

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

(1) RONALD L KROME

**Name**

(2) 932 OXFORD AVE, LEHIGH ACRES, FL 33974

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

(4) **Check appropriate box(es):**

Candidate (office sought): LEHIGH ACRES FIRE-3

Political Committee

**CHECK IF PC HAS DISBANDED**

Committee of Continuous Existence

**CHECK IF CCE HAS DISBANDED**

Party Executive Committee

Electioneering Communication

**CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/13/2012 To 11/1/2012 Report Type G4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 165.00

Loans \$ 0.00

Total Monetary \$ 165.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1,674.75

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,674.75

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 1,680.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 2,281.60

**(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)

(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

**X**

**X**

Signature

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name RONALD L KROME (2) I.D. Number 653

10/13/2012 through 11/1/2012  
 (3) Cover Period  / /  through  / /  (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/1/2013 / /	krome, ronald l 932 oxford ave lehigh acres, fl 33974	I	retired	CH		Add	\$165.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name RONALD L KROME

(2) I.D. Number 653

(3) Cover Period 10/13/2012 through 11/1/2012

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/31/2012 / /	artype, lehigh acres, fl 33916	poll handouts	MO	Add	\$198.75
1					
10/19/2012 / /	artype, lehigh acres, fl 33916	flyers	MO	Add	\$1,476.00
2					
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