

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))....	18278.46	57354.42
(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)).....	18278.46	57354.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17497.07	55388.85
(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)).....	17497.07	55388.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2015.57	
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).....	15278.46	33121.46
(ii) Unitemized	2750.00	16207.00
(iii) TOTAL of contributions from individuals	18028.46	49328.46
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	250.00	8025.96
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18278.46	57354.42
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).....	18278.46	57354.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17497.07	55388.85
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) ►	17497.07	55388.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1234.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18278.46
25. SUBTOTAL (add Line 23 and Line 24).....	19512.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17497.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2015.57

**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 29
	<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

Full Name (Last, First, Middle Initial) A. Olutoye Abitoye		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1472 Chase Lane		Transaction ID : SA11AI.4984
City Irving	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Medical Center of Lewisville	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. O Adah		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 350 5th Avenue, 59th Floor		Transaction ID : SA11AI.4973
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 1500.00	

Full Name (Last, First, Middle Initial) C. O Adah		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 350 5th Avenue, 59th Floor		Transaction ID : SA11AI.4962
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 2500.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 29
	<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)
Muyiwa Adeboye

Mailing Address 32 Miranda Lane

City Stratford State CT Zip Code 06615

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

Name of Employer SVMC Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Oladapo Afolabi

Mailing Address 2600 Summit Ridge Drive

City Southlake State TX Zip Code 76092

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

Name of Employer Tarrant Nephrology Associates Occupation Nephrologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period
805.00

In-kind - Dallas Fundraiser at Copeland (Food and Drinks)

C. Full Name (Last, First, Middle Initial)
Oluwayomi Akande

Mailing Address 383 Grassmeade Way

City Snellville State GA Zip Code 30078

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

Name of Employer Private Practice Occupation Internist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 04 / 2014

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period
250.00

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

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

1555.00

**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 29
	<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)
Olawale Akinmerese

Mailing Address 5912 Kays Court

City State Zip Code
Colleyville TX 76034

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

Name of Employer Occupation
Fort Worth Internal Medicine Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4992

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Akindele Akinseye

Mailing Address 6053 Main Street, Suite 120

City State Zip Code
The Colony TX 75056

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

Name of Employer Occupation
Favos Inc. Trinity North Pharm Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kolawole Ayeni

Mailing Address 7811 Pacific Spring Ln

City State Zip Code
Richmond TX 77407

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

Name of Employer Occupation
ConocoPhillips Senior Reservoir Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period
100.00

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 8 OF 29
	<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)
Ann M Badmus

Mailing Address 5104 Edgewater Ct.

City Plano	State TX	Zip Code 75094
---------------	-------------	-------------------

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

Name of Employer Badmus Law	Occupation Attorney
--------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Taoreed Badmus

Mailing Address 5104 Edgewater Ct.

City Plano	State TX	Zip Code 75094
---------------	-------------	-------------------

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

Name of Employer BDS Technologies, Inc.	Occupation President
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4994

Amount of Each Receipt this Period
500.00

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2014

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period
200.00

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

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

950.00

**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 29
	<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)
Olumuyiwa Esuruoso

Mailing Address 422 Van Buren St

City Nashville State TN Zip Code 37208

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

Name of Employer Occupation
Meharry Medical College Internist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Olayele Fadayomi

Mailing Address 2133 Kimball Hill Ct

City Southlake State TX Zip Code 76092

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

Name of Employer Occupation
Funmi & Yele LLC Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period
500.00

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

Mailing Address 5005 Coachman's Carriage Terrace

City Glen Allen State VA Zip Code 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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period
200.00

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

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

1200.00

**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 29
	<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)
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
700.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Adewale Faparusi

Mailing Address 5005 Coachmans Carriage Terrace

City	State	Zip Code
Glen Allen	VA	23059

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

Name of Employer	Occupation
Capital One	Senior Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
GCIOBA Dallas

Mailing Address 127 Oakbend Drive

City	State	Zip Code
Coppell	TX	75019

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
973.46

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period
973.46
Alumni Association donation

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

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

1323.46

**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 29
	<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)
Timothy Idiaghe

Mailing Address 224 Weeping Cherry Lane

City Columbia State SC Zip Code 29212

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 **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period
200.00

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

Mailing Address 2101 Canyon Park drive

City Southlake State TX Zip Code 76092

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

Name of Employer North Texas Pulmonary Critical 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
05 / 30 / 2014

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ademola Jaiyeola

Mailing Address 900 Jerome Street, Ste 100

City Forth Worth State TX Zip Code 76104

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

Name of Employer New Care Pharmacy Inc Occupation CEO/Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period
500.00

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

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

1200.00

**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 29
	<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)
Abiodun Johnson

Mailing Address P O Box 51854

City Amarillo State TX Zip Code 79159

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

Name of Employer Texas Tech Occupation Professor of Pediatrics

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
 250.00

B. 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

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.4911

Amount of Each Receipt this Period
 100.00

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

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 26 / 2014

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period
 100.00

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

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

450.00

**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 29
	<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)
John Molomo

Mailing Address 1315 Deville Cir

City State Zip Code
Garland TX 75043

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

Name of Employer Occupation
Protiviti, Inc. Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.4998

Amount of Each Receipt this Period
400.00

B. 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
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2014

Transaction ID : SA11AI.4963

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Gbekeloluwa Oguntimein

Mailing Address 8618 Wilenoak Court

City State Zip Code
Rosedale MD 21237

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

Name of Employer Occupation
Morgan State University Associate Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 14 OF 29
	<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)
Anietie Okon

Mailing Address 4241 Suffolk Way

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
Placerville Radiology Medical Radiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Adebowale Okubanjo

Mailing Address P.O.Box 1662

City State Zip Code
Owings Mills MD 21117

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

Name of Employer Occupation
ExecuHome Realty Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Roger Olade

Mailing Address 1121 N 44TH ST #1044

City State Zip Code
Phoenix AZ 85008

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
04 / 16 / 2014

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period
500.00

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 15 OF 29
	<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)
Anthony Onianwah

Mailing Address 9500 Arena Drive, #360

City State Zip Code
Largo MD 20774

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

Name of Employer Occupation
Apex Petroleum Corporation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.4969

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Bankole Osuntokun

Mailing Address 520 Clariden Ranch Road

City State Zip Code
Southlake TX 76092

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

Name of Employer Occupation
Cook Childrens Gastro Clinic Pediatric Gastroenterologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Sosunmolu Shoyinka

Mailing Address 4507 Maxwell Lane

City State Zip Code
Columbia MO 65203

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

Name of Employer Occupation
U-Missouri Health System Psychiatrist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period
200.00

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

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

1700.00

**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 16 OF 29
	<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)
Neji Tangban

Mailing Address 90 hall road, apt 7

City State Zip Code
Sturbridge MA 01566

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

Name of Employer Occupation
Wing Memorial Hospital 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 Y Y
06 / 14 / 2014

Transaction ID : SA11AI.4960

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Adekunle Tometi

Mailing Address 3636 Macarthur Blvd, Ste 100

City State Zip Code
Irving TX 75062

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

Name of Employer Occupation
Total Care Pharmacy & Compound Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.4986

Amount of Each Receipt this Period
500.00

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

15278.46

**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 17 OF 29
	<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	

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)
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: 6855.96

Date of Receipt: 04 / 21 / 2014

Transaction ID : SA11D.4966

Amount of Each Receipt this Period: 200.00

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: 6905.96

Date of Receipt: 05 / 27 / 2014

Transaction ID : SA11D.4965

Amount of Each Receipt this Period: 50.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

250.00

250.00

**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 18 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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. Affordable Sign Company		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 727 S Church St		Amount of Each Disbursement this Period 436.26 Transaction ID : SB17.5131
City Murfreesboro	State TN	
Zip Code 37130	Purpose of Disbursement Campaign signs	Category/ Type 006
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. Oladapo Afolabi		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 2600 Summit Ridge Drive		Amount of Each Disbursement this Period 805.00 Transaction ID : SB17.4968
City Southlake	State TX	
Zip Code 76092	Purpose of Disbursement In-kind - Dallas Fundraiser at Copeland (Food and Drinks)	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. Kroger		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 11.08 Transaction ID : SB17.5010
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Snacks	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).....	1252.34
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 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 56.90
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Gas	Transaction ID : SB17.5018
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 04 / 22 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 45.00
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Gas	Transaction ID : SB17.5026
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 05 / 06 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 49.00
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Travel	Transaction ID : SB17.5058
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:		

SUBTOTAL of Disbursements This Page (optional).....	150.90
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 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 40.01
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Gas	Transaction ID : SB17.5083
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 05 / 20 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 35.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Gas	Transaction ID : SB17.5088
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 05 / 22 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 30.02
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Gas	Transaction ID : SB17.5089
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:		

SUBTOTAL of Disbursements This Page (optional).....	105.03
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 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 58.55 Transaction ID : SB17.5094
City Brentwood State TN Zip Code 37027	Purpose of Disbursement Gas (Dallas Fundraiser) 003 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 06 / 02 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 19.05 Transaction ID : SB17.5108
City Brentwood State TN Zip Code 37027	Purpose of Disbursement Snacks 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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.5117
City Murfreesboro State TN Zip Code 37128	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:		

SUBTOTAL of Disbursements This Page (optional).....	107.60
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 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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. Kroger			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 2449 Old Fort Pkwy			Amount of Each Disbursement this Period 56.47	
City Murfreesboro	State TN	Zip Code 37128	Transaction ID : SB17.5125	
Purpose of Disbursement Gas		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MSP STREAM			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 1788 Drew Road, Suite 204			Amount of Each Disbursement this Period 239.88	
City Mississauga	State ZZ	Zip Code 00000	Transaction ID : SB17.5115	
Purpose of Disbursement Annual website hosting fees		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)			
State: District:				

Full Name (Last, First, Middle Initial) c. Caitlin Nicholas			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 408 N. Riles Street			Amount of Each Disbursement this Period 500.00	
City Bushnell	State IL	Zip Code 61422	Transaction ID : SB17.5137	
Purpose of Disbursement Salary		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)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	796.35
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 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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. Caitlin Nicholas		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 408 N. Riles Street		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.5139
City Bushnell State IL Zip Code 61422	Purpose of Disbursement Salary 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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.5004
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General Administration-Salary 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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5021
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General Administration-Salary 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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3750.00
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 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 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 Salary 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 : SB17.5044
State: District:		

Full Name (Last, First, Middle Initial) B. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 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 Salary 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 : SB17.5082
State: District:		

Full Name (Last, First, Middle Initial) c. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 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 Salary 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 : SB17.5093
State: District:		

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 25 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5119
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Bonus pay Candidate Name 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) B. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5126
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Salary Candidate Name 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. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5121
City Nolensville State TN Zip Code 37135	Purpose of Disbursement Salary Candidate Name 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:	

SUBTOTAL of Disbursements This Page (optional).....	4000.00
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 26 OF 29		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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. Shell		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 3769 Murfreesboro Pike		Amount of Each Disbursement this Period 5.07 Transaction ID : SB17.5027
City Antioch	State TN	
Zip Code 37013	Purpose of Disbursement Snacks	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Shell		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 3769 Murfreesboro Pike		Amount of Each Disbursement this Period 52.03 Transaction ID : SB17.5038
City Antioch	State TN	
Zip Code 37013	Purpose of Disbursement Gas	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Shell		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 3769 Murfreesboro Pike		Amount of Each Disbursement this Period 45.06 Transaction ID : SB17.5052
City Antioch	State TN	
Zip Code 37013	Purpose of Disbursement Gas	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	102.16
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 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 5370 Mt View Rd #60		Amount of Each Disbursement this Period 100.41
City Antioch	State TN	
Purpose of Disbursement Monthly fees for official phone	Category/ Type 001	
Candidate Name	Transaction ID : SB17.5042	
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 19.60
City Nolensville	State TN	
Purpose of Disbursement Mailing of correspondence	Category/ Type 001	
Candidate Name	Transaction ID : SB17.5016	
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 39.59
City Nolensville	State TN	
Purpose of Disbursement Mailing of fundraising letters	Category/ Type 003	
Candidate Name	Transaction ID : SB17.5043	
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).....	159.60
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 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 23.79
City Nolensville	State TN	
Zip Code 37135		
Purpose of Disbursement Mailing of fundraising letters		Category/ Type 003
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 118.78
City Nolensville	State TN	
Zip Code 37135		
Purpose of Disbursement Mailing of fundraiser letters and stamps		Category/ Type 003
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) c. Walmart		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 5825 Nolensville Pike		Amount of Each Disbursement this Period 90.62
City Nashville	State TN	
Zip Code 37211		
Purpose of Disbursement Office supplies- stationery, toners		Category/ Type 001
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	233.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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. Walmart			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014		
Mailing Address 5825 Nolensville Pike			Amount of Each Disbursement this Period 22.91		
City Nashville	State TN	Zip Code 37211	Transaction ID : SB17.5092		
Purpose of Disbursement Snacks and drinks		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. Wells Fargo Bank			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014		
Mailing Address 1660 Westgate Circle			Amount of Each Disbursement this Period 14.00		
City Brentwood	State TN	Zip Code 37027	Transaction ID : SB17.5097		
Purpose of Disbursement Monthly fees		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) c. Wells Fargo Bank			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 1660 Westgate Circle			Amount of Each Disbursement this Period 14.00		
City Brentwood	State TN	Zip Code 37027	Transaction ID : SB17.5120		
Purpose of Disbursement Monthly service fee		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:				

SUBTOTAL of Disbursements This Page (optional).....	50.91
TOTAL This Period (last page this line number only).....	15108.08