STATEMENT OF

RECEIVED 7

FORM 1		ORGANIZ	ATION	2012 8	FEB 29 AM 8: 50
				t.E	OHIER MISPIONS ENTER
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Adkins for	Congi	ess			
		1111111.	1 1 1 1 1 1 1 1 1		
ADDRESS'(number a	und street)	618 Bakewell	Street		
(Check if address is changed)		Covington		KY 2	1011
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only one e angie@noyer	nberstrategies, c	om. 	
COMMITTEE'S WEB (Check if is change	address		scongress.com		
2. DATE 02	2", ' <u>1</u> 5	2012			
3. FEC IDENTIFIC	CATION NU	IMBER C	อาการสำหรับของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นของเป็นข		
4. IS THIS STATE	MENT 🛚	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined th	is Statement and to the bes	t of my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasurer	Darrell Link			
Signature of Treasure	er 👤		22/	Date 02"	15 2012
NOTE: Submission of		·	may subject the person signing of ON SHOULD BE REPORTED W		,
Office Use Only			For further information of Federal Election Commissi Toli Free 800-624-9530		FEC FORM 1 (Revised 02/2009)

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1	F	EC Fo	rm 1 (Revised 02/2009)	Page 2
5.	TYPE	OF C	OMMITTEE	
	Cen	didate	Committee:	
	(a)	\times	This committee is a principal campaign committee. (Complete the candidate information below.))
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	Name Cand		Bill Adkins	Sussembourous
	Cand Party	idate Affiliati	on DEM Office Sought: House Senate President	State KY
				District U4
	(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Con	nmittee:	
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a:
			Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	·
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	raising Representative:	
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a fedoral candidate.	vo or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number	
		3.	FEC ID number C	
		4.	FEC ID number C	

FEO Forms 4 (Parished 00/0000)	Page 3
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	raye 3
Adkins for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hin PAC Sponsor
6. Hame of Any Connected Organization, Annated Committee, South Landausing Representative, or Economic	mp i Ao oponooi
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
Custodian of Recdads: Identify by name, address (phone number optional) and position of the person in postbooks and records.	session of committee
Full Name Angie Cain	
ı618 Bakewell Street	
Mailing Address	
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Title or Position CITY STATE	ZIP CODE
Records Custodian Telephone number [859] - [58	31, -[9002,
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). 	ne and address of
Full Name Darrell Link of Treasurer	
Mailing Address 1295 Simpson Ridge Road	
Williamstown KY 4,1097	7
CITY STATE 2	ZIP CODE
<u> </u>	3,]_[7045 ,]

FEC Form 1 (Revised	d 02/2009)		Page 4
Full Name of Designated Agent	Cain		
Agent	618 Bakewell Street		
Mailing Address	ond bakefren Street		
	Covington city	KY 41	ZIP CODE
Title or Position Records Custodian	Telephone n	_{umber} [859 _{,]}	_ [581,
 Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, et 		nittee deposits funds,	holds accounts, rents
ιThe Β	ank of Kentucky, , , , , , , , , , , ,		
Mailing Address	255 Mary Grubbs Highway		
		<u> </u>	
	[Walton	KY 41	094,
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
للللا			
Mailing Address			
		با لبا	
	CITY	STATE	ZIP CODE

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): PREPARER **DATE PREPARED**