

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

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00545608

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

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 2016

through

M M /

D D /

Y Y Y Y 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Garcia, Francis, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Garcia, Francis, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	1563.00	24747.00
(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)).....	1563.00	24747.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	735.33	20664.98
(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)).....	735.33	20664.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4232.54	
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 05/2016)

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).....	968.00	15337.00
(ii) Unitemized.....	595.00	9410.00
(iii) TOTAL of contributions from individuals ▶	1563.00	24747.00
(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))..	1563.00	24747.00
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)..... ▶	1563.00	276447.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	735.33	20664.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	251700.00	251700.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	251700.00	251700.00
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) ►	252435.33	272364.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	255104.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1563.00
25. SUBTOTAL (add Line 23 and Line 24).....	256667.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	252435.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4232.54

**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 14	
	<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

Full Name (Last, First, Middle Initial) A. Ajala, Adefunke, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2016	
Mailing Address 1633 W. 147th Street Apt. B			Transaction ID : SA11AI.4564	
City Gardena	State CA	Zip Code 90247	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer The Coffee Bean & Tea Leaf		Occupation IT Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 525.00		

Full Name (Last, First, Middle Initial) B. Ajala, Adefunke, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1633 W. 147th Street Apt. B			Transaction ID : SA11AI.4565	
City Gardena	State CA	Zip Code 90247	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer The Coffee Bean & Tea Leaf		Occupation IT Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 550.00		

Full Name (Last, First, Middle Initial) C. Egunjobi, Babatunde, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 05 / 2016	
Mailing Address 2700 Brazos Street Unit 4515			Transaction ID : SA11AI.4561	
City Houston	State TX	Zip Code 77006	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Cobalt International Energy		Occupation Snr. Corporate Finance Advisor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 350.00		

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 100.00
TOTAL 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 6 OF 14	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Faparusi, Adebimpe, , ,

Mailing Address 5005 Coachman's 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 Retired	Occupation College Professor
-----------------------------	---------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kareem, Abidemi, , ,

Mailing Address 2809 Olivia Ct

City Bryant	State AR	Zip Code 72202
----------------	-------------	-------------------

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

Name of Employer Owen's Jeep	Occupation Sales
---------------------------------	---------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Odunuyi, Matthew, , ,

Mailing Address 21228 WHITNEY AVENUE

City Matteson	State IL	Zip Code 60443
------------------	-------------	-------------------

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

Name of Employer NATION PIZZA PRODUCTS	Occupation Purchasing Executive
-------------------------------------------	------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 400.00
TOTAL 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: PAGE 7 OF 14
(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)
Ogunlesi, Olusegun, , ,

Mailing Address 38033 Euclid Avenue, Suite T8

City Willoughby State OH Zip Code 44094

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

Name of Employer Axelix Health Consulting Occupation Infectious Diseases Consultant

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Onafowokan, Femi, , ,

Mailing Address 1026 Glastonbury Way

City Murfreesboro State TN Zip Code 37129

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

Name of Employer Direct General Insurance Occupation Director, Risk and Compliance

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
218.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : SA11AI.4554

Amount of Each Receipt this Period
218.00

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	468.00
TOTAL This Period (last page this line number only).....▶	968.00

**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 8 OF 14			
	<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 Gas Station			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 2946 S Church St			FEC Identification Number C		
City Murfreesboro	State TN	Zip Code 37127	Amount of Each Disbursement this Period 18.60		
Purpose of Disbursement Gas		Category/ Type 002	Transaction ID : SB17.4599		
Candidate Name		<input type="checkbox"/> Memo Item			
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. Kroger Gas Station			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016		
Mailing Address 2946 S Church St			FEC Identification Number C		
City Murfreesboro	State TN	Zip Code 37127	Amount of Each Disbursement this Period 4.78		
Purpose of Disbursement Refreshments		Category/ Type 002	Transaction ID : SB17.4610		
Candidate Name		<input type="checkbox"/> Memo Item			
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. PayPal			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2016		
Mailing Address 2211 North First Street			FEC Identification Number C		
City San Jose	State CA	Zip Code 95131	Amount of Each Disbursement this Period 89.94		
Purpose of Disbursement Fees		Category/ Type 003	Transaction ID : SB17.4571		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	113.32
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 14
	<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 08 / 31 / 2016
Mailing Address 2211 North First Street		FEC Identification Number C
City San Jose	State CA	Zip Code 95131
Purpose of Disbursement Fees		003
Candidate Name		Category/ Type
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) ▼	Amount of Each Disbursement this Period 28.30
State: District:		Transaction ID : SB17.4572 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address 2211 North First Street		FEC Identification Number C
City San Jose	State CA	Zip Code 95131
Purpose of Disbursement Fees		003
Candidate Name		Category/ Type
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) ▼	Amount of Each Disbursement this Period 11.19
State: District:		Transaction ID : SB17.4573 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 923 Oldham Drive		FEC Identification Number C
City Nolensville	State TN	Zip Code 37135
Purpose of Disbursement Mailing		003
Candidate Name		Category/ Type
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) ▼	Amount of Each Disbursement this Period 95.90
State: District:		Transaction ID : SB17.4592 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	135.39
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 10 OF 14			
	<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 08 / 02 / 2016
Mailing Address 923 Oldham Drive		FEC Identification Number C
City Nolensville	State TN	Zip Code 37135
Purpose of Disbursement Mailing	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 29.40
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:	Transaction ID : SB17.4607 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address 5824 Nolensville Road		FEC Identification Number C
City Nashville	State TN	Zip Code 37211
Purpose of Disbursement Campaign Supplies	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 73.13
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:	Transaction ID : SB17.4598 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2016
Mailing Address 1660 Westgate Circle		FEC Identification Number C
City Brentwood	State TN	Zip Code 37027
Purpose of Disbursement Monthly Fee	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 14.00
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:	Transaction ID : SB17.4568 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	116.53
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 14	
	<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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016
Mailing Address 1660 Westgate Circle		FEC Identification Number C
City Brentwood	State TN	Zip Code 37027
Purpose of Disbursement Monthly Fee	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 14.00	
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) ▼	Transaction ID : SB17.4569 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address 1660 Westgate Circle		FEC Identification Number C
City Brentwood	State TN	Zip Code 37027
Purpose of Disbursement Monthly Fee	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 14.00	
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) ▼	Transaction ID : SB17.4570 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	28.00
TOTAL This Period (last page this line number only).....▶	393.24

**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 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. Faparusi, Yomi, , Dr., Sr.		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address P.O. Box 141		FEC Identification Number C H4TN04155
City Nolensville	State TN	
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 1700.00
Candidate Name		Transaction ID : SB19A.4613
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: TN	District: 04	

Full Name (Last, First, Middle Initial) B. Faparusi, Yomi, , Dr., Sr.		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address P.O. Box 141		FEC Identification Number C H4TN04155
City Nolensville	State TN	
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 250000.00
Candidate Name		Transaction ID : SB19A.4615
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: TN	District: 04	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Transaction ID : SB19A.4615
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	251700.00
TOTAL This Period (last page this line number only).....▶	251700.00

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) Faparusi, Yomi, , Dr., Sr.		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 141			
City Nolensville	State TN	ZIP Code 37135	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred M 03 / D 27 / Y 2015	Date Due M M / D D / Y 09/30/2015	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	0.00
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) Faparusi, Yomi, , Dr., Sr.		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 141			
City Nolensville	State TN	ZIP Code 37135	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 250000.00	Cumulative Payment To Date 250000.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 09 / D 23 / Y 2015	Date Due M M / D D / Y 12/31/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	0.00
TOTALS This Period (last page in this line only).....▶	0.00

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