

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 04 / 01 / 2016

through

M M /

D D /

Y Y Y Y 06 / 30 / 2016

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 Francis Garcia

Signature of Treasurer Francis Garcia

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 07 / 17 / 2016

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))....	4599.00	21409.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4599.00	21409.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13607.21	19449.63
(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)).....	13607.21	19449.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	253809.89	
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).....	251700.00	

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).....	2474.00	13544.00
(ii) Unitemized.....	2125.00	7865.00
(iii) TOTAL of contributions from individuals ▶	4599.00	21409.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4599.00	21409.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	251700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	251700.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4599.00	273109.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13607.21	19449.63
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) ►	13607.21	19449.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	262818.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4599.00
25. SUBTOTAL (add Line 23 and Line 24).....	267417.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13607.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	253809.89

**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 19
	<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)
Olumuyiwa Adeboye

Mailing Address **W2771 Brookhaven Drive**

City **Appleton** State **WI** Zip Code **54915**

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

Name of Employer **Ministry Health Care** Occupation **Systems Medical Director -Palliative**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address **1633 W. 147th Street
Apt. B**

City **Gardena** State **CA** Zip Code **90247**

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

Name of Employer **The Coffee Bean & Tea Leaf** Occupation **IT Manager**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period
25.00

Memo Item

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

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

1275.00

**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 19
	<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)
Adefunke Ajala

Mailing Address 1633 W. 147th Street
Apt. B

City State Zip Code
Gardena CA 90247

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

Name of Employer Occupation
The Coffee Bean & Tea Leaf IT Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Adefunke Ajala

Mailing Address 1633 W. 147th Street
Apt. B

City State Zip Code
Gardena CA 90247

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

Name of Employer Occupation
The Coffee Bean & Tea Leaf IT Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
475.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address PO Box 3969

City State Zip Code
Gettysburg PA 17325

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

Name of Employer Occupation
Private Practice Physician- Pain Specialist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2016

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period
200.00

Memo Item

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

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

250.00

**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 19
	<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 Egunjobi

Mailing Address 2700 Brazos Street Unit 4515

City Houston State TX Zip Code 77006

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

Name of Employer Cobalt International Energy Occupation Snr. Corporate Finance Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **06 / 09 / 2016**

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period **100.00**

Memo Item

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

Mailing Address 5005 Coachmans Carriage Terrace

City Glen Allen State VA Zip Code 23059

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

Name of Employer Genworth Financial Occupation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt **04 / 02 / 2016**

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address 5005 Coachmans Carriage Terrace

City Glen Allen State VA Zip Code 23059

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

Name of Employer Genworth Financial Occupation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt **06 / 29 / 2016**

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period **200.00**

Memo Item

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 8 OF 19
	<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)
Unyime Ituk

Mailing Address 2004 Dempster Dr.

City State Zip Code
Coralville IA 52241

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

Name of Employer Occupation
University of Iowa Health Care Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
420.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cynthia Jones

Mailing Address P.O. Box 426115

City State Zip Code
Cambridge MA 02142

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

Name of Employer Occupation
Biogen Idec Inc. Research

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
299.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period
199.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

399.00

2474.00

**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 9 OF 19			
	<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. Navigation Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 416B Medical Center Pkwy		Amount of Each Disbursement this Period 2500.00
City Murfreesboro	State TN Zip Code 37129	
Purpose of Disbursement Advertising & Marketing	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4480
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Navigation Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 416B Medical Center Pkwy		Amount of Each Disbursement this Period 500.00
City Murfreesboro	State TN Zip Code 37129	
Purpose of Disbursement Ad campaign	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4488
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Navigation Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 416B Medical Center Pkwy		Amount of Each Disbursement this Period 852.04
City Murfreesboro	State TN Zip Code 37129	
Purpose of Disbursement Promo items	Category/Type 006	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4489
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3852.04
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 10 OF 19	
	<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. Navigation Advertising LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016	
Mailing Address 416B Medical Center Pkwy			Amount of Each Disbursement this Period 1182.25	
City Murfreesboro	State TN	Zip Code 37129	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Promo items		Category/Type 006		
Candidate Name			Transaction ID : SB17.4490	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Navigation Advertising LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address 416B Medical Center Pkwy			Amount of Each Disbursement this Period 2500.00	
City Murfreesboro	State TN	Zip Code 37129	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Ad campaign		Category/Type 004		
Candidate Name			Transaction ID : SB17.4493	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Navigation Advertising LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016	
Mailing Address 416B Medical Center Pkwy			Amount of Each Disbursement this Period 46.10	
City Murfreesboro	State TN	Zip Code 37129	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Promo items		Category/Type 006		
Candidate Name			Transaction ID : SB17.4496	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3728.35
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 11 OF 19	
	<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. Navigation Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 416B Medical Center Pkwy		Amount of Each Disbursement this Period 500.00
City Murfreesboro State TN Zip Code 37129	Purpose of Disbursement Ad campaign	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : SB17.4497
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Navigation Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 416B Medical Center Pkwy		Amount of Each Disbursement this Period 1500.00
City Murfreesboro State TN Zip Code 37129	Purpose of Disbursement Ad campaign	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : SB17.4501
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Navigation Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 416B Medical Center Pkwy		Amount of Each Disbursement this Period 239.44
City Murfreesboro State TN Zip Code 37129	Purpose of Disbursement Promo items	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 006	Transaction ID : SB17.4506
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2239.44
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 12 OF 19	
	<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. Navigation Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 416B Medical Center Pkwy		Amount of Each Disbursement this Period 2500.00
City Murfreesboro State TN Zip Code 37129	Purpose of Disbursement Advertising Category/Type 004	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4508
State: District:		

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 98.01
City San Jose State CA Zip Code 95131	Purpose of Disbursement Monthly Fees Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4463
State: District:		

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 0.00
City San Jose State CA Zip Code 95131	Purpose of Disbursement Monthly Fees Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4464
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2598.01
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 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Monthloy Fees Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Memo Item

Transaction ID : **SB17.4466**

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Monthly Fees Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Memo Item

Transaction ID : **SB17.4467**

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 923 Oldham Drive

City Nolensville State TN Zip Code 37135

Purpose of Disbursement Mailing Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Memo Item

Transaction ID : **SB17.4484**

SUBTOTAL of Disbursements This Page (optional)

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 14 OF 19			
	<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)		Date of Disbursement	
A. USPS		M M / D D / Y Y Y Y 04 / 15 / 2016	
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period	
City	State	Zip Code	30.00
Nolensville	TN	37135	<input type="checkbox"/> Memo Item
Purpose of Disbursement Mailbox renewal		Category/ Type	Transaction ID : SB17.4485
Candidate Name		001	
Office Sought:	Disbursement For: 2016		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. USPS		M M / D D / Y Y Y Y 05 / 17 / 2016	
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period	
City	State	Zip Code	92.90
Nolensville	TN	37135	<input type="checkbox"/> Memo Item
Purpose of Disbursement Mailing		Category/ Type	Transaction ID : SB17.4495
Candidate Name		003	
Office Sought:	Disbursement For: 2016		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. USPS		M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period	
City	State	Zip Code	69.35
Nolensville	TN	37135	<input type="checkbox"/> Memo Item
Purpose of Disbursement Mailing		Category/ Type	Transaction ID : SB17.4498
Candidate Name		003	
Office Sought:	Disbursement For: 2016		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	192.25
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 15 OF 19			
	<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)		Date of Disbursement	
A. USPS		M M / D D / Y Y Y Y 06 / 09 / 2016	
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period	
City Nolensville State TN Zip Code 37135		36.20	
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.4503	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type		003	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. USPS		M M / D D / Y Y Y Y 06 / 21 / 2016	
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period	
City Nolensville State TN Zip Code 37135		45.90	
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.4509	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type		003	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. USPS		M M / D D / Y Y Y Y 06 / 27 / 2016	
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period	
City Nolensville State TN Zip Code 37135		35.85	
Purpose of Disbursement Mailing		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.4510	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type		003	

SUBTOTAL of Disbursements This Page (optional).....	117.95
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 19			
	<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

Mailing Address 5824 Nolensville Road

City Nashville State TN Zip Code 37211

Purpose of Disbursement Office supplies 001 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 06 / 08 / 2016

Amount of Each Disbursement this Period 65.75

Memo Item

Transaction ID : SB17.4502

Full Name (Last, First, Middle Initial)
B. Wells Fargo Bank

Mailing Address 1660 Westgate Circle

City Brentwood State TN Zip Code 37027

Purpose of Disbursement Service Fee 001 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 04 / 30 / 2016

Amount of Each Disbursement this Period 14.00

Memo Item

Transaction ID : SB17.4472

Full Name (Last, First, Middle Initial)
c. Wells Fargo Bank

Mailing Address 1660 Westgate Circle

City Brentwood State TN Zip Code 37027

Purpose of Disbursement Service Fee 001 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 05 / 31 / 2016

Amount of Each Disbursement this Period 14.00

Memo Item

Transaction ID : SB17.4473

SUBTOTAL of Disbursements This Page (optional) 93.75

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

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 1660 Westgate Circle		Amount of Each Disbursement this Period 14.00
City Brentwood State TN Zip Code 37027	Purpose of Disbursement Service Fee <input type="checkbox"/> Memo Item	
Candidate Name	Category/Type 001	Transaction ID : SB17.4474
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	14.00
TOTAL This Period (last page this line number only).....	12950.99

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Fapas4Congress** Transaction ID : **SC/10.4129**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Dr. Yomi Faparusi Sr. Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 141

City State ZIP Code
Nolensville TN 37135

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

TERMS

Date Incurred: M 03 / D 27 / Y 2015
Date Due: M / D / Y 09/30/2015
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1700.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Fapas4Congress** Transaction ID : **SC/10.4276**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Dr. Yomi Faparusi Sr. Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 P.O. Box 141

City State ZIP Code
 Nolensville TN 37135

Original Amount of Loan 250000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 09 / D 23 / Y 2015
 Date Due: M / D / Y 12/31/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	250000.00
TOTALS This Period (last page in this line only).....	▶	251700.00

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