

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ADKINS, WILLIAM R. 'BILL'

ADDRESS (number and street)

509 HUMES ROAD

Check if different than previously reported. (ACC)

WILLIAMSTOWN

KY

41097

2. FEC IDENTIFICATION NUMBER ▼

C C00514018

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

KY

04

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) 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

/ /

through

/ /

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 Darrell Link

Signature of Treasurer Darrell Link

[Electronically Filed]

Date

/ /

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								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

ADKINS, WILLIAM R. 'BILL'

Report Covering the Period: From: / / To: / /

	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))....	17166.00	108120.35
(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)).....	17166.00	108120.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38763.19	107619.23
(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)).....	38763.19	107619.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	0.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

ADKINS, WILLIAM R. 'BILL'

Report Covering the Period: From: / / To: / /

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="6200.00"/>	<input type="text" value="34304.00"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="3166.00"/>	<input type="text" value="25928.35"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="9366.00"/>	<input type="text" value="60232.35"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="800.00"/>	<input type="text" value="9763.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="7000.00"/>	<input type="text" value="38125.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 20

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
17166.00	108120.35	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	5500.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	5500.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
17166.00	113620.35	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 20

Write or Type Committee Name

ADKINS, WILLIAM R. 'BILL'

Report Covering the Period: From: / / To: / /

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="38763.19"/>	<input type="text" value="107619.23"/>	<input type="text" value="501.12"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="5500.00"/>	<input type="text" value="5500.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="5500.00"/>	<input type="text" value="5500.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 20

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

44263.19	113119.23	501.12
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

17166.00	108120.35	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

38763.19	107619.23	501.12
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27097.19
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	17166.00
25. SUBTOTAL (add Line 23 and Line 24).....	44263.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44263.19
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 7 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
ADKINS, WILLIAM R. 'BILL'

A. Full Name (Last, First, Middle Initial)
Danola Andrew

Mailing Address P.O. Box 400

City Whitesburg State KY Zip Code 41858

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.5307

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ruth Baxter

Mailing Address 301 7th Street

City Carrollton State KY Zip Code 41008

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

Name of Employer Crawford & Baxter Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.5246

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. Box 831

City Whitesburg State KY Zip Code 41858

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

Name of Employer Mountain Comprehensive Health Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.5336

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 8 OF 20
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

A. Full Name (Last, First, Middle Initial)
James Cauley

Mailing Address 3700 Kernen Court

City State Zip Code
Louisville KY 40241

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

Name of Employer Occupation
James Cauley Consulting Political Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.5223

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dennis Chapman

Mailing Address 1430 Greenery Drive

City State Zip Code
Florence KY 41042

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.5269

Amount of Each Receipt this Period
500.00

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

Mailing Address 470 Walters Branch

City State Zip Code
Isom KY 41824

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

Name of Employer Occupation
US Government Federal Mine Inspector

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.5309

Amount of Each Receipt this Period
250.00

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

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

1250.00

**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 9 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

A. Full Name (Last, First, Middle Initial)
Merrick Krey

Mailing Address 3245 Fairwood Court

City Erlanger State KY Zip Code 41018

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.5261

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
William Landes

Mailing Address 2320 Liberty Lane

City Goshen State KY Zip Code 40026

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

Name of Employer Hermitage Farm Occupation Farm Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2012

Transaction ID : SA11AI.5316

Amount of Each Receipt this Period
100.00

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

Mailing Address 2400 Chamber Center Dr., Ste. 300

City Fort Mitchell State KY Zip Code 41017

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

Name of Employer Graydon Head Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period
100.00

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

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

250.00

**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 10 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

A. Full Name (Last, First, Middle Initial)
Dennis Repenning

Mailing Address 467 Erlanger Road, #104

City Erlanger	State KY	Zip Code 41018
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dennis Repenning, Attny at Law	Occupation Attorney
--	------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.5222

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dean Shupe

Mailing Address 10304 Gunpowder

City Florence	State KY	Zip Code 41042
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Engineer
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Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.5291

Amount of Each Receipt this Period
100.00

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

Mailing Address 10304 Gunpowder

City Florence	State KY	Zip Code 41042
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Engineer
--------------------------	------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.5286

Amount of Each Receipt this Period
100.00

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

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

300.00

**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 11 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

A. Full Name (Last, First, Middle Initial)
Harry Sparks

Mailing Address 7 Hillside Dr

City Ryland Lakes State KY Zip Code 41015

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5228

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ernest Watts

Mailing Address 75 Watts Dr

City Cornettsville State KY Zip Code 41731

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

Name of Employer Parkway Pharmacy Occupation Pharmacist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2012

Transaction ID : SA11AI.5325

Amount of Each Receipt this Period
250.00

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

Mailing Address 113 Ridgeway Avenue

City Fort Thomas State KY Zip Code 41075

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

Name of Employer Dept of Family Services Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
588.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.5283

Amount of Each Receipt this Period
100.00

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

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

550.00

**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 12 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

A. Full Name (Last, First, Middle Initial)
Candace Witte

Mailing Address 100 Riverside Pl., Unit 604

City Covington State KY Zip Code 41011

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1020.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.5282

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Debra Wulfeck

Mailing Address 8101 Kara Lane

City Hebron State KY Zip Code 41048

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.5319

Amount of Each Receipt this Period
2500.00

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2600.00

6200.00

**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 13 OF 20
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

A. Full Name (Last, First, Middle Initial)
Alben W Barkley Democratic Club

Mailing Address P.O Box 284

City South Shore State KY Zip Code 41175

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11B.5271

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Harrison County Democratic Women's Club

Mailing Address 131 Leawood Dr

City Cynthiana State KY Zip Code 41031

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11B.5274

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Kenton County Democratic Executive Committee

Mailing Address P.O. Box 176665

City Covington State KY Zip Code 41017

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11B.5232

Amount of Each Receipt this Period
500.00

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

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

800.00

800.00

**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 14 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
ADKINS, WILLIAM R. 'BILL'

A. Full Name (Last, First, Middle Initial)
COMMUNICATION WORKERS OF AMERICA

Mailing Address 501 THIRD STREET NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C7000211**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11C.5185

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
LIUNA

Mailing Address 905 16th Street

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11C.5183

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

Mailing Address THREE PARK PLACE

City ANNAPOLIS State MD Zip Code 21401

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11C.5188

Amount of Each Receipt this Period
2500.00

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

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

7000.00

7000.00

**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 15 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

Full Name (Last, First, Middle Initial) A. November Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 11100.00 Transaction ID : SB17.5199
City Covington State KY Zip Code 41011	Purpose of Disbursement media advertising, robocalls 004 Category/Type	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: KY District: 04		

Full Name (Last, First, Middle Initial) B. November Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 14195.82 Transaction ID : SB17.5200
City Covington State KY Zip Code 41011	Purpose of Disbursement media/radio advertising, printing, robocall 004 Category/Type	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: KY District: 04		

Full Name (Last, First, Middle Initial) c. November Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 5291.18 Transaction ID : SB17.5204
City Covington State KY Zip Code 41011	Purpose of Disbursement campaign mgmt, media/radio advertising, labels, postage 004 Category/Type	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: KY District: 04		

SUBTOTAL of Disbursements This Page (optional).....	30587.00
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 16 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

Full Name (Last, First, Middle Initial) A. November Strategies		Date of Disbursement MM / DD / YYYY 11 / 02 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 5762.50 Transaction ID : SB17.5202
City Covington State KY Zip Code 41011	Purpose of Disbursement media/radio advertising, walk cards Category/Type 004	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: KY District: 04		

Full Name (Last, First, Middle Initial) B. November Strategies		Date of Disbursement MM / DD / YYYY 11 / 06 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 449.59 Transaction ID : SB17.5206
City Covington State KY Zip Code 41011	Purpose of Disbursement field organizing, postage Category/Type 001	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: KY District: 04		

Full Name (Last, First, Middle Initial) c. November Strategies		Date of Disbursement MM / DD / YYYY 11 / 06 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 211.90 Transaction ID : SB17.5208
City Covington State KY Zip Code 41011	Purpose of Disbursement election night food/drink Category/Type 007	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: KY District: 04		

SUBTOTAL of Disbursements This Page (optional).....	6423.99
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 17 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

Full Name (Last, First, Middle Initial) A. November Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 501.12 Transaction ID : SB17.5302
City Covington	State KY	
Purpose of Disbursement printing and postage	Category/ Type 006	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: KY	District: 04	

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 2211 North 1st Street		Amount of Each Disbursement this Period 85.08 Transaction ID : SB17.5276
City San Jose	State CA	
Purpose of Disbursement online credit card donation transfer fees	Category/ Type	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: KY	District: 04	

Full Name (Last, First, Middle Initial) c. Austin Redmon		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 1445 Jacksonville Road		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.5209
City Bagdad	State KY	
Purpose of Disbursement reimbursement for postage	Category/ Type 006	
Candidate Name ADKINS, WILLIAM R. 'BILL'	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: KY	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	806.20
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 18 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

Full Name (Last, First, Middle Initial) A. WNKR		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 118 South Main		Amount of Each Disbursement this Period 770.00
City Dry Ridge	State KY	
Purpose of Disbursement radio advertising	Category/ Type 004	Transaction ID : SB17.5213
Candidate Name ADKINS, WILLIAM R. 'BILL'		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 04		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name		
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name		
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).....	770.00
TOTAL This Period (last page this line number only).....	38587.19

**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 19 OF 20	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADKINS, WILLIAM R. 'BILL'

Full Name (Last, First, Middle Initial) A. WILLIAM R. 'BILL' ADKINS		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address P.O. BOX 127		Amount of Each Disbursement this Period 5500.00 Transaction ID : SB19A.5217
City WILLIAMSTOWN	State KY	
Zip Code 41097		Category/ Type 009
Purpose of Disbursement loan payment in full		
Candidate Name ADKINS, WILLIAM R. 'BILL'		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 04	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	5500.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADKINS, WILLIAM R. 'BILL'** Transaction ID : **SC/10.4151**

LOAN SOURCE Full Name (Last, First, Middle Initial) **WILLIAM R. 'BILL' ADKINS** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 127

City State ZIP Code
WILLIAMSTOWN KY 41097

Original Amount of Loan 5500.00	Cumulative Payment To Date 5500.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

TERMS

Date Incurred M 02 / D 14 / Y 2012	Date Due M / D / Y 0	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 0.00

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