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FEC FORM 1

STATEMENT OF ORGANIZATION

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			Office Use Only O MAIL UE
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
FAPAS 4 CON	GRESS		
ADDRESS (number and street)	P.O. BOX 141		
(Check if address is changed)	NOLENSVILL	<u>E</u> , , , , , , , , , , , ,	TN 37135
	-	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)	
OOMMITTEE O E MITTEE ABBITTEE	INFO@FAPA		.COM
(Check if address is changed)			
		• •	
COMMITTEE'S WEB PAGE ADI		ongrees com	
(Check if address	www.tapas4co	origiess.com	
is changed)		! !	
2. DATE 05 12	2° ′ 2013		
3. FEC IDENTIFICATION N	UMBER C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	CAM ROBIN	SON	
(**
Signature of Treasurer		<u>. </u>	Date 05 12° 2013 °
NOTE: Submission of false, errone	•	may subject the person signing the Control of the C	his Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

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•	F	EC Fo	rm 1 (Revised 02/2009)	Page 2					
5.	TYPE	OF C	OMMITTEE						
	Cen	didate	Committee:						
	(a)	X	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. (Complete the can information below.)								
	Name Cand		OLUYOMI FAPARUSI SR (FAPAS)						
	Cand		on REP Office Nouse Senate President	State TN					
	Party	Affiliati	on REP Sought: X House Senate President	District 04					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Candi								
	Part	y Con	nmittee:						
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
	Polit	ical A	ction Committee (PAC):						
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a					
		ليسا	Corporation Wo 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 committee. (i.e., nonconnected committee)	segregated 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 Fundraising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political					
		Com	mittees Participating in Joint Fundraiser						
		Com							
		1.	FEC ID Humber C						
		2.	FEC ID number C						
		3.	FEC ID number C						
		4.	FEC ID number C						

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Write or Type Committee Name		- 490 0
FAPAS 4 CON		
	Organization, Affiliatëd Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Mailing Address		
	CITY STATE ZIP	CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in posses	sion of committee
Full Name	ŖOBIŅSOŅ	
Mailing Address	15000 MOUNTAIN SPRINGS DRIVE	
Maining Address	APT. 1516	
	ANTIOCH 17N 137013	1-1
Title or Position	CITY STATE ZIP	CODE
TDEACHDED		
TREASURER		
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name CAM of Treasurer	ROBINSON	
Mailing Address	5000 MOUNTAIN SPRINGS DRIVE	1 1 1 1 1 1
J	APT. 1516	
	ANTIOCH TN 37013	- , , , !
Tille on Dealth		CODE
Title or Position	Telephone number [615] - [428]	[1822

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Full Name of Designated Agent		 	
Mailing Address		<u> </u>	لب
		 	لــــا
	CITY	STATE ZIP CODE	
Title or Position	Ţ Telephone numbe	er	لـــا
9. Banks or Other safety deposit bo Name of Bank, D		e deposits funds, holds accounts, rent	ts
	WELLS FARGO BANK, N.A.		لــــا
Mailing Address	1660 WESTGATE CIRCLE		لـــا
			ш
	BRENTWOOD	TN 37027 -	لب
	CITY	STATE ZIP CODE	
Name of Bank, D	Depository, etc.		
		11111111	لـــــا
Mailing Address			لب
			لــــا
			لب
	CITY	STATE ZIP CODE	

(3/2005)

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 **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):

DATE PREPARED