

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

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))....	7442.00	19507.00
(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)).....	7442.00	19507.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11834.78	19503.51
(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)).....	11834.78	19503.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	53.49	
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).....	3100.00	11705.00
(ii) Unitemized.....	3117.00	6577.00
(iii) TOTAL of contributions from individuals ▶	6217.00	18282.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1225.00	1225.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7442.00	19507.00
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)..... ▶	7442.00	19507.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11834.78	19503.51
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) ►	11834.78	19503.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4446.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7442.00
25. SUBTOTAL (add Line 23 and Line 24).....	11888.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11834.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	53.49

**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 19	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
O Adah

Mailing Address 350 5th Avenue, 59th Floor

City State Zip Code
New York NY 10118

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

Name of Employer Occupation
Private Practice Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Muyiwa Adeboye

Mailing Address 32 Miranda Lane

City State Zip Code
Stratford CT 06615

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

Name of Employer Occupation
SVMC Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period
500.00

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

Mailing Address 1030 N. Zaragoza, Ste X

City State Zip Code
El Paso TX 79907

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

Name of Employer Occupation
Private Practice Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
150.00

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

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

1150.00

**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 19
	<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)
Kolawole Ayeni

Mailing Address 7811 Pacific Spring Ln

City	State	Zip Code
Richmond	TX	77407

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

Name of Employer	Occupation
ConocoPhillips	Senior Reservoir Engineer

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
 12 / 31 / 2013

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address 318 Davids Way

City	State	Zip Code
La Vergne	TN	37086

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

Name of Employer	Occupation
Nissan	Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 305.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period
 _____ 100.00

C. Full Name (Last, First, Middle Initial)
Babatunde Egunjobi

Mailing Address 1400 McKinney Street
Apt. 2308

City	State	Zip Code
Houston	TX	77010

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

Name of Employer	Occupation
Hess	Project Service Lead

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
 10 / 24 / 2013

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period
 _____ 300.00

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

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

_____ 500.00

**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 19
	<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)
Adewale Faparusi

Mailing Address 5005 Coachmans Carriage Terrace

City Glen Allen	State VA	Zip Code 23059
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FEC ID number of contributing federal political committee. **C**

Name of Employer Capital One	Occupation Senior Manager
---------------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 22 / 2013

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dawn Forman

Mailing Address 1311 Talcott Place

City Decatur	State GA	Zip Code 30033
-----------------	-------------	-------------------

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

Name of Employer	Occupation Nurse
------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Unyime Ituk

Mailing Address 1817 Sara Ct.

City North Liberty	State IA	Zip Code 52317
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Iowa Health Care	Occupation Physician
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2013

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
250.00

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

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

550.00

**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 19
	<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)
Unyime Ituk

Mailing Address 1817 Sara Ct.

City North Liberty State IA Zip Code 52317

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

Name of Employer University of Iowa Health Care Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2013

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Michael Nottidge

Mailing Address 5400 Main Street, Putney

City Stratford State CT Zip Code 06614

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

Name of Employer Saint Mary's Hospital Occupation Emergency Medicine Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 10 / 2013

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Olatunde Ogungbade

Mailing Address 7203 Baywood Drive

City Greenbelt State MD Zip Code 20706

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

Name of Employer Globalaccelerex Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
250.00

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

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

900.00

3100.00

**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 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
Dr. Yomi Faparusi Sr.

Mailing Address 2380 Hamilton Ave, #47

City: South Pittsburg State: TN Zip Code: 37380

FEC ID number of contributing federal political committee: **C H4TN04155**

Name of Employer: Fapas Consults Occupation: Physician & Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 800.00

Date of Receipt: 11 / 05 / 2013

Transaction ID : SA11D.4433

Amount of Each Receipt this Period: 800.00

B. Full Name (Last, First, Middle Initial)
Dr. Yomi Faparusi Sr.

Mailing Address 2380 Hamilton Ave, #47

City: South Pittsburg State: TN Zip Code: 37380

FEC ID number of contributing federal political committee: **C H4TN04155**

Name of Employer: Fapas Consults Occupation: Physician & Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1225.00

Date of Receipt: 12 / 16 / 2013

Transaction ID : SA11D.4435

Amount of Each Receipt this Period: 425.00

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

Amount of Each Receipt this Period

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

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

1225.00

1225.00

**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 19			
	<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. Division of Elections		<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>10</td> <td></td> <td>17</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		17		2013
M M	/	D D	/	Y Y Y Y									
10		17		2013									
Mailing Address 312 Rosa L. Parks Avenue		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Nashville</td> <td>TN</td> <td>37243</td> </tr> </table>		City	State	Zip Code	Nashville	TN	37243	<table border="1"> <tr> <td>499.00</td> </tr> </table>		499.00			
City	State	Zip Code											
Nashville	TN	37243											
499.00													
Purpose of Disbursement		Transaction ID : SB17.4461											
Candidate Name		Category/Type											
Fapas4Congress		006											
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014											
State: TN District: 04		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Electronic Express		<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>10</td> <td></td> <td>08</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		08		2013
M M	/	D D	/	Y Y Y Y									
10		08		2013									
Mailing Address 1720 Old Fort Pkwy		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Murfreesboro</td> <td>TN</td> <td>37133</td> </tr> </table>		City	State	Zip Code	Murfreesboro	TN	37133	<table border="1"> <tr> <td>438.99</td> </tr> </table>		438.99			
City	State	Zip Code											
Murfreesboro	TN	37133											
438.99													
Purpose of Disbursement		Transaction ID : SB17.4466											
Computer		Category/Type											
001													
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014											
State: TN District: 04		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
c. Kroger		<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>10</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		21		2013
M M	/	D D	/	Y Y Y Y									
10		21		2013									
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Murfreesboro</td> <td>TN</td> <td>37128</td> </tr> </table>		City	State	Zip Code	Murfreesboro	TN	37128	<table border="1"> <tr> <td>65.01</td> </tr> </table>		65.01			
City	State	Zip Code											
Murfreesboro	TN	37128											
65.01													
Purpose of Disbursement		Transaction ID : SB17.4464											
Category/Type		002											
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014											
State: TN District: 04		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

SUBTOTAL of Disbursements This Page (optional).....	1003.00
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 11 OF 19	
	<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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 53.00
City Murfreesboro	State TN Zip Code 37128	
Purpose of Disbursement	Category/Type 002	Transaction ID : SB17.4468
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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 49.19
City Murfreesboro	State TN Zip Code 37128	
Purpose of Disbursement	Category/Type 002	Transaction ID : SB17.4478
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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 47.00
City Murfreesboro	State TN Zip Code 37128	
Purpose of Disbursement	Category/Type 002	Transaction ID : SB17.4480
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).....	149.19
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 19		
	<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		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 32.09
City San Jose State CA Zip Code 95131	Purpose of Disbursement Candidate Name 003 Category/Type	
Office Sought: <input 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)	Transaction ID : SB17.4414
State: District:		

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 38.65
City San Jose State CA Zip Code 95131	Purpose of Disbursement PayPal fees Candidate Name Fapas4Congress 003 Category/Type	
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)	Transaction ID : SB17.4415
State: TN District: 04		

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 101.13
City San Jose State CA Zip Code 95131	Purpose of Disbursement PayPal fees Candidate Name Fapas4Congress 003 Category/Type	
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)	Transaction ID : SB17.4416
State: TN District: 04		

SUBTOTAL of Disbursements This Page (optional).....	171.87
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 19			
	<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 10 / 02 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4439
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General 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 10 / 15 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4460
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General 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 10 / 31 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4471
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General 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).....	4500.00
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 14 OF 19			
	<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 11 / 14 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4487
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General 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 11 / 26 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4491
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General 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 12 / 02 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4494
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General 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).....	2900.00
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 15 OF 19			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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 12 / 16 / 2013
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4496
City Nolensville	State TN Zip Code 37135	
Purpose of Disbursement General Administration	Category/Type 001	
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.4452
City	State Zip Code	
Purpose of Disbursement Gas	Category/Type 002	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Shell		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address		Amount of Each Disbursement this Period 36.56 Transaction ID : SB17.4474
City	State Zip Code	
Purpose of Disbursement	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		

SUBTOTAL of Disbursements This Page (optional).....	1601.56
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 16 OF 19
	<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. Shell		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address		Amount of Each Disbursement this Period 21.09
City	State Zip Code	
Purpose of Disbursement	Category/Type 002	Transaction ID : SB17.4483
Candidate Name Fapas4Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 5370 Mt View Rd #60		Amount of Each Disbursement this Period 92.54
City	State Zip Code	
Purpose of Disbursement Monthly Fees	Category/Type 001	Transaction ID : SB17.4467
Candidate Name Fapas4Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 5370 Mt View Rd #60		Amount of Each Disbursement this Period 92.54
City	State Zip Code	
Purpose of Disbursement Monthly fees	Category/Type 001	Transaction ID : SB17.4492
Candidate Name Fapas4Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	206.17
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 17 OF 19			
	<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. T-Mobile

Full Name (Last, First, Middle Initial)

Mailing Address 5370 Mt View Rd #60

City Antioch State TN Zip Code 37013

Purpose of Disbursement Monthly fee

Candidate Name **Fapas4Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: TN District: 04

Date of Disbursement: 12 / 27 / 2013

Amount of Each Disbursement this Period: 92.54

Transaction ID : SB17.4497

Category/Type: 001

B. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 923 Oldham Drive

City Nolensville State TN Zip Code 37135

Purpose of Disbursement

Candidate Name **Fapas4Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: TN District: 04

Date of Disbursement: 11 / 12 / 2013

Amount of Each Disbursement this Period: 92.00

Transaction ID : SB17.4484

Category/Type: 003

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 923 Oldham Drive

City Nolensville State TN Zip Code 37135

Purpose of Disbursement

Candidate Name **Fapas4Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: TN District: 04

Date of Disbursement: 12 / 09 / 2013

Amount of Each Disbursement this Period: 3.56

Transaction ID : SB17.4495

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... 188.10

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 18 OF 19			
	<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 M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address		Amount of Each Disbursement this Period 82.31 Transaction ID : SB17.4449
City	State Zip Code	
Purpose of Disbursement Office Equipment & Supplies	Category/Type 001	
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. Walmart		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address		Amount of Each Disbursement this Period 52.90 Transaction ID : SB17.4455
City	State Zip Code	
Purpose of Disbursement Snacks, Refreshments (Bulk)	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) c. Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 5825 Nolensville Pike		Amount of Each Disbursement this Period 40.40 Transaction ID : SB17.4477
City	State Zip Code Nashville TN 37211	
Purpose of Disbursement Office supplies	Category/Type 001	
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).....	175.61
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 19 OF 19			
	<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 M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address		Amount of Each Disbursement this Period 12.96 Transaction ID : SB17.4485
City	State Zip Code	
Purpose of Disbursement Office Supplies	Category/Type 001	
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. Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address		Amount of Each Disbursement this Period 22.91 Transaction ID : SB17.4488
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) C.		Date of Disbursement M M / D D / Y Y Y Y
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).....	35.87
TOTAL This Period (last page this line number only).....	10931.37