

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED

Office Use Only

9 112-02

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 **FEC MAIL CENTER**

K.R.O.M. FOR CONGRESS

ADDRESS (number and street) 19385 POTTERS BRIDGE ROAD

Check if different than previously reported. (ACC)

NOBLESVILLE IN 46060

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C IN 05
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)

(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on MM/DD/YYYY in the State of

Termination Report (TER)

(c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2014 in the State of IN

5. Covering Period 10 17 2014 through FINAL

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 12 03 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.

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| 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:

10 ' 17 ' 2014

To:

FINAL Y Y Y 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)).... | , , <i>96.50</i> | , , <i>1,195.47</i> |
| (b) Total Contribution Refunds (from Line 20(d)) | , , <i>0.00</i> | , , <i>0.00</i> |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | , , <i>96.50</i> | , , <i>1,195.47</i> |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | , , <i>892.00</i> | , , <i>6,949.29</i> |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | , , <i>0.00</i> | , , <i>0.00</i> |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | , , <i>892.00</i> | , , <i>6,949.29</i> |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | , , <i>0.00</i> | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | , , <i>0.00</i> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | , , <i>892.00</i> | |

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 17 2014

To:

FINAL

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 0 0

0 0 0

(ii) Unitemized.....

96.50

1 0 7 0.47

(iii) TOTAL of contributions from individuals ▶

96.50

1 0 7 0.47

(b) Political Party Committees.....

0 0 0

0 0 0

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

0 0 0

0 0 0

(d) The Candidate.....

0 0 0

1 2 5.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

9 6 5 0

1 1 9 5.47

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

0 0 0

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate *Schedule A*
Debts & Obligations.....

8 9 2 0 0

6 4 8 4.29

(b) All Other Loans.....

0 0 0

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

8 9 2 0 0

6 4 8 4.29

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

0 0 0

0 0 0

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

0 0 0

0 0 0

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

9 8 8.50

7 6 7 9.76

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|---------|---------|
| 17. OPERATING EXPENDITURES..... | 892.00 | 6949.29 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 730.47 | 730.47 |
| (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) ▶ | 1622.47 | 7679.76 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 633.97 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 988.50 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1622.47 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 1622.47 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 0.00 |

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"/> 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 *10 / 17 / 2014*

Amount of Each Receipt this Period *892.00*

Credit card to Current Newspaper for advertisement.

B. 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

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)

892.00

FROM: FINRA: MATHIE

**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 | | 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 | <input type="checkbox"/> 19b <input type="checkbox"/> 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) *John P. Krom (candidate)* Date of Disbursement *11 14 2014*

Mailing Address *19385 Potters Bridge Road*

City *Noblesville* State *IN* Zip Code *46060* Amount of Each Disbursement this Period *730.47*

Purpose of Disbursement *Partial loan repayment* Category/Type *Remainder of loan from candidate to the committee is forgiven.*

Candidate Name *John P. Krom*

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: *IN* District: *05*

B. Full Name (Last, First, Middle Initial) Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

C. Full Name (Last, First, Middle Initial) Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) *730.47*

PHOTO - AMMA - MATH -

**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)

None

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 FRONT MATTER

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) <i>Krom for Congress</i> | 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 Signature | DATE M M / D D / Y Y Y Y |
|---|-----------------------------|

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 | Title | DATE M M / D D / Y Y Y Y |
|--|-------|-----------------------------|

CONFIDENTIAL

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 A. Krom (candidate)</i> | | Nature of Debt (Purpose): <i>004 \$892.00 Paid by personal credit card</i> | |
| Mailing Address <i>19385 Potters Bridge Rd.</i> | | | |
| City <i>Noblesville, IN</i> | State <i>IN</i> | Zip Code <i>46060</i> | |
| Outstanding Balance Beginning This Period <i>5,592.29</i> | | Balance of <i>\$5,753.82</i> is forgiven by candidate. | |
| Amount Incurred This Period <i>, 892.00</i> | Payment This Period <i>, 730.47</i> | Outstanding Balance at Close of This Period <i>, 5,753.82</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 | | | |
| 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) | ▶ | | |

FROM: AMN: MN-107

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: <i>10 17 2014</i> | | To: <i>FEBRUARY</i> | | |
| 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 | | | | | | |

2014-11-17 10:11:11 AM

25 Potters Bridge Rd.
Knoxville, TN 37602

11111 11111 11111



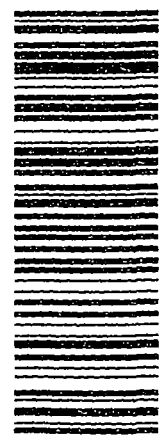
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

X-RAYED BY FEC SECURITY

RECEIVED
ENVELOPE - J. F. 12-02
FEC MAIL CENTER

7014 0510 0000 5453 3527

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



7014 0510 0000 5453 3527

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
12/3/14

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

12/9/14
DATE PREPARED

20141209 10:11:11 AM