

**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

M M / D D / Y Y Y Y  
05 / 22 / 2012in the  
State of

KY

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y  
05 / 22 / 2012in the  
State of

KY

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2012

through

M M / D D / Y Y Y Y  
05 / 02 / 2012

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

M M / D D / Y Y Y Y  
05 / 11 / 2012

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

of Receipts and Disbursements

Write or Type Committee Name

ADKINS, WILLIAM R. 'BILL'

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	2

	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)) ....	11726.00	13506.00
(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)) .....	11726.00	13506.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	8796.15	14959.98
(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)) .....	8796.15	14959.98
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	4046.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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)

PAGE 3 / 12

Write or Type Committee Name

ADKINS, WILLIAM R. 'BILL'

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	2

**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).....

2000.00

2900.00

(ii) Unitemized.....

4601.00

5481.00

(iii) TOTAL of contributions from individuals ▶

6601.00

8381.00

(b) Political Party Committees.....

0.00

0.00

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

5125.00

5125.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

11726.00

13506.00

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

0.00

0.00

## 13. LOANS:

(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

## 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)..... ▶

11726.00

19006.00

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8796.15	14959.98
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) ►	8796.15	14959.98

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1116.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11726.00
25. SUBTOTAL (add Line 23 and Line 24).....	12842.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8796.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4046.02

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

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

FOR LINE NUMBER:

PAGE 5 OF 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	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)

ADKINS, WILLIAM R. 'BILL'

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

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period

250.00

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

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

500.00

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 &amp; Baxter

Occupation

Attorney

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period

250.00

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:

PAGE 6 OF 12

(check only one)

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

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NAME OF COMMITTEE (In Full)

ADKINS, WILLIAM R. 'BILL'

Full Name (Last, First, Middle Initial)

A. Stan Billingsley

Mailing Address 314 7th Street

City

Carrollton

State

KY

Zip Code

41008

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 M	/	D D D	/	Y Y Y Y Y Y
04		16		2012

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Courtney Bourne

Mailing Address 114 N Madson Street

City

Owenton

State

KY

Zip Code

40359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Commonwealth of Kentucky

Occupation

Executive Director

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2012

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gerald Bowling

Mailing Address 3905 Gardnersville Road

City

Crittenden

State

KY

Zip Code

41030

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 M	/	D D D	/	Y Y Y Y Y Y
04		20		2012

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 12

(check only one)

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

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NAME OF COMMITTEE (In Full)

ADKINS, WILLIAM R. 'BILL'

Full Name (Last, First, Middle Initial)

Dennis Chapman

Mailing Address 1430 Greenery Drive

City

Florence

State

KY

Zip Code

41042

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
04		26		2012

Transaction ID : SA11Al.4287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. 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

Amount of Each Receipt this Period

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

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

250.00

2000.00

# **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 8 OF 12

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

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

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

**A.** Mailing Address 900 SEVENTH ST, NW

City	State	Zip Code
WASHINGTON	DC	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

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 16 / 2012

Transaction ID : SA11C.4325

Amount of Each Receipt this Period

2500.00

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

**B.** Mailing Address 900 SEVENTH ST, NW

City	State	Zip Code
WASHINGTON	DC	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

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 24 / 2012

Transaction ID : SA11C.4329

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** **Royce Adams for Representative**

Mailing Address 580 Bannister Pike

City	State	Zip Code
Dry Ridge	KY	41035

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  
 04 / 17 / 2012

Transaction ID : SA11C.4247

Amount of Each Receipt this Period

100.00

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

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

5100.00



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

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

FOR LINE NUMBER:

PAGE 9 OF 12

(check only one)

<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'

Full Name (Last, First, Middle Initial)

Simpson for State Rep Committee

Mailing Address 28 West 5th Street

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Transaction ID : SA11C.4175

Amount of Each Receipt this Period

25.00

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

Amount of Each Receipt this Period

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 M	/	D 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).....

25.00

5125.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

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

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NAME OF COMMITTEE (In Full)

ADKINS, WILLIAM R. 'BILL'

Full Name (Last, First, Middle Initial)

**A. Angie Cain**

Mailing Address 553 Lassing Way

City	State	Zip Code
Walton	KY	41094

Purpose of Disbursement  
reimbursement for event food/drink expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2012

Amount of Each Disbursement this Period

365.00
--------

Transaction ID : SB17.4312

**B. Country Grill**

Mailing Address 21 Taft Highway

City	State	Zip Code
Dry Ridge	KY	41035

Purpose of Disbursement  
event food/drink

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2012

Amount of Each Disbursement this Period

215.85
--------

Transaction ID : SB17.4315

**C. November Strategies**

Mailing Address 618 Bakewell St.

City	State	Zip Code
Covington	KY	41011

Purpose of Disbursement  
printing and postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2012

Amount of Each Disbursement this Period

3385.93
---------

Transaction ID : SB17.4317

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

3966.78



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

PAGE 12 OF 12

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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 M / D D / Y Y  
02 / 14 / 2012M M / D D / Y Y  
/ / 0M M / D D / Y Y  
/ / 0M M / D D / Y Y  
/ / 0

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.