

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Francis Garcia

Signature of Treasurer Francis Garcia

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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
Fapas4Congress

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))....	975.00	16810.00
(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)).....	975.00	16810.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	511.33	5842.42
(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)).....	511.33	5842.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	262818.10	
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).....	251700.00	

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).....	75.00	11070.00
(ii) Unitemized.....	900.00	5740.00
(iii) TOTAL of contributions from individuals ▶	975.00	16810.00
(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))..	975.00	16810.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	251700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	251700.00
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)..... ▶	975.00	268510.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	511.33	5842.42
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) ►	511.33	5842.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	262354.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	975.00
25. SUBTOTAL (add Line 23 and Line 24).....	263329.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	511.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	262818.10

**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 11
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Adefunke Ajala

Mailing Address 1633 W. 147th Street
Apt. B

City State Zip Code
Gardena CA 90247

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

Name of Employer Occupation
The Coffee Bean & Tea Leaf IT Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2016

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period
 25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Adefunke Ajala

Mailing Address 1633 W. 147th Street
Apt. B

City State Zip Code
Gardena CA 90247

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

Name of Employer Occupation
The Coffee Bean & Tea Leaf IT Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2016

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period
 25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Adefunke Ajala

Mailing Address 1633 W. 147th Street
Apt. B

City State Zip Code
Gardena CA 90247

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

Name of Employer Occupation
The Coffee Bean & Tea Leaf IT Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
 25.00

Memo Item

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

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

75.00

75.00

**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 6 OF 11			
	<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. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Monthly fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2016

Amount of Each Disbursement this Period: 21.49

Memo Item

Transaction ID : SB17.4378

Category/Type: 003

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Monthly fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 29 / 2016

Amount of Each Disbursement this Period: 10.33

Memo Item

Transaction ID : SB17.4379

Category/Type: 003

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Monthly fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2016

Amount of Each Disbursement this Period: 4.23

Memo Item

Transaction ID : SB17.4380

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) 36.05

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 7 OF 11			
	<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)		Date of Disbursement											
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>25</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		25		2016
M M	/	D D	/	Y Y Y Y									
01		25		2016									
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Nolensville</td> <td>TN</td> <td>37135</td> </tr> </table>		City	State	Zip Code	Nolensville	TN	37135	<table border="1"> <tr> <td>22.95</td> </tr> </table>		22.95			
City	State	Zip Code											
Nolensville	TN	37135											
22.95													
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.4390											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
Category/Type													
001													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>17</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		17		2016
M M	/	D D	/	Y Y Y Y									
02		17		2016									
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Nolensville</td> <td>TN</td> <td>37135</td> </tr> </table>		City	State	Zip Code	Nolensville	TN	37135	<table border="1"> <tr> <td>32.75</td> </tr> </table>		32.75			
City	State	Zip Code											
Nolensville	TN	37135											
32.75													
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.4392											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
Category/Type													
003													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>24</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		24		2016
M M	/	D D	/	Y Y Y Y									
02		24		2016									
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Nolensville</td> <td>TN</td> <td>37135</td> </tr> </table>		City	State	Zip Code	Nolensville	TN	37135	<table border="1"> <tr> <td>38.40</td> </tr> </table>		38.40			
City	State	Zip Code											
Nolensville	TN	37135											
38.40													
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.4393											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
Category/Type													
003													

SUBTOTAL of Disbursements This Page (optional).....	94.10
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 8 OF 11			
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 67.70
City Nolensville	State TN	
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2016
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 36.34
City Nolensville	State TN	
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 59.29
City Nolensville	State TN	
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	163.33
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 9 OF 11			
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 19.35
City Nolensville	State TN	
Purpose of Disbursement Mailing		Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 29.40
City Nolensville	State TN	
Purpose of Disbursement Mailing		Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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		Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type	
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).....	48.75
TOTAL This Period (last page this line number only).....	342.23

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Fapas4Congress** Transaction ID : **SC/10.4129**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Dr. Yomi Faparusi Sr. Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 141

City State ZIP Code
Nolensville TN 37135

Original Amount of Loan 1700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1700.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 03 / D 27 / Y 2015
Date Due: M / D / Y 09/30/2015
Interest Rate: 0.00 % (apr)
Secured: 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)..... ▶ 1700.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Fapas4Congress** Transaction ID : **SC/10.4276**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Dr. Yomi Faparusi Sr. Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 P.O. Box 141

City State ZIP Code
 Nolensville TN 37135

Original Amount of Loan 250000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 09 / D 23 / Y 2015
 Date Due: M / D / Y 12/31/2016
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	▶	250000.00
TOTALS This Period (last page in this line only).....	▶	251700.00

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