

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Fapas4Congress

ADDRESS (number and street)

P.O. Box 141

Check if different than previously reported. (ACC)

Nolensville

TN

37135

2. FEC IDENTIFICATION NUMBER ▼

C C00545608

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TN

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Cam Robinson

Signature of Treasurer Cam Robinson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Fapas4Congress

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 19588.96 | 39095.96 |
| (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))..... | 19588.96 | 39095.96 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 19272.54 | 38776.05 |
| (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))..... | 19272.54 | 38776.05 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 369.91 | |
| 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)..... | 6138.00 | 17843.00 |
| (ii) Unitemized..... | 6880.00 | 13457.00 |
| (iii) TOTAL of contributions from individuals ▶ | 13018.00 | 31300.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 6570.96 | 7795.96 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 19588.96 | 39095.96 |
| 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)..... ▶ | 19588.96 | 39095.96 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 19272.54 | 38776.05 |
| 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) ▶ | 19272.54 | 38776.05 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 53.49 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 19588.96 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 19642.45 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 19272.54 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 369.91 |

**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 28 |
| | <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)
Adekunle Adedeji

Mailing Address 1030 N. Zaragoza, Ste X

City El Paso State TX Zip Code 79907

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Adedotun Adeosun

Mailing Address 8832 Harkate Way

City Randallstown State MD Zip Code 21133

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

Name of Employer GEICO Occupation Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 02 / 2014

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Olakunle Ajayi

Mailing Address 203 Sequoia Avenue

City Walnut Creek State CA Zip Code 94595

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

Name of Employer Private Practice Occupation 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
01 / 01 / 2014

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period
250.00

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

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

650.00

**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 28 |
| | <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)
Adeyemi Alimi

Mailing Address 6730 E 10th Avenue Unit 2

City Anchorage State AK Zip Code 99504

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

Name of Employer White Laboratories LLC Occupation Chemist

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
03 / 24 / 2014

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Richard Coker

Mailing Address 929 Washington Street

City Pickerington State OH Zip Code 43147

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

Name of Employer Abbott Nutrition Occupation Purchase

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period
1200.00

In-kind - Campaign Materials

C. Full Name (Last, First, Middle Initial)
Dr. Segun Dawodu

Mailing Address PO BOX 11626

City Albany State NY Zip Code 12211

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

Name of Employer AMC Physical Med & Rehab Occupation Pain Medicine Specialist

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 Y
01 / 04 / 2014

Transaction ID : SA11AI.4523

Amount of Each Receipt this Period
200.00

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 7 OF 28 |
| | <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)
Patricia Eben

Mailing Address 11103 SNOWDEN POND ROAD

City State Zip Code
Laurel MD 20708

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
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
300.00

B. 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
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11AI.4594

Amount of Each Receipt this Period
200.00

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

Mailing Address 5005 Coachman's Carriage Terrace

City State Zip Code
Glen Allen VA 23059

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

Name of Employer Occupation
Retired College Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
200.00

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

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

700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 28
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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 **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Olakunle Johnson

Mailing Address 7606 Agatha Christie Drive

City Laredo State TX Zip Code 78041

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

Name of Employer Private Practice Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period
250.00

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

Mailing Address 2809 Olivia Ct

City Bryant State AR Zip Code 72022

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

Name of Employer Owens Murphy Jaguar Occupation Sales

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
02 / 10 / 2014

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period
100.00

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 9 OF 28 |
| | <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)
Abidemi Kareem

Mailing Address 2809 Olivia Ct

City State Zip Code
Bryant AR 72022

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

Name of Employer Occupation
Owens Murphy Jaguar Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2014

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Modupe Kehinde

Mailing Address 1134 NW Rutland Road

City State Zip Code
Mt. Juliet TN 37122

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
03 / 14 / 2014

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Arieh Kleinstein

Mailing Address nahal aviv 729

City State Zip Code
Modlin Israel ZZ 71799

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

Name of Employer Occupation
Gliot Capital Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2014

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period
1000.00

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

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

1600.00

**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 10 OF 28 |
| | <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)
Adedamola Lufadeju

Mailing Address 148 Nelson Blvd. NW

City State Zip Code
Rome GA 30165

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
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Oyenike Obrimah

Mailing Address 7463 Dutch Lily Court

City State Zip Code
Mechanicsville VA 23111

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

Name of Employer Occupation
VA Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Olusegun Ogunlesi

Mailing Address 38033 Euclid Avenue, Suite T8

City State Zip Code
Willoughy OH 44094

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2014

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period
100.00

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 11 OF 28 |
| | <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)
Olusegun Ogunlesi

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 Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period
200.00

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

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 Auditor/Compliance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **218.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period
218.00

C. 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 **420.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period
120.00

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

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

538.00

**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 12 OF 28 |
| | <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)
Babatunde Sobowale

Mailing Address **700 E 21ST ST**

City **Marshfield** State **WI** Zip Code **54449**

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

Name of Employer **Marshfield Clinic** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
100.00

B. 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D 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).....

100.00

6138.00

**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 13 OF 28 | |
| | <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
1405.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2014

Transaction ID : SA11D.4816

Amount of Each Receipt this Period
180.00

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
1455.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11D.4817

Amount of Each Receipt this Period
50.00

C. 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
1615.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11D.4818

Amount of Each Receipt this Period
160.00

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

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

390.00

**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 14 OF 28 |
| | <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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Dr. Yomi Faparusi Sr. | | Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014 | |
| Mailing Address 2380 Hamilton Ave, #47 | | Transaction ID : SA11D.4819 | |
| City South Pittsburg State TN Zip Code 37380 | Amount of Each Receipt this Period 700.00 | | |
| FEC ID number of contributing federal political committee. C H4TN04155 | Name of Employer: Fapas Consults Occupation: Physician & Attorney | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2315.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Dr. Yomi Faparusi Sr. | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 | |
| Mailing Address 2380 Hamilton Ave, #47 | | Transaction ID : SA11D.4821 | |
| City South Pittsburg State TN Zip Code 37380 | Amount of Each Receipt this Period 4340.96 In-kind - Car (Quarter) | | |
| FEC ID number of contributing federal political committee. C H4TN04155 | Name of Employer: Fapas Consults Occupation: Physician & Attorney | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 7795.96 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Yomi Faparusi Sr. | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 | |
| Mailing Address 2380 Hamilton Ave, #47 | | Transaction ID : SA11D.4822 | |
| City South Pittsburg State TN Zip Code 37380 | Amount of Each Receipt this Period 1140.00 In-kind - Fuel (Quarterly Aggregate) | | |
| FEC ID number of contributing federal political committee. C H4TN04155 | Name of Employer: Fapas Consults Occupation: Physician & Attorney | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3455.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6180.96 |
| TOTAL This Period (last page this line number only)..... | 6570.96 |

**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 28 | | | |
| | <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. Richard Coker | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014 |
| Mailing Address 929 Washington Street | | Amount of Each Disbursement this Period 1200.00 |
| City Pickerington | State OH | |
| Zip Code 43147 | Purpose of Disbursement In-kind - Campaign Materials | Transaction ID : SB17.4827 |
| Candidate Name | 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) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Cracker Barrel | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 25.96 |
| City | State | |
| Zip Code | Purpose of Disbursement Meeting | Transaction ID : SB17.4808 |
| Candidate Name | Category/ Type 003 | |
| 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. Delta Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 216.50 |
| City Bellevue | State WA | |
| Zip Code | Purpose of Disbursement | Transaction ID : SB17.4776 |
| Candidate Name | Category/ Type 003 | |
| 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)..... | 1442.46 |
| 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 28 | | | |
| | <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. Dr. Yomi Faparusi Sr. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 2380 Hamilton Ave, #47 | | Amount of Each Disbursement this Period 1140.00 Transaction ID : SB17.4823 |
| City South Pittsburg State TN Zip Code 37380 | Purpose of Disbursement In-kind - Fuel (Quarterly Aggregate) | |
| Candidate Name | 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) | |
| State: TN District: 04 | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Yomi Faparusi Sr. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 2380 Hamilton Ave, #47 | | Amount of Each Disbursement this Period 4340.96 Transaction ID : SB17.4824 |
| City South Pittsburg State TN Zip Code 37380 | Purpose of Disbursement In-kind - Car (Quarter) | |
| Candidate Name | 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) | |
| State: TN District: 04 | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Kroger | | Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 20.62 Transaction ID : SB17.4733 |
| City Murfreesboro State TN Zip Code 37128 | Purpose of Disbursement Gas | |
| Candidate Name | Category/Type 002 | |
| 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: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5501.58 |
| 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 28 | | | |
| | <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 01 / 08 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 99.01 Transaction ID : SB17.4734 |
| City Murfreesboro | State TN Zip Code 37128 | |
| Purpose of Disbursement Gas | Category/Type | |
| 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) B. Kroger | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 49.01 Transaction ID : SB17.4738 |
| City Murfreesboro | State TN Zip Code 37128 | |
| 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Kroger | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 9.65 Transaction ID : SB17.4740 |
| City Murfreesboro | State TN Zip Code 37128 | |
| Purpose of Disbursement Refreshments | 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 118.67 |
| 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 28 | | | |
| | <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 01 / 23 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 98.00 |
| City Murfreesboro | State TN Zip Code 37128 | |
| Purpose of Disbursement Gas | Category/Type 002 | Transaction ID : SB17.4813 |
| 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) B. Kroger | | Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 50.00 |
| City Murfreesboro | State TN Zip Code 37128 | |
| Purpose of Disbursement Gas | Category/Type 002 | Transaction ID : SB17.4810 |
| 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. Kroger | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 20.04 |
| City Murfreesboro | State TN Zip Code 37128 | |
| Purpose of Disbursement | Category/Type 002 | Transaction ID : SB17.4792 |
| 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: | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 98.04 |
| 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 28 | |
| | <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 MM / DD / YYYY 02 / 26 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 9,999,999.99 13.12 |
| City Murfreesboro | State TN | |
| Zip Code 37128 | Purpose of Disbursement Gas | Transaction ID : SB17.4791 |
| Candidate Name | Category/Type 002 | |
| 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) B. Kroger | | Date of Disbursement MM / DD / YYYY 03 / 10 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 9,999,999.99 52.05 |
| City Murfreesboro | State TN | |
| Zip Code 37128 | Purpose of Disbursement Gas | Transaction ID : SB17.4779 |
| Candidate Name | Category/Type 002 | |
| 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. Kroger | | Date of Disbursement MM / DD / YYYY 03 / 12 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 9,999,999.99 873.00 |
| City Murfreesboro | State TN | |
| Zip Code 37128 | Purpose of Disbursement Refreshments | Transaction ID : SB17.4773 |
| Candidate Name | Category/Type 002 | |
| 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: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 938.17 |
| 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 20 OF 28 | | | |
| | <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 03 / 17 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 22.60 |
| City Murfreesboro | State TN | |
| Zip Code 37128 | Purpose of Disbursement Refreshments | Transaction ID : SB17.4768 |
| Candidate Name | 002 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) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Kroger | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 48.00 |
| City Murfreesboro | State TN | |
| Zip Code 37128 | Purpose of Disbursement Gas | Transaction ID : SB17.4761 |
| Candidate Name | 002 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) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Kroger | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 15.89 |
| City Murfreesboro | State TN | |
| Zip Code 37128 | Purpose of Disbursement Refreshment | Transaction ID : SB17.4763 |
| Candidate Name | 002 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) | |
| State: District: | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 86.49 |
| 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 21 OF 28 | | | |
| | <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 03 / 24 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 43.54 |
| City Murfreesboro | State TN Zip Code 37128 | |
| Purpose of Disbursement Stationery | Category/Type 001 | Transaction ID : SB17.4757 |
| 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) B. Kroger | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 2449 Old Fort Pkwy | | Amount of Each Disbursement this Period 35.00 |
| City Murfreesboro | State TN Zip Code 37128 | |
| Purpose of Disbursement Gas | Category/Type 002 | Transaction ID : SB17.4758 |
| 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. PayPal | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 2211 North First Street | | Amount of Each Disbursement this Period 371.48 |
| City San Jose | State CA Zip Code 95131 | |
| Purpose of Disbursement Fee for quarter | Category/Type 001 | Transaction ID : SB17.4742 |
| 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: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 450.02 |
| 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 22 OF 28 | |
| | <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 01 / 01 / 2014 |
| Mailing Address 5000 Mountain Springs Drive Apt. 1516 | | Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4732 |
| City Nolensville State TN Zip Code 37135 | Purpose of Disbursement General Administration 001 Category/Type | |
| 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) B. Cam Robinson | | Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014 |
| Mailing Address 5000 Mountain Springs Drive Apt. 1516 | | Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4735 |
| City Nolensville State TN Zip Code 37135 | Purpose of Disbursement General Administration Category/Type | |
| 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. Cam Robinson | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014 |
| Mailing Address 5000 Mountain Springs Drive Apt. 1516 | | Amount of Each Disbursement this Period 1410.00 Transaction ID : SB17.4805 |
| City Nolensville State TN Zip Code 37135 | Purpose of Disbursement General Administration 001 Category/Type | |
| 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: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4310.00 |
| 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 23 OF 28 | |
| | <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 02 / 19 / 2014 |
| Mailing Address 5000 Mountain Springs Drive Apt. 1516 | | Amount of Each Disbursement this Period 1500.00 |
| City Nolensville State TN Zip Code 37135 | Purpose of Disbursement General Administration Category/Type 001 | |
| 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) | Transaction ID : SB17.4799 |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Cam Robinson | | Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 |
| Mailing Address 5000 Mountain Springs Drive Apt. 1516 | | Amount of Each Disbursement this Period 1400.00 |
| City Nolensville State TN Zip Code 37135 | Purpose of Disbursement General Administration Category/Type 001 | |
| 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) | Transaction ID : SB17.4783 |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Cam Robinson | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014 |
| Mailing Address 5000 Mountain Springs Drive Apt. 1516 | | Amount of Each Disbursement this Period 1500.00 |
| City Nolensville State TN Zip Code 37135 | Purpose of Disbursement General Administration Category/Type 001 | |
| 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) | Transaction ID : SB17.4767 |
| State: District: | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4400.00 |
| 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 24 OF 28 | | | |
| | <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 01 / 16 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4736 |
| City | State Zip Code | |
| Purpose of Disbursement Gas | 002 Category/ Type | |
| 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) B. Shell | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 56.34 Transaction ID : SB17.4789 |
| City | State Zip Code | |
| Purpose of Disbursement Gas | 002 Category/ Type | |
| 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 03 / 04 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4781 |
| City | State Zip Code | |
| Purpose of Disbursement Gas | 002 Category/ Type | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 116.34 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 28 | | | |
| | <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 MM / DD / YYYY 03 / 18 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 40.02 |
| City | State Zip Code | |
| Purpose of Disbursement Gas | Category/ Type 002 | Transaction ID : SB17.4762 |
| 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) B. Sleep Inn | | Date of Disbursement MM / DD / YYYY 03 / 28 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 209.75 |
| City | State Zip Code | |
| Purpose of Disbursement Lodging | Category/ Type 003 | Transaction ID : SB17.4745 |
| 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) c. T-Mobile | | Date of Disbursement MM / DD / YYYY 01 / 28 / 2014 |
| Mailing Address 5370 Mt View Rd #60 | | Amount of Each Disbursement this Period 92.67 |
| City | State Zip Code | |
| Purpose of Disbursement Monthly Fee | Category/ Type 001 | Transaction ID : SB17.4807 |
| 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: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 342.44 |
| 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 26 OF 28 | | |
| | <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

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 101.17

Transaction ID : SB17.4752

Category/Type: 001

B. 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

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 28 / 2014

Amount of Each Disbursement this Period: 92.67

Transaction ID : SB17.4786

Category/Type: 001

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 923 Oldham Drive

City Nolensville State TN Zip Code 37135

Purpose of Disbursement Mailing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2014

Amount of Each Disbursement this Period: 106.20

Transaction ID : SB17.4737

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) 300.04

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 27 OF 28 | |
| | <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

Mailing Address 923 Oldham Drive

City Nolensville State TN Zip Code 37135

Purpose of Disbursement Mailing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2014

Amount of Each Disbursement this Period: 65.55

Transaction ID : SB17.4739

Category/Type: 003

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 923 Oldham Drive

City Nolensville State TN Zip Code 37135

Purpose of Disbursement Mailing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2014

Amount of Each Disbursement this Period: 25.59

Transaction ID : SB17.4785

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 923 Oldham Drive

City Nolensville State TN Zip Code 37135

Purpose of Disbursement Mailing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2014

Amount of Each Disbursement this Period: 19.25

Transaction ID : SB17.4772

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 110.39

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 28 OF 28 | |
| | <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 02 / 24 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 86.00 |
| City State Zip Code | | |
| Purpose of Disbursement Campaign Event | Candidate Name | Transaction ID : SB17.4793 |
| Category/Type 007 | | |
| 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) B. Walmart | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 71.21 |
| City State Zip Code | | |
| Purpose of Disbursement Office Supplies | Candidate Name | Transaction ID : SB17.4771 |
| Category/Type 001 | | |
| 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. | | 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 | Candidate Name | Transaction ID |
| Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 157.21 |
| TOTAL This Period (last page this line number only)..... | 18371.85 |