

# 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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00545608

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:  /  /  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))....	8680.00	0.00
(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	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4896.81	0.00
(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	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4446.27	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5605.00	0.00
(ii) Unitemized.....	3075.00	0.00
(iii) TOTAL of contributions from individuals ▶	8680.00	0.00
(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	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	8680.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4896.81	0.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4896.81	0.00

**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 12
	<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 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  
500.00

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 State Zip Code  
Lincolnshire IL 60069

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

Name of Employer Occupation  
Northwestern University 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  
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 State Zip Code  
Walnut Creek CA 94595

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  
250.00

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 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ayodele Ayoade</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2013
Mailing Address 1835 Leann Lane		<b>Transaction ID : SA11AI.4111</b>
City Irving	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Private Practice	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Innocent Dargbey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2013
Mailing Address 318 Davids Way		<b>Transaction ID : SA11AI.4113</b>
City La Vergne	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 205.00
Name of Employer Nissan	Occupation Accountant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 205.00	

Full Name (Last, First, Middle Initial) <b>C. Uzoma Ibebuogu</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2013
Mailing Address 861 Harbor View Dr.		<b>Transaction ID : SA11AI.4117</b>
City Memphis	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UT-Memphis	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	955.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. Maram Jafar</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2013
Mailing Address 340 N. 5th Street		<b>Transaction ID : SA11AI.4123</b>
City Allentown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Maram Jafar</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 340 N. 5th Street		<b>Transaction ID : SA11AI.4125</b>
City Allentown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) <b>C. Adedamola Lufadeju</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2013
Mailing Address 148 Nelson Blvd. NW		<b>Transaction ID : SA11AI.4128</b>
City Rome	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Private Practice	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12
	<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 12
	<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 12			
	<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. MSP STREAM**

Mailing Address 1788 Drew Road, Suite 204

City Mississauga State ZZ Zip Code 00000

Purpose of Disbursement Website

Candidate Name **Fapas4Congress**

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

Category/Type: 006

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 PayPal Fees

Candidate Name **Fapas4Congress**

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

Category/Type: 001

Full Name (Last, First, Middle Initial)

**c. Cam Robinson**

Mailing Address 5000 Mountain Springs Drive Apt. 1516

City Nolensville State TN Zip Code 37135

Purpose of Disbursement Consultant/Administration

Candidate Name **Fapas4Congress**

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

Category/Type: 001

**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 12			
	<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) <b>A. Cam Robinson</b>		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 <b>Transaction ID : SB17.4228</b>
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Consultant/Administration 001 Category/Type	
Candidate Name <b>Fapas4Congress</b>	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>B. Cam Robinson</b>		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 <b>Transaction ID : SB17.4229</b>
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Consultant/Administration 001 Category/Type	
Candidate Name <b>Fapas4Congress</b>	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>c. Cam Robinson</b>		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 <b>Transaction ID : SB17.4246</b>
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Administration 001 Category/Type	
Candidate Name <b>Fapas4Congress</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1326.00
<b>TOTAL</b> 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 12	
	<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) <b>A. Cam Robinson</b>		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	<b>Transaction ID : SB17.4244</b>
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>B. T-Mobile</b>		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	<b>Transaction ID : SB17.4231</b>
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>C.</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	218.00
<b>TOTAL</b> This Period (last page this line number only).....	2698.28