

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

Fapas4Congress

ADDRESS (number and street)

P.O. Box 141

Check if different than previously reported. (ACC)

Nolensville

TN

37135

2. FEC IDENTIFICATION NUMBER ▼

C C00545608

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

TN

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 Cam Robinson

Signature of Treasurer Cam Robinson

[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

Write or Type Committee Name

Fapas4Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

	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))....	8680.00	12065.00
(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)).....	8680.00	12065.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4896.81	7668.73
(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)).....	4896.81	7668.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4446.27	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Fapas4Congress

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

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).....	5605.00	8605.00
(ii) Unitemized.....	3075.00	3460.00
(iii) TOTAL of contributions from individuals ▶	8680.00	12065.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8680.00	12065.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	8680.00	12065.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4896.81	7668.73
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4896.81	7668.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	663.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8680.00
25. SUBTOTAL (add Line 23 and Line 24).....	9343.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4896.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4446.27

**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 13
	<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)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Adekunle Adedeji

Mailing Address 1030 N. Zaragoza, Ste X

City El Paso State TX Zip Code 79907

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2013

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Oluwadamilola Adeyemi

Mailing Address 859 Downing Square

City Lincolnshire State IL Zip Code 60069

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

Name of Employer Northwestern University Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2013

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Olakunle Ajayi

Mailing Address 203 Sequoia Avenue

City Walnut Creek State CA Zip Code 94595

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2013

Transaction ID : SA11AI.4109

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 6 OF 13
	<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)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Ayodele Ayoade

Mailing Address 1835 Leann Lane

City Irving State TX Zip Code 75061

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2013

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Innocent Dargbey

Mailing Address 318 Davids Way

City La Vergne State TN Zip Code 37086

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

Name of Employer Nissan Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
 205.00

C. Full Name (Last, First, Middle Initial)
Uzoma Ibebuogu

Mailing Address 861 Harbor View Dr.

City Memphis State TN Zip Code 38103

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

Name of Employer UT-Memphis Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2013

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
 250.00

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

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

955.00

**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 13
	<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)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Maram Jafar

Mailing Address 340 N. 5th Street

City Allentown State PA Zip Code 18102

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2013

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Maram Jafar

Mailing Address 340 N. 5th Street

City Allentown State PA Zip Code 18102

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Adedamola Lufadeju

Mailing Address 148 Nelson Blvd. NW

City Rome State GA Zip Code 30165

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2013

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
 500.00

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

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

1300.00

**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 13
	<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)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Olu Ogungbade

Mailing Address 7203 Baywood Drive

City Lanham State MD Zip Code 20706

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Gbikeloluwa Oguntimein

Mailing Address 8618 Wilenoak Court

City Rosedale State MD Zip Code 21237

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

Name of Employer Morgan State University Occupation Associate Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Ademola Okusanya

Mailing Address 5180 Opici Ct.

City Rancho Cucamonga State CA Zip Code 91739

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
 250.00

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 9 OF 13
	<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)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Ochuko Ovbagbedia

Mailing Address **7820 Hanover Pkwy, #103**

City **Greenbelt** State **MD** Zip Code **20770**

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

Name of Employer **Self** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2013

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Visaharan Sivasubramaniam

Mailing Address **73 Thompson Poynter Road, #B**

City **London** State **KY** Zip Code **40741**

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

Name of Employer **Self** Occupation **Physician/Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2013

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
300.00

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).....

600.00

5605.00

**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 10 OF 13	
	<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)
Fapas4Congress

A. MSP STREAM

Full Name (Last, First, Middle Initial)
Mailing Address 1788 Drew Road, Suite 204

City Mississauga State ZZ Zip Code 00000

Purpose of Disbursement Website
Candidate Name **Fapas4Congress** Category/Type 006

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: TN District: 04

Date of Disbursement: 07 / 20 / 2013

Amount of Each Disbursement this Period: 539.99
Transaction ID : SB17.4307

B. PayPal

Full Name (Last, First, Middle Initial)
Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement PayPal Fees
Candidate Name **Fapas4Congress** Category/Type 001

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: TN District: 04

Date of Disbursement: 09 / 30 / 2013

Amount of Each Disbursement this Period: 314.29
Transaction ID : SB17.4220

c. Cam Robinson

Full Name (Last, First, Middle Initial)
Mailing Address 5000 Mountain Springs Drive Apt. 1516

City Nolensville State TN Zip Code 37135

Purpose of Disbursement Consultant/Administration
Candidate Name **Fapas4Congress** Category/Type 001

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: TN District: 04

Date of Disbursement: 07 / 06 / 2013

Amount of Each Disbursement this Period: 300.00
Transaction ID : SB17.4226

SUBTOTAL of Disbursements This Page (optional) 1154.28

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 11 OF 13			
	<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)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4228
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Consultant/Administration 001 Category/Type	
Candidate Name Fapas4Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN District: 04		

Full Name (Last, First, Middle Initial) B. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4229
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Consultant/Administration 001 Category/Type	
Candidate Name Fapas4Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN District: 04		

Full Name (Last, First, Middle Initial) c. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 126.00 Transaction ID : SB17.4246
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Administration 001 Category/Type	
Candidate Name Fapas4Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN District: 04		

SUBTOTAL of Disbursements This Page (optional).....	1326.00
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 12 OF 13	
	<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)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 122.50
City Nolensville	State TN Zip Code 37135	
Purpose of Disbursement Administration	Category/Type	Transaction ID : SB17.4244
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) B. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2013
Mailing Address 5370 Mt View Rd #60		Amount of Each Disbursement this Period 132.04
City Antioch	State TN Zip Code 37013	
Purpose of Disbursement Monthly Payment	Category/Type 001	Transaction ID : SB17.4230
Candidate Name Fapas4Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN District: 04		

Full Name (Last, First, Middle Initial) c. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 5370 Mt View Rd #60		Amount of Each Disbursement this Period 95.50
City Antioch	State TN Zip Code 37013	
Purpose of Disbursement Monthly Payment	Category/Type 001	Transaction ID : SB17.4231
Candidate Name Fapas4Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN District: 04		

SUBTOTAL of Disbursements This Page (optional).....	350.04
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 13 OF 13		
	<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)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement MM / DD / YYYY 07 / 06 / 2013
Mailing Address		Amount of Each Disbursement this Period \$ 40.26 Transaction ID : SB17.4266
City	State Zip Code	
Purpose of Disbursement Refreshments, Snacks	Category/Type 002	
Candidate Name Fapas4Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TN District: 04	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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).....	\$ 40.26
TOTAL This Period (last page this line number only).....	\$ 2870.58