

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

Office Use Only 7 AM 9:20

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) 19385 Potters Bridge Road

Check if different than previously reported. (ACC)

Moblesville IN 46060

2. FEC IDENTIFICATION NUMBER C00561019 3. IS THIS REPORT NEW OR AMENDED 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)

X 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 M M / D D / Y Y Y Y

in the State of

(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 07' 01' 2014 through 09' 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 10' 07' 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**

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:

*07 ' 01 ' 2014*

To:

*09 ' 30 ' 2014*

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	, 400.00	, 898.97
(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)).....	, 400.00	, 898.97
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	, 2,390.85	, 5,112.02
(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)).....	, 2,390.85	, 5,112.02
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	, 433.97	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	, 0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	, 2,390.85	

**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:

*07 ' 01 ' 2014*

To:

*09 ' 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.....	, , 400.00	, , 773.97
(iii) TOTAL of contributions from individuals ▶	, , 400.00	, , 773.97
(b) Political Party Committees.....	, , 0.00	, , 0.00
(c) Other Political Committees (such as PACs).....	, , 0.00	, , 0.00
(d) The Candidate.....	, , 0.00	, , 175.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	, , 400.00	, , 898.97
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	, , 0.00	, , 0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate..... <i>Schedule A Debts &amp; Obligations</i>	, , 2,390.85	, , 4,647.02
(b) All Other Loans.....	, , 0.00	, , 0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	, , 2,390.85	, , 4,647.02
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)..... ▶	, , 2,790.85	, , 5,545.99

FEDERAL ELECTION COMMISSION

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2,390.85	5,112.02
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.	0.00
21. OTHER DISBURSEMENTS .....	<del>2,390.85</del>	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2,390.85	5,112.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	339.7
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,790.85
25. SUBTOTAL (add Line 23 and Line 24).....	2,824.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2,390.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	433.97

**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"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<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*

Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>07 ' 04 ' 2014</i>
Mailing Address <i>19385 Potters Bridge Road</i>		Amount of Each Receipt this Period  <i>37.28</i>
City <i>Noblesville,</i>	State <i>IN</i>	
FEC ID number of contributing federal political committee. <i>C</i>		<i>Credit card Pizza Hut lunch for 4th of July parade walkers. to be reimbursed</i>
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>07 ' 09 ' 2014</i>
Mailing Address <i>19385 Potters Bridge Road</i>		Amount of Each Receipt this Period  <i>1.40</i>
City <i>Noblesville</i>	State <i>IN</i>	
FEC ID number of contributing federal political committee. <i>C</i>		<i>Credit card USPS mailing of FEC form 3 to be reimbursed</i>
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>07 ' 11 ' 2014</i>
Mailing Address <i>19385 Potters Bridge Road</i>		Amount of Each Receipt this Period  <i>26.09</i>
City <i>Noblesville,</i>	State <i>IN</i>	
FEC ID number of contributing federal political committee. <i>C</i>		<i>Credit card for DRI Printing for stamp to be reimbursed</i>
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	
<b>TOTAL</b> This Period (last page this line number only).....	

201001100110011

**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"/> 11d		
	<input type="checkbox"/> 12 <input 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*

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

Mailing Address *19385 Potters Bridge Rd.*

City *Noblesville* State *IN* Zip Code *46062*

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 *07 11 2014*

Amount of Each Receipt this Period *98.55*

*Credit card to DRI Printing for stickers - 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 *46062*

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 *07 10 2014*

Amount of Each Receipt this Period *18.48*

*Credit card to Vistaprint for sign - 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 *46062*

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 *07 14 2014*

Amount of Each Receipt this Period *17.30*

*Credit card to Jim Dandy restaurant for Chris Balog lunch - 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:		PAGE		OF	
(check only one)					
<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

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

Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		Date of Receipt <i>08 07 2014</i>
Mailing Address <i>19385 Potters Bridge Rd.</i>		Amount of Each Receipt this Period  <i>28.94</i>
City <i>Noblesville</i>	State <i>IN</i>	
Zip Code <i>46060</i>		
FEC ID number of contributing federal political committee. <i>C</i>		<i>Credit card to Georges Neighborhood Grill for lunch with Chris Balog - to be reimbursed</i>
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		

Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		Date of Receipt <i>09 12 2014</i>
Mailing Address <i>19385 Potters Bridge Road</i>		Amount of Each Receipt this Period  <i>27.53</i>
City <i>Noblesville</i>	State <i>IN</i>	
Zip Code <i>46060</i>		
FEC ID number of contributing federal political committee. <i>C</i>		<i>Credit card to La Hacienda for Libertarian outreach meeting dinner - to be reimbursed</i>
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		

Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		Date of Receipt
Mailing Address <i>19385 Potters Bridge Road</i>		Amount of Each Receipt this Period  <i>2,135.28</i>
City <i>Noblesville</i>	State <i>IN</i>	
Zip Code <i>46060</i>		
FEC ID number of contributing federal political committee. <i>C</i>		<i>campaign mileage for July-Sept. to be reimbursed</i>
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) <i>John P. Krom</i>		

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	<i>2,390.85</i>

**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 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <i>NONE</i>		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B.		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	
<b>TOTAL</b> This Period (last page this line number only).....	

10500010001-100001



**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.

DUPLICATE COPY

**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) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Krom for Congress</div>		FEC IDENTIFICATION NUMBER <div style="text-align: center; font-size: 1.5em; font-weight: bold;">C</div>
<b>LENDING INSTITUTION (LENDER)</b> Full Name	Amount of Loan  \$ , , .	Interest Rate (APR)  % . . .
Mailing Address	Date Incurred or Established <span style="float: right;">M M / D D / Y Y Y Y</span>	
City <span style="margin-left: 50px;">State</span> <span style="margin-left: 20px;">Zip Code</span>	Date Due <span style="float: right;">M M / D D / Y Y Y Y</span>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes <span style="margin-left: 20px;">If yes, date originally incurred</span> <span style="float: right;">M M / D D / Y Y Y Y</span>		
B. If line of credit, Amount of this Draw: \$ , , .		Total Outstanding Balance: \$ , , .
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral?  \$ , , .  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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). Date account established: <span style="float: right;">M M / D D / Y Y Y Y</span>		
Location of account: Address: _____ 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 Signature		DATE <span style="float: right;">M M / D D / Y Y Y Y</span>
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 Typed Name Signature		DATE <span style="float: right;">M M / D D / Y Y Y Y</span>
Title		

1-800-424-9547

**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)

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):

*001 140  
002 2,135.28  
006 143.12  
007 111.05  
Paid by personal credit card to be reimbursed*

Mailing Address

*19385 Potters Bridge Road*

City State Zip Code

*Noblesville, IN 46060*

Outstanding Balance Beginning This Period

*2,256.17*

Amount Incurred This Period

*2,390.85*

Payment This Period

*0.00*

Outstanding Balance at Close of This Period

*4,647.02*

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) ▶

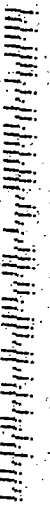
2) TOTALS This Period (last page this line number only) ▶

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) ▶



154718 : 0114 : 12018



K

U.S. POSTAGE  
\$1.40  
FCM LG ENV  
48060  
Date of sale  
10/02/14  
06 2500  
08309184  
812541002171509



FOLD HERE

Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

RECEIVED  
OCT -7 AM 9:19  
EC MAIL CENTER

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.

FROM: ANG - CIVIL

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>10/2/14</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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

*APD*  
 PREPARER  
 (8/2013)

*10/7/14*  
 DATE PREPARED