

# 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))....	10980.00	71862.42
(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)).....	10980.00	71862.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	12843.61	71876.90
(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)).....	12843.61	71876.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Fapas4Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4500.00	40289.46
(ii) Unitemized .....	3430.00	20497.00
(iii) TOTAL of contributions from individuals .....	7930.00	60786.46
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	3050.00	11075.96
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10980.00	71862.42
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	10980.00	71862.42

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12843.61	71876.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	12843.61	71876.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1899.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10980.00
25. SUBTOTAL (add Line 23 and Line 24).....	12879.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12843.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35.52

**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 25
	<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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 27 / 2014

**Transaction ID : SA11AI.5205**

Amount of Each Receipt this Period  
1000.00

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11AI.5277**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8832 Harkate Way

City Randallstown State MD Zip Code 21133

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

Name of Employer GEICO Occupation Systems Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.5222**

Amount of Each Receipt this Period  
150.00

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

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

1400.00

**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 25
	<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)  
**Femi Adewunmi**

Mailing Address 108 zaharis cove

City Raleigh State NC Zip Code 27603

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

Name of Employer Sound Physicians Occupation Chief Medical Officer -NE Region

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : SA11AI.5269**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 1633 W 147th St  
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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : SA11AI.5264**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 1633 W 147th St  
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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 06 / 2014**

**Transaction ID : SA11AI.5276**

Amount of Each Receipt this Period  
**25.00**

**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: PAGE 7 OF 25  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Olakunle Ajayi**  
 Mailing Address 203 Sequoia Avenue  
 City Walnut Creek State CA Zip Code 94595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Private Practice Occupation Physician  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : SA11AI.5239**  
 Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Adeyemi Alimi**  
 Mailing Address 6730 E 10th Avenue Unit 2  
 City Anchorage State AK Zip Code 99504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer White Laboratories LLC Occupation Chemist  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : SA11AI.5240**  
 Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Kolawole Ayeni**  
 Mailing Address 7811 Pacific Spring Ln  
 City Richmond State TX Zip Code 77407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ConocoPhillips Occupation Senior Reservoir Engineer  
 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  
 08 / 06 / 2014  
**Transaction ID : SA11AI.5263**  
 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 8 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Kehinde Carew</b>		Date of Receipt MM / DD / YYYY 08 / 03 / 2014
Mailing Address 8824 caswick court		<b>Transaction ID : SA11AI.5252</b>
City Nolensville	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Meharry Medical	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Innocent Dargbey</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2014
Mailing Address 318 Davids Way		<b>Transaction ID : SA11AI.5257</b>
City La Vergne	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Nissan	Occupation Accountant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 505.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Segun Dawodu</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2014
Mailing Address PO BOX 11626		<b>Transaction ID : SA11AI.5230</b>
City Albany	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer AMC Physical Med & Rehab	Occupation Pain Medicine Specialist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<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 1400 McKinney Street  
Apt. 2308

City Houston State TX Zip Code 77010

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

Name of Employer Hess Occupation Project Service Lead

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.5220**

Amount of Each Receipt this Period  
100.00

**B.** 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 Retired Occupation College Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11AI.5285**

Amount of Each Receipt this Period  
200.00

**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 Capital One Occupation Senior Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2014

**Transaction ID : SA11AI.5251**

Amount of Each Receipt this Period  
200.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<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)  
**Ola Fasehun**

Mailing Address 3262 NE Magnolia Street

City Issaquah State WA Zip Code 98029

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

Name of Employer Boeing Occupation Aeronautic Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA11AI.5250**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 7606 Agatha Christie Drive

City Laredo State TX Zip Code 78041

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

Name of Employer Private Practice Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : SA11AI.5265**

Amount of Each Receipt this Period  
**200.00**

**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 **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.5241**

Amount of Each Receipt this Period  
**100.00**

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

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

**400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
	<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)  
**Nicholas Lal**

Mailing Address 8350 Robertson Dr

City Frisco State TX Zip Code 75034

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

Name of Employer Sabre Holdings Occupation Senior Software QA Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2014

**Transaction ID : SA11AI.5255**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Stanley Okoro**

Mailing Address 2285 Asquith Avenue

City Marietta State GA Zip Code 30008

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

Name of Employer Georgia Plastic Occupation Plastic Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.5288**

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 Phoenix State AZ Zip Code 85008

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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 20 / 2014

**Transaction ID : SA11AI.5214**

Amount of Each Receipt this Period  
250.00

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

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

1050.00

4500.00

**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 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Yomi Faparusi Sr.**

Mailing Address 2380 Hamilton Ave, #47

City South Pittsburg	State TN	Zip Code 37380
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4TN04155

Name of Employer Fapas Consults	Occupation Physician & Attorney
------------------------------------	------------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7405.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : SA11D.5390**

Amount of Each Receipt this Period  
500.00

**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  
8005.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA11D.5391**

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Yomi Faparusi Sr.**

Mailing Address 2380 Hamilton Ave, #47

City South Pittsburg	State TN	Zip Code 37380
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4TN04155

Name of Employer Fapas Consults	Occupation Physician & Attorney
------------------------------------	------------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
8905.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2014

**Transaction ID : SA11D.5392**

Amount of Each Receipt this Period  
900.00

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

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

2000.00

**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 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Yomi Faparusi Sr.**

Mailing Address 2380 Hamilton Ave, #47

City South Pittsburg State TN Zip Code 37380

FEC ID number of contributing federal political committee. **C H4TN04155**

Name of Employer Fapas Consults Occupation Physician & Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**9955.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11D.5393**

Amount of Each Receipt this Period  
**1050.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / 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).....

**1050.00**

**3050.00**

**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 14 OF 25			
	<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										
<b>A. FedEx</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		25		2014
M M	/	D D	/	Y Y Y Y								
07		25		2014								
Mailing Address 207 Mall Cir Dr		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Murfreesboro</td> <td>TN</td> <td>37129</td> </tr> </table>			City	State	Zip Code	Murfreesboro	TN	37129				
City	State	Zip Code										
Murfreesboro	TN	37129										
Purpose of Disbursement Printing- palm cards etc.		<table border="1"> <tr> <td>283.34</td> </tr> </table>	283.34									
283.34												
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Transaction ID : <b>SB17.5316</b>				
<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)		Date of Disbursement										
<b>B. FedEx</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		31		2014
M M	/	D D	/	Y Y Y Y								
07		31		2014								
Mailing Address 207 Mall Cir Dr		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Murfreesboro</td> <td>TN</td> <td>37129</td> </tr> </table>			City	State	Zip Code	Murfreesboro	TN	37129				
City	State	Zip Code										
Murfreesboro	TN	37129										
Purpose of Disbursement Printing- campaign materials		<table border="1"> <tr> <td>344.50</td> </tr> </table>	344.50									
344.50												
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Transaction ID : <b>SB17.5342</b>				
<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)		Date of Disbursement										
<b>C. FedEx</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		01		2014
M M	/	D D	/	Y Y Y Y								
08		01		2014								
Mailing Address 207 Mall Cir Dr		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Murfreesboro</td> <td>TN</td> <td>37129</td> </tr> </table>			City	State	Zip Code	Murfreesboro	TN	37129				
City	State	Zip Code										
Murfreesboro	TN	37129										
Purpose of Disbursement Printing-campaign materials		<table border="1"> <tr> <td>565.32</td> </tr> </table>	565.32									
565.32												
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Transaction ID : <b>SB17.5355</b>				
<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:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>1193.16</td> </tr> </table>	1193.16
1193.16		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Kroger</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 58.52
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Gas	<b>Transaction ID : SB17.5303</b>
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>B. Kroger</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 53.62
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Gas	<b>Transaction ID : SB17.5300</b>
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>c. Kroger</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 54.50
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Gas	<b>Transaction ID : SB17.5315</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	166.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Kroger</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014		
Mailing Address 6690 Nolensville Road			Amount of Each Disbursement this Period 13.95		
City Brentwood	State TN	Zip Code 37027	Transaction ID : SB17.5318		
Purpose of Disbursement Refreshments and 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>B. Kroger</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014		
Mailing Address 6690 Nolensville Road			Amount of Each Disbursement this Period 33.00		
City Brentwood	State TN	Zip Code 37027	Transaction ID : SB17.5364		
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>c. Maximum Sports</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014		
Mailing Address 22 Courthouse Sq			Amount of Each Disbursement this Period 158.04		
City Jasper	State TN	Zip Code 37347	Transaction ID : SB17.5343		
Purpose of Disbursement T shirts and caps		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	204.99
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Caitlin Nicholas</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 408 N. Riles Street		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.5337</b>
City Bushnell State IL Zip Code 61422	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) <b>B. Caitlin Nicholas</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 408 N. Riles Street		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.5382</b>
City Bushnell State IL Zip Code 61422	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) <b>c. Caitlin Nicholas</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 408 N. Riles Street		Amount of Each Disbursement this Period 525.00 <b>Transaction ID : SB17.5388</b>
City Bushnell State IL Zip Code 61422	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2225.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Alyssa Palmacci</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 39 Neal Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5380</b>
City Portland	State ME	
Zip Code 04102	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>B. Alyssa Palmacci</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 39 Neal Street		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.5383</b>
City Portland	State ME	
Zip Code 04102	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>c. PayPal</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 210.37 <b>Transaction ID : SB17.5294</b>
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Pay Pal 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1010.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 25			
	<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 Pay Pal fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 31 / 2014

Amount of Each Disbursement this Period: 94.81

Transaction ID : SB17.5295

Category/Type: 001

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 Pay Pal fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2014

Amount of Each Disbursement this Period: 9.46

Transaction ID : SB17.5296

Category/Type: 001

Full Name (Last, First, Middle Initial)

**c. Cam Robinson**

Mailing Address 617 Arbor Ridge Drive

City Antioch State TN Zip Code 37013

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 01 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.5348

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 1604.27

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

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Cam Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 617 Arbor Ridge Drive		Amount of Each Disbursement this Period 4100.00 <b>Transaction ID : SB17.5362</b>
City Antioch	State TN	
Zip Code 37013	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>B. Cam Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 617 Arbor Ridge Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5384</b>
City Antioch	State TN	
Zip Code 37013	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>c. Cam Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 617 Arbor Ridge Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.5387</b>
City Antioch	State TN	
Zip Code 37013	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Sequatchie Valley Electric Cooperative</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 512 South Cedar Avenue		Amount of Each Disbursement this Period 60.00
City South Pittsburg	State TN	
Zip Code 37380	Purpose of Disbursement Utilities	<b>Transaction ID : SB17.5371</b>
Candidate Name	001 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>B. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2014
Mailing Address 3769 Murfreesboro Pike		Amount of Each Disbursement this Period 44.00
City Antioch	State TN	
Zip Code 37013	Purpose of Disbursement Gas	<b>Transaction ID : SB17.5301</b>
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>c. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 3769 Murfreesboro Pike		Amount of Each Disbursement this Period 37.21
City Antioch	State TN	
Zip Code 37013	Purpose of Disbursement Gas	<b>Transaction ID : SB17.5297</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	141.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 3769 Murfreesboro Pike		Amount of Each Disbursement this Period 5.44
City Antioch	State TN	
Zip Code 37013	Purpose of Disbursement Refreshments	<b>Transaction ID : SB17.5360</b>
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>B. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 3769 Murfreesboro Pike		Amount of Each Disbursement this Period 4.62
City Antioch	State TN	
Zip Code 37013	Purpose of Disbursement Snacks	<b>Transaction ID : SB17.5368</b>
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>c. T-Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5370 Mt View Rd #60		Amount of Each Disbursement this Period 113.71
City Antioch	State TN	
Zip Code 37013	Purpose of Disbursement Phone bill	<b>Transaction ID : SB17.5361</b>
Candidate Name	001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	123.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 131.25 <b>Transaction ID : SB17.5325</b>
City Nolensville	State TN	
Zip Code 37135	Purpose of Disbursement Mailing of campaign materials	Category/ Type 004
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>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 5825 Nolensville Pike		Amount of Each Disbursement this Period 101.18 <b>Transaction ID : SB17.5314</b>
City Nashville	State TN	
Zip Code 37211	Purpose of Disbursement Office supplies (stationary, printing supplies)	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>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 5825 Nolensville Pike		Amount of Each Disbursement this Period 27.05 <b>Transaction ID : SB17.5341</b>
City Nashville	State TN	
Zip Code 37211	Purpose of Disbursement Snacks and Refreshments	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	259.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 1660 Westgate Circle		Amount of Each Disbursement this Period 14.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Monthly fees	<b>Transaction ID : SB17.5331</b>
Candidate Name	001 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>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 1660 Westgate Circle		Amount of Each Disbursement this Period 12.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Returned check fee	<b>Transaction ID : SB17.5363</b>
Candidate Name	003 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>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 1660 Westgate Circle		Amount of Each Disbursement this Period 3.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Online check deposit and image	<b>Transaction ID : SB17.5376</b>
Candidate Name	001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 25		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Fapas4Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 1660 Westgate Circle		Amount of Each Disbursement this Period 3.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement Online check deposit details and images	<b>Transaction ID : SB17.5389</b>
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>B.</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	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.00
<b>TOTAL</b> This Period (last page this line number only).....	11060.89