



**SUMMARY PAGE**  
of Receipts and Disbursements

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	21783.81	35289.81
(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)).....	21783.81	35289.81
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	13846.05	28806.03
(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)).....	13846.05	28806.03
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	11983.78	
<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>	5500.00	

**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**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**ADKINS, WILLIAM R. 'BILL'**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8623.00	11523.00
(ii) Unitemized.....	5160.81	10641.81
(iii) TOTAL of contributions from individuals ▶	13783.81	22164.81
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8000.00	13125.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21783.81	35289.81
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	5500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	21783.81	40789.81

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13846.05	28806.03
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13846.05	28806.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4046.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21783.81
25. SUBTOTAL (add Line 23 and Line 24).....	25829.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13846.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11983.78

**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 5 OF 16
	<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)  
**Imogene Adkins**

Mailing Address 2643 Hwy. 931 N.

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 **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 17 / 2012**

**Transaction ID : SA11AI.4402**

Amount of Each Receipt this Period  
**250.00**

**B.** 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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2012**

**Transaction ID : SA11AI.4391**

Amount of Each Receipt this Period  
**500.00**

**C.** 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 **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11AI.4369**

Amount of Each Receipt this Period  
**500.00**

**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 6 OF 16
	<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)  
**Stan Billingsley**

Mailing Address 314 7th Street

City State Zip Code  
Carrollton KY 41008

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 / D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : SA11AI.4346**

Amount of Each Receipt this Period  
500.00

**B.** 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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SA11AI.4468**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**David Heidrich**

Mailing Address 2019 River Ridge Court

City State Zip Code  
Villa Hills KY 41017

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

Name of Employer Occupation  
Zalla Companies Real Estate Developer

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  
06 / 09 / 2012

**Transaction ID : SA11AI.4377**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

**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 16
	<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'**

Full Name (Last, First, Middle Initial) <b>A. Shirley Huelsmann</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2012
Mailing Address 88 Thompson Avenue		<b>Transaction ID : SA11AI.4403</b>
City Fort Mitchell	State KY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Greg Ison</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2012
Mailing Address 470 Walters Branch		<b>Transaction ID : SA11AI.4431</b>
City Isom	State KY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US Government	Occupation Federal Mine Inspector	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. William Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2012
Mailing Address 5 Valley High Lane		<b>Transaction ID : SA11AI.4384</b>
City Augusta	State KY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Miller Lumber Company	Occupation Owner/CEO	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 16
	<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)  
**Robert Moore**

Mailing Address 3905 Forsythe Drive

City Lexington State KY Zip Code 40514

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

Name of Employer Commonwealth of Kentucky Occupation Field Services

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  
 06 / 11 / 2012

**Transaction ID : SA11AI.4375**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Col Owens**

Mailing Address 8 Greenbriar Ave.

City Fort Mitchell State KY Zip Code 41017

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

Name of Employer Legal Aid Society of SW Ohio Occupation Attorney

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  
 05 / 14 / 2012

**Transaction ID : SA11AI.4412**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Col Owens**

Mailing Address 8 Greenbriar Ave.

City Fort Mitchell State KY Zip Code 41017

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

Name of Employer Legal Aid Society of SW Ohio 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  
 06 / 27 / 2012

**Transaction ID : SA11AI.4501**

Amount of Each Receipt this Period  
100.00

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

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

400.00



**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 16
	<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)  
**Thomas Prewitt**

Mailing Address 2400 Chamber Center Dr., Ste. 300

City Fort Mitchell	State KY	Zip Code 41017
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FEC ID number of contributing federal political committee. **C**

Name of Employer Graydon Head	Occupation Attorney
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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  
 05 / 31 / 2012

**Transaction ID : SA11AI.4464**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Rose**

Mailing Address 1816 Scott Blvd.

City Covington	State KY	Zip Code 41014
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FEC ID number of contributing federal political committee. **C**

Name of Employer US Department of Energy	Occupation Attorney
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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  
 05 / 09 / 2012

**Transaction ID : SA11AI.4423**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Clifford Wallace**

Mailing Address 311 KY 36 West, Stone Leigh

City Williamstown	State KY	Zip Code 41097
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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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  
 05 / 28 / 2012

**Transaction ID : SA11AI.4390**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

**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 16
	<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'**

Full Name (Last, First, Middle Initial) <b>Clifford Wallace</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012
Mailing Address 311 KY 36 West, Stone Leigh		<b>Transaction ID : SA11AI.4370</b>
City Williamstown	State KY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 1200.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Paul Whalen</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 113 Ridgeway Avenue		<b>Transaction ID : SA11AI.4463</b>
City Fort Thomas	State KY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.00
Name of Employer Dept of Family Services	Occupation Attorney	Election Cycle-to-Date 216.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Candace Witte</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012
Mailing Address 100 Riverside Pl., Unit 604		<b>Transaction ID : SA11AI.4494</b>
City Covington	State KY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 320.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	773.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 16
	<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'**

Full Name (Last, First, Middle Initial) <b>A. Marcus Woodward</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2012	
Mailing Address 717 16th Street		<b>Transaction ID : SA11AI.4444</b>	
City Ashland State KY Zip Code 41105	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Woodward & Associates Occupation Insurance Broker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Marcus Woodward</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2012	
Mailing Address 717 16th Street		<b>Transaction ID : SA11AI.4383</b>	
City Ashland State KY Zip Code 41105	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. C	Name of Employer Woodward & Associates Occupation Insurance Broker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Debra Wulfeck</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2012	
Mailing Address 8101 Kara Lane		<b>Transaction ID : SA11AI.4417</b>	
City Hebron State KY Zip Code 41048	Amount of Each Receipt this Period _____ 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer N/A Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2950.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 8623.00

**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 16
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Campbell County Democratic Executive Committee**

Mailing Address 308 Sixth Avenue

City Dayton State KY Zip Code 41074

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012

**Transaction ID : SA11C.4351**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE**

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11C.4425**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE**

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : SA11C.4353**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

**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 16
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Kenton County Democratic Woman's Club**

Mailing Address 1938 Mimosa Trail

City State Zip Code  
Florence KY 41042

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2012

**Transaction ID : SA11C.4352**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012

**Transaction ID : SA11C.4447**

Amount of Each Receipt this Period  
1000.00

**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).....

2000.00

8000.00

**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 14 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**ADKINS, WILLIAM R. 'BILL'**

Full Name (Last, First, Middle Initial) <b>A. Angie Cain</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 553 Lassing Way		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4450</b>
City Walton	State KY	
Purpose of Disbursement event ticket reimbursement		Category/ Type
Candidate Name		
Office Sought: <input 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: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. November Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4452</b>
City Covington	State KY	
Purpose of Disbursement campaign consulting, treasury services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 5/17/2012	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. November Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 618 Bakewell St.		Amount of Each Disbursement this Period 3384.72 <b>Transaction ID : SB17.4451</b>
City Covington	State KY	
Purpose of Disbursement campaign management, newspaper ads, printing and postage		Category/ Type
Candidate Name		
Office Sought: <input 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: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8484.72
<b>TOTAL</b> 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 15 OF 16			
	<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) <b>A. November Strategies</b>		Date of Disbursement
Mailing Address 618 Bakewell St.		M M / D D / Y Y Y Y 06 / 01 / 2012
City	State	Zip Code
Covington	KY	41011
Purpose of Disbursement tshirts, parade candy, postage, office supplies		Amount of Each Disbursement this Period
Candidate Name		1452.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.4449
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. November Strategies</b>		Date of Disbursement
Mailing Address 618 Bakewell St.		M M / D D / Y Y Y Y 06 / 14 / 2012
City	State	Zip Code
Covington	KY	41011
Purpose of Disbursement campaign management, car magnets, event catering		Amount of Each Disbursement this Period
Candidate Name		3807.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.4448
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5259.74
<b>TOTAL</b> This Period (last page this line number only).....	13744.46

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4151

ADKINS, WILLIAM R. 'BILL'

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

WILLIAM R. 'BILL' ADKINS

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. BOX 127

City State ZIP Code  
WILLIAMSTOWN KY 41097

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 02 / D 14 / Y 2012 M M / D D / Y Y Y Y 0.00 % (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)..... 5500.00  
**TOTALS** This Period (last page in this line only)..... 5500.00

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