(d))	, 0.00	, 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	, 200.00	, 1,098.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 945.27	, 6,057.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	, 0.00	, 0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	, 945.27	, 6,057.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	, 633.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, 945.27	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Krom For Congress

Report Covering the Period: From: *10' 01' 2014* To: *10' 16' 2014*

I. RECEIPTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

(ii) Unitemized.....

200.00

973.97

(iii) TOTAL of contributions from individuals ▶

200.00

973.97

(b) Political Party Committees.....

0.00

(c) Other Political Committees (such as PACs).....

0.00

(d) The Candidate.....

0.00

125.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

200.00

1,098.97

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate *Schedule D Debt Obligations*.....

945.27

5,592.29

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

945.27

5,592.29

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

1,145.27

6,691.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	945.27	6,057.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	945.27	6,057.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	433.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1,145.27
25. SUBTOTAL (add Line 23 and Line 24).....	1,579.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	945.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	633.97

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) *Krom for Congress*

A. Full Name (Last, First, Middle Initial) *John P. Krom*

Mailing Address *19385 Potters Bridge Rd.*

City *Noblesville* State *IN* Zip Code *46060*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Retired* Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
M M D D Y Y Y Y
10 07 2014

Amount of Each Receipt this Period
148.97
Credit card to Vistaprint for business cards. To be reimbursed

B. Full Name (Last, First, Middle Initial) *John P. Krom*

Mailing Address *19385 Potters Bridge Road*

City *Noblesville, IN* State *IN* Zip Code *46060*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Retired* Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
M M D D Y Y Y Y
10 09 2014

Amount of Each Receipt this Period
157.50
Credit card to Elwood Publishing for newspaper ad. To be reimbursed.

C. Full Name (Last, First, Middle Initial) *John P. Krom*

Mailing Address *19385 Potters Bridge Road*

City *Noblesville, IN* State *IN* Zip Code *46060*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Retired* Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
M M D D Y Y Y Y
10 09 2014

Amount of Each Receipt this Period
372.00
Credit card to 1100 News for newspaper ad. To be reimbursed.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full) *Krom for Congress*

A. Full Name (Last, First, Middle Initial)
John P. Krom

Mailing Address
19385 Potters Bridge Road

City *Noblesville* State *IN* Zip Code *46060*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Retired* Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
10 09 2014

Amount of Each Receipt this Period
156.80
Credit card for Middletown News newspaper ad. To be reimbursed.

B. Full Name (Last, First, Middle Initial)
John P. Krom

Mailing Address
19385 Potters Bridge Road

City *Noblesville* State *IN* Zip Code *46060*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Retired* Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
10 15 2014

Amount of Each Receipt this Period
110.00
Credit card for Noblesville Times for newspaper ad. To be reimbursed.

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

945.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

N/A

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Krom for Congress

A. Full Name (Last, First, Middle Initial) <i>None</i>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement			
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
B. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement			
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
C. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement			
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	\$
TOTAL This Period (last page this line number only).....	\$	\$	\$

2011-11-11 11:00:00

**SCHEDULE C (FEC Form 3)
LOANS**

N/A

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Krom For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FROM: 11/11/03

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

NAME OF COMMITTEE (In Full) *Krom for Congress*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>John P. Krom (candidate)</i>		Nature of Debt (Purpose): <i>004 \$ 945.27</i>	
Mailing Address <i>19385 Potters Bridge Road</i>		<i>Paid by personal credit card - to be reimbursed.</i>	
City <i>Noblesville, IN</i>	State <i>IN</i>		
Outstanding Balance Beginning This Period <i>4,647.02</i>		Outstanding Balance at Close of This Period <i>5,592.29</i>	
Amount Incurred This Period <i>945.27</i>	Payment This Period <i>0.00</i>		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

110311 UNL 110311

FEC FORM 3Z (File with Form 3)

N/A

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Krom for Congress</i>		Report Covering Period: From: _____ To: _____ M M / D D / Y Y Y Y				
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A						
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

NON-FINANCIAL

WOODH-N | WINDH-N | WOODH-N

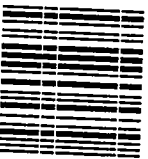
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7014 0510 0000 5455 6229

Beth Krom
Potters Bridge Rd.
Noblesville, IN 46060-1183

U.S. POSTAGE
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46060
OCT 20 2014
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20463




1000

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Washington, D.C. 20463*

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/20/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

10/28/14
DATE PREPARED

14001 11/11/14 11:00 AM