

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 JUL 23 AM 8:57

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 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 C 00561019 3. IS THIS REPORT NEW OR AMENDED IN 05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
X 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) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on ... in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on ... in the State of

5. Covering Period 04 01 2014 through 06 30 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 07 08 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 7 columns and 1 row for Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name Krom for Congress

Report Covering the Period: From: 04^M 01^D 2014 To: 06^M 30^D 2014

	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))....	, 498.97	, 498.97
(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)).....	, 498.97	, 498.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 2,721.17	, 2,721.17
(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)).....	, 2,721.17	, 2,721.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	, 33.97	33.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, 0.00	0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, 2,256.17	2,256.17

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:

04 01 2014

To:

06 30 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	0.00
(ii) Unitemized.....	373.97	373.97
(iii) TOTAL of contributions from individuals..... ▶	373.97	373.97
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	125.00	125.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	498.97	498.97
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
<i>Schedule D</i> <i>Debt & Obligations</i>	2,256.17	2,256.17
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2,256.17	2,256.17
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)..... ▶	2,755.14	2,755.14

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2,721.17	2,721.17
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) ▶	2,721.17	2,721.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,755.14
25. SUBTOTAL (add Line 23 and Line 24).....	2,755.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2,721.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33.97

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 4
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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 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
05 06 2014

Amount of Each Receipt this Period
62.21
Credit card payment 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
06 02 2014

Amount of Each Receipt this Period
26.24
Credit card payment to La Hacienda for political party meeting - 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
06 02 2014

Amount of Each Receipt this Period
187.50
Credit card payment to the Gary Snyder show for advertising - to be reimbursed

SUBTOTAL of Receipts This Page (optional) **275.95**

TOTAL This Period (last page this line number only) **275.95**

**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 2 OF 4
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15	
	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14		

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NAME OF COMMITTEE (In Full)
Krom for Congress

Full Name (Last, First, Middle Initial) John P. Krom		Date of Receipt 06 03 2014
Mailing Address 19385 Potters Bridge Road		Amount of Each Receipt this Period 198.99
City Noblesville, IN	State Zip Code 46060	
FEC ID number of contributing federal political committee. C		Credit card payment to Vistaprint for business cards - to be reimbursed
Name of Employer retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) John P. Krom		Date of Receipt 06 03 2014
Mailing Address 19385 Potters Bridge Road		Amount of Each Receipt this Period 176.47
City Noblesville, IN	State Zip Code 46060	
FEC ID number of contributing federal political committee. C		Credit card payment to Vistaprint for T-shirts & sigas - to be reimbursed
Name of Employer retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) John P. Krom		Date of Receipt 06 11 2014
Mailing Address 19385 Potters Bridge Road		Amount of Each Receipt this Period 4.90
City Noblesville, IN	State Zip Code 46060	
FEC ID number of contributing federal political committee. C		Credit card payment to Staples for business card holders - to be reimbursed
Name of Employer retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)..... 470.36
TOTAL This Period (last page this line number only)..... 470.36

**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 3 OF 4	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 15

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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 State Zip Code
Noblesville, IN 46060

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
06 11 2014

Amount of Each Receipt this Period
240.75
Credit card to Logan Street Signs for banner & signs - to be reimbursed

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

Mailing Address
19385 Potters Bridge Road

City State Zip Code
Noblesville, IN 46060

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
06 11 2014

Amount of Each Receipt this Period
749.00
Credit card payment to Discount Copies for printing literature - to be reimbursed

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

Mailing Address
19385 Potters Bridge Road

City State Zip Code
Noblesville, IN 46060

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
06 12 2014

Amount of Each Receipt this Period
14.45
Credit card payment to Home Depot for rod for banner - to be reimbursed

SUBTOTAL of Receipts This Page (optional)..... **1004**

TOTAL This Period (last page this line number only)..... **1004**

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 4 OF 4	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Krom for Congress

Full Name (Last, First, Middle Initial)

John P. Krom

Mailing Address

19385 Potters Bridge Road

City

Noblesville, IN 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

06 12 2014

Amount of Each Receipt this Period

16.05

Credit card payment to Lincoln Square for lunch with intern - to be reimbursed

Full Name (Last, First, Middle Initial)

John P. Krom

Mailing Address

19385 Potters Bridge Road

City

Noblesville, IN 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

06 24 2014

Amount of Each Receipt this Period

21.29

Credit card payment to Party City for 4th of July parade hats - to be reimbursed

Full Name (Last, First, Middle Initial)

John P. Krom

Mailing Address

19385 Potters Bridge Road

City

Noblesville, IN 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

\$ 2,256.17

Date of Receipt

see attached

Amount of Each Receipt this Period

558.32

campaign mileage - to be reimbursed

SUBTOTAL of Receipts This Page (optional)

Krom

TOTAL This Period (last page this line number only)

Krom

\$ 2,256.17

Mileage	Date	Destination	Reason
68	4/10/2014	Bob Evans @ Southport	Meeting with Rodney Benker
67	4/28/2014	Bob Evans @ Southport	Meeting with Rodney Benker
27	5/16/2014	Carmel	Meeting with Current publisher
68	5/19/2014	Bob Evans @ Southport	Meeting with Rodney Benker
34	6/2/2014	La Hacienda @ Carmel	Libertarian Hamilton County meeting
18	6/4/2014	Starbucks @ Fishers	meeting w/ Chris Balog
18	6/10/2014	Starbucks @ Fishers	meeting w/ Chris Balog
77	6/13/2014	Grant County Fairgrounds	set-up for 4-H Fair
80	6/15/2014	Grant County Fairgrounds	4-H Fair
77	6/16/2014	Grant County Fairgrounds	4-H Fair
77	6/17/2014	Grant County Fairgrounds	4-H Fair
79	6/18/2014	Grant County Fairgrounds	4-H Fair
105	6/19/2014	Grant County Fairgrounds & towns	4-H Fair & visiting surrounding towns
78	6/20/2014	Grant County Fairgrounds	4-H Fair
80	6/21/2014	Grant County Fairgrounds	4-H Fair
19	6/27/2014	Fishers	Freedom Fest
25	6/28/2014	Fishers	Freedom Fest
997			
62	7/2/2014	Chesterfield	To get parade permit
68	7/4/2014	Chesterfield	4th of July Parade
6	7/4/2014	Noblesville	4th of July Parade

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Krom for Congress

Full Name (Last, First, Middle Initial)

A. *Grant County Fair Association*

Date of Disbursement

06 03 2014

Mailing Address

P.O. Box 162

Amount of Each Disbursement this Period

145.00

City State Zip Code

Marion, IN 46952

Purpose of Disbursement

booth rental at fair

Candidate Name

John Krom

Category/
Type

Office Sought: House

Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *IN* District: *05*

*Paid by Krom for Congress
check*

Full Name (Last, First, Middle Initial)

B. *Town of Chesterfield*

Date of Disbursement

06 07 2014

Mailing Address

17 Veterans Blvd.

Amount of Each Disbursement this Period

10.00

City State Zip Code

Chesterfield, IN 46017

Purpose of Disbursement

4th of July Parade registration

Candidate Name

John Krom

Category/
Type

Office Sought: House

Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *IN* District: *05*

*Paid by Krom for Congress
check*

Full Name (Last, First, Middle Initial)

C. *2014 Noblesville July 4th Parade*

Date of Disbursement

06 07 2014

Mailing Address

10550 E. 186th St.

Amount of Each Disbursement this Period

20.00

City State Zip Code

Noblesville, IN 46060

Purpose of Disbursement

4th of July Parade registration

Candidate Name

John Krom

Category/
Type

Office Sought: House

Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *IN* District: *05*

*Paid by Krom for Congress
check*

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

Krom for Congress

Full Name (Last, First, Middle Initial)

A. *Tipton County 4-H Fair Association, Inc.*

Mailing Address

1200 South Main Street

City *Tipton*, State *IN* Zip Code *46072*

Purpose of Disbursement

booth rental at fair

Candidate Name

John Krom

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: *IN* District: *05*

Date of Disbursement

06 24 2014

Amount of Each Disbursement this Period

1,000.00

*Paid by Krom for Congress
check*

B. *Kiwanis*

Mailing Address

2211 S. Park Ave, Ste 4

City *Anderson*, State *IN* Zip Code *46001*

Purpose of Disbursement

booth rental at Madison County Fair

Candidate Name

John Krom

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: *IN* District: *05*

Date of Disbursement

06 24 2014

Amount of Each Disbursement this Period

1,900.00

*Paid by Krom for Congress
check*

C.

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: _____ District: _____

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

465.00

N/A

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

1-800-368-1000

SCHEDULE C-1 (FEC Form 3) *N/A*
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: \$, , . Amount of this Draw: \$, , .

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? \$, , .
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? \$, , .

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____
 Address: _____
 Date account established: M M / D D / Y Y Y Y City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name _____ DATE M M / D D / Y Y Y Y
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE		DATE
Typed Name	Title	M M / D D / Y Y Y Y
Signature		

NBAUTO : CONFL : UNDBLH

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 1 OF 1

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Krom for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

John P. Krom (candidate)

Nature of Debt (Purpose):

002 558.32

004 187.50

006 1,468.06

007 42.29

Paid by personal credit card to be reimbursed

Mailing Address

19385 Potters Bridge Road

City

Noblesville, IN

State

Zip Code

46060

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

2,256.17

Payment This Period

0.00

Outstanding Balance at Close of This Period

2,256.17

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of 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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of 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) ▶

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)		Report Covering Period:				
		From:		To:		
		M M / D D / Y Y Y Y		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						

DATE: 03/11/2004

Elizabeth Krom
185 Potters Bridge Rd.
esville, IN 46060-1183

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