

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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))....	19568.96	39075.96
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19568.96	39075.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18388.27	37891.78
(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)).....	18388.27	37891.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1234.18	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Fapas4Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6138.00	17843.00
(ii) Unitemized.....	6880.00	13457.00
(iii) TOTAL of contributions from individuals ▶	13018.00	31300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	6550.96	7775.96
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	19568.96	39075.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19568.96	39075.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18388.27	37891.78
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) ▶	18388.27	37891.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	53.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19568.96
25. SUBTOTAL (add Line 23 and Line 24).....	19622.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18388.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1234.18

**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 40
	<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)
Adekunle Adedeji

Mailing Address 1030 N. Zaragoza, Ste X

City El Paso State TX Zip Code 79907

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

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

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period
250.00

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

Mailing Address 8832 Harkate Way

City Randallstown State MD Zip Code 21133

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

Name of Employer GEICO Occupation Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

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

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
150.00

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

Mailing Address 203 Sequoia Avenue

City Walnut Creek State CA Zip Code 94595

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period
250.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Adeyemi Alimi

Mailing Address 6730 E 10th Avenue Unit 2

City Anchorage State AK Zip Code 99504

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

Name of Employer White Laboratories LLC Occupation Chemist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period
100.00

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

Mailing Address 929 Washington Street

City Pickerington State OH Zip Code 43147

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

Name of Employer Abbott Nutrition Occupation Purchase

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

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

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period
1200.00

In-kind - Campaign Materials (pamphlets)

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

Mailing Address PO BOX 11626

City Albany State NY Zip Code 12211

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

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

Transaction ID : SA11AI.4523

Amount of Each Receipt this Period
200.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Patricia Eben

Mailing Address 11103 SNOWDEN POND ROAD

City State Zip Code
Laurel MD 20708

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

Name of Employer Occupation
Private Practice Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Babatunde Egunjobi

Mailing Address 1400 McKinney Street
Apt. 2308

City State Zip Code
Houston TX 77010

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

Name of Employer Occupation
Hess Project Service Lead

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4594

Amount of Each Receipt this Period
200.00

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

Mailing Address 5005 Coachman's Carriage Terrace

City State Zip Code
Glen Allen VA 23059

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

Name of Employer Occupation
Retired College Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
200.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 40
	<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 1817 Sara Ct.

City North Liberty State IA Zip Code 52317

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

Name of Employer University of Iowa Health Care Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

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

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period
150.00

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

Mailing Address 7606 Agatha Christie Drive

City Laredo State TX Zip Code 78041

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

Name of Employer Private Practice Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

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

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period
250.00

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

Mailing Address 2809 Olivia Ct

City Bryant State AR Zip Code 72022

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

Name of Employer Owens Murphy Jaguar Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period
100.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

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

Mailing Address 2809 Olivia Ct

City State Zip Code
Bryant AR 72022

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

Name of Employer Occupation
Owens Murphy Jaguar Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
100.00

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

Mailing Address 1134 NW Rutland Road

City State Zip Code
Mt. Juliet TN 37122

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

Name of Employer Occupation
Private Practice Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period
500.00

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

Mailing Address nahal aviv 729

City State Zip Code
Modlin Israel ZZ 71799

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

Name of Employer Occupation
Gliot Capital Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period
1000.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Adedamola Lufadeju

Mailing Address 148 Nelson Blvd. NW

City State Zip Code
Rome GA 30165

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

Name of Employer Occupation
Private Practice Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

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

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period
250.00

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

Mailing Address 7463 Dutch Lily Court

City State Zip Code
Mechanicsville VA 23111

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

Name of Employer Occupation
VA Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period
200.00

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

Mailing Address 38033 Euclid Avenue, Suite T8

City State Zip Code
Willoughby OH 44094

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

Name of Employer Occupation
Private Practice Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period
100.00

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 11 OF 40
(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)
Olusegun Ogunlesi

Mailing Address 38033 Euclid Avenue, Suite T8

City Willoughy State OH Zip Code 44094

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

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

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period
200.00

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

Mailing Address 1026 Glastonbury Way

City Murfreesboro State TN Zip Code 37129

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

Name of Employer Direct General Insurance Occupation Auditor/Compliance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **218.00**

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

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period
218.00

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

Mailing Address 7820 Hanover Pkwy, #103

City Greenbelt State MD Zip Code 20770

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **420.00**

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

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period
120.00

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

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

538.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

A. Full Name (Last, First, Middle Initial)
Babatunde Sobowale

Mailing Address **700 E 21ST ST**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11Al.4593

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

100.00

6138.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) Dr. Yomi Faparusi Sr.		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 01 / 2014
Mailing Address 2380 Hamilton Ave, #47		Transaction ID : SA11D.4816
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1405.00	
		Amount of Each Receipt this Period 180.00

Full Name (Last, First, Middle Initial) Dr. Yomi Faparusi Sr.		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2014
Mailing Address 2380 Hamilton Ave, #47		Transaction ID : SA11D.4817
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1455.00	
		Amount of Each Receipt this Period 50.00

Full Name (Last, First, Middle Initial) Dr. Yomi Faparusi Sr.		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 04 / 2014
Mailing Address 2380 Hamilton Ave, #47		Transaction ID : SA11D.4818
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1615.00	
		Amount of Each Receipt this Period 160.00

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 40
	<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
 _____ 2315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11D.4819

Amount of Each Receipt this Period
 _____ 700.00

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
 _____ 6655.96

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

Transaction ID : SA11D.4821

Amount of Each Receipt this Period
 _____ 4340.96

In-kind - Quarterly; Private car used in lieu of rental car (at rental car rate)

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

Mailing Address 6690 Nolensville Road

City Brentwood State TN Zip Code 37027

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 54.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11D.4839

Amount of Each Receipt this Period
 _____ 54.00

In-kind - Gas

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

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

_____ 5094.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 40
	<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)
Kroger

Mailing Address 6690 Nolensville Road

City Brentwood State TN Zip Code 37027

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **87.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2014

Transaction ID : SA11D.4840

Amount of Each Receipt this Period
33.00

In-kind - Gas

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

Mailing Address 6690 Nolensville Road

City Brentwood State TN Zip Code 37027

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **128.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11D.4841

Amount of Each Receipt this Period
41.00

In-kind - Gas

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

Mailing Address 6690 Nolensville Road

City Brentwood State TN Zip Code 37027

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **187.00**

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

Transaction ID : SA11D.4842

Amount of Each Receipt this Period
59.00

In-kind - Gas

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

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

133.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4843
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4844
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 211.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4845
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 313.00	

SUBTOTAL of Receipts This Page (optional).....	126.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4846
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4847
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 426.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4848
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 517.00	

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4849
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 470.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 03 / 2014
Mailing Address 2449 Old Fort Pkwy		Transaction ID : SA11D.4850
City Murfreesboro	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 05 / 2014
Mailing Address 2449 Old Fort Pkwy		Transaction ID : SA11D.4851
City Murfreesboro	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 103.00	

SUBTOTAL of Receipts This Page (optional).....	147.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 40
	<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)
Kroger

Mailing Address 6690 Nolensville Road

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
573.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 09 / 2014

Transaction ID : SA11D.4852

Amount of Each Receipt this Period
56.00

In-kind - Gas

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

Mailing Address 6690 Nolensville Road

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
631.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11D.4853

Amount of Each Receipt this Period
58.00

In-kind - Gas

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

Mailing Address 2449 Old Fort Pkwy

City State Zip Code
Murfreesboro TN 37128

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
124.00

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

Transaction ID : SA11D.4854

Amount of Each Receipt this Period
21.00

In-kind - Gas

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

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

135.00

**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 20 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt MM / DD / YYYY 02 / 16 / 2014
Mailing Address 2449 Old Fort Pkwy		Transaction ID : SA11D.4855
City Murfreesboro	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 161.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt MM / DD / YYYY 02 / 18 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4856
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 670.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt MM / DD / YYYY 02 / 19 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4857
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 713.00	

SUBTOTAL of Receipts This Page (optional).....	119.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt MM / DD / YYYY 02 / 20 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4858
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 765.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt MM / DD / YYYY 02 / 23 / 2014
Mailing Address 6690 Nolensville Road		Transaction ID : SA11D.4859
City Brentwood	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 803.00	

Full Name (Last, First, Middle Initial) Kroger		Date of Receipt MM / DD / YYYY 03 / 21 / 2014
Mailing Address 2449 Old Fort Pkwy		Transaction ID : SA11D.4862
City Murfreesboro	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer	Occupation	In-kind - Gas
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional).....	129.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 40
	<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)
Shell

Mailing Address 3769 Murfreesboro Pike

City Antioch State TN Zip Code 37013

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2014

Transaction ID : SA11D.4860

Amount of Each Receipt this Period
 56.00

In-kind - Gas

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

Mailing Address 3769 Murfreesboro Pike

City Antioch State TN Zip Code 37013

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11D.4861

Amount of Each Receipt this Period
 61.00

In-kind - Gas

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).....

117.00

6550.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Richard Coker		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 929 Washington Street		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4827
City Pickerington State OH Zip Code 43147	Purpose of Disbursement In-kind - Campaign Materials (pamphlets) Candidate Name Category/Type 006	
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. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 216.50 Transaction ID : SB17.4776
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Air fare for New York meeting with potential donors Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Dr. Yomi Faparusi Sr.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2380 Hamilton Ave, #47		Amount of Each Disbursement this Period 4340.96 Transaction ID : SB17.4824
City South Pittsburg State TN Zip Code 37380	Purpose of Disbursement In-kind - Quarterly; Private car used in lieu of rental car (at rental car rate) Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TN District: 04	

SUBTOTAL of Disbursements This Page (optional).....	5757.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement MM / DD / YYYY 01 / 07 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 20.62
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Gas	Transaction ID : SB17.4733
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 69.01
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Gas	Transaction ID : SB17.4734
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement MM / DD / YYYY 01 / 14 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 24.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4881
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	113.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014		
Mailing Address 6690 Nolensville Road			Amount of Each Disbursement this Period 44.00		
City Brentwood	State TN	Zip Code 37027	Transaction ID : SB17.4882		
Purpose of Disbursement In-kind - Gas		002 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Kroger			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014		
Mailing Address 6690 Nolensville Road			Amount of Each Disbursement this Period 58.00		
City Brentwood	State TN	Zip Code 37027	Transaction ID : SB17.4880		
Purpose of Disbursement In-kind - Gas		002 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Kroger			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014		
Mailing Address 2449 Old Fort Pkwy			Amount of Each Disbursement this Period 40.01		
City Murfreesboro	State TN	Zip Code 37128	Transaction ID : SB17.4738		
Purpose of Disbursement Gas		002 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	142.01
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 26 OF 40		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 9.65
City Murfreesboro	State TN Zip Code 37128	
Purpose of Disbursement Refreshments	Category/Type 002	Transaction ID : SB17.4740
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 28.00
City Murfreesboro	State TN Zip Code 37128	
Purpose of Disbursement Gas	Category/Type 002	Transaction ID : SB17.4813
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 62.00
City Brentwood	State TN Zip Code 37027	
Purpose of Disbursement In-kind - Gas	Category/Type 002	Transaction ID : SB17.4879
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	99.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 50.00
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Gas	Transaction ID : SB17.4810
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 51.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4878
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 44.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4876
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 40		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 47.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4877
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 50.00
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4875
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 53.00
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4874
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement MM / DD / YYYY 02 / 09 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 56.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4873
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 58.00
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4872
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 21.00
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4871
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014	
Mailing Address 2449 Old Fort Pkwy			Amount of Each Disbursement this Period 37.00	
City Murfreesboro	State TN	Zip Code 37128	Transaction ID : SB17.4870	
Purpose of Disbursement In-kind - 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. Kroger			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 6690 Nolensville Road			Amount of Each Disbursement this Period 39.00	
City Brentwood	State TN	Zip Code 37027	Transaction ID : SB17.4869	
Purpose of Disbursement In-kind - Gas		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Kroger			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address 6690 Nolensville Road			Amount of Each Disbursement this Period 43.00	
City Brentwood	State TN	Zip Code 37027	Transaction ID : SB17.4868	
Purpose of Disbursement In-kind - Gas		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	119.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 40		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 52.00 Transaction ID : SB17.4867
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement In-kind - 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. Kroger		Date of Disbursement MM / DD / YYYY 02 / 23 / 2014
Mailing Address 6690 Nolensville Road		Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.4866
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement In-kind - Gas	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 20.04 Transaction ID : SB17.4792
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Snacks	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	110.04
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 32 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 7,999.99 8,730.00 9,460.11 10,190.22 10,920.33 11,650.44 12,380.55 13,110.66 13,840.77 14,570.88 15,300.99 16,031.10 16,761.21 17,491.32 18,221.43 18,951.54 19,681.65 20,411.76 21,141.87 21,871.98 22,602.09 23,332.20 24,062.31 24,792.42 25,522.53 26,252.64 26,982.75 27,712.86 28,442.97 29,173.08 29,903.19 30,633.30 31,363.41 32,093.52 32,823.63 33,553.74 34,283.85 35,013.96 35,744.07 36,474.18 37,204.29 37,934.40 38,664.51 39,394.62 40,124.73 40,854.84 41,584.95 42,315.06 43,045.17 43,775.28 44,505.39 45,235.50 45,965.61 46,695.72 47,425.83 48,155.94 48,886.05 49,616.16 50,346.27 51,076.38 51,806.49 52,536.60 53,266.71 53,996.82 54,726.93 55,457.04 56,187.15 56,917.26 57,647.37 58,377.48 59,107.59 59,837.70 60,567.81 61,297.92 62,028.03 62,758.14 63,488.25 64,218.36 64,948.47 65,678.58 66,408.69 67,138.80 67,868.91 68,599.02 69,329.13 70,059.24 70,789.35 71,519.46 72,249.57 72,979.68 73,709.79 74,439.90 75,170.01 75,900.12 76,630.23 77,360.34 78,090.45 78,820.56 79,550.67 80,280.78 81,010.89 81,740.90 82,471.01 83,201.12 83,931.23 84,661.34 85,391.45 86,121.56 86,851.67 87,581.78 88,311.89 89,041.90 89,772.01 90,502.12 91,232.23 91,962.34 92,692.45 93,422.56 94,152.67 94,882.78 95,612.89 96,342.90 97,073.01 97,803.12 98,533.23 99,263.34 100,000.00
City Murfreesboro State TN Zip Code 37128	Purpose of Disbursement Gas	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 7,999.99 8,730.00 9,460.11 10,190.22 10,920.33 11,650.44 12,380.55 13,110.66 13,840.77 14,570.88 15,300.99 16,031.10 16,761.21 17,491.32 18,221.43 18,951.54 19,681.65 20,411.76 21,141.87 21,871.98 22,602.09 23,332.20 24,062.31 24,792.42 25,522.53 26,252.64 26,982.75 27,712.86 28,442.97 29,173.08 29,903.19 30,633.30 31,363.41 32,093.52 32,823.63 33,553.74 34,283.85 35,013.96 35,744.07 36,474.18 37,204.29 37,934.40 38,664.51 39,394.62 40,124.73 40,854.84 41,584.95 42,315.06 43,045.17 43,775.28 44,505.39 45,235.50 45,965.61 46,695.72 47,425.83 48,155.94 48,886.05 49,616.16 50,346.27 51,076.38 51,806.49 52,536.60 53,266.71 53,996.82 54,726.93 55,457.04 56,187.15 56,917.26 57,647.37 58,377.48 59,107.59 59,837.70 60,567.81 61,297.92 62,028.03 62,758.14 63,488.25 64,218.36 64,948.47 65,678.58 66,408.69 67,138.80 67,868.91 68,599.02 69,329.13 70,059.24 70,789.35 71,519.46 72,249.57 72,979.68 73,709.79 74,439.90 75,170.01 75,900.12 76,630.23 77,360.34 78,090.45 78,820.56 79,550.67 80,280.78 81,010.89 81,740.90 82,471.01 83,201.12 83,931.23 84,661.34 85,391.45 86,121.56 86,851.67 87,581.78 88,311.89 89,041.90 89,772.01 90,502.12 91,232.23 91,962.34 92,692.45 93,422.56 94,152.67 94,882.78 95,612.89 96,342.90 97,073.01 97,803.12 98,533.23 99,263.34 100,000.00
City Murfreesboro State TN Zip Code 37128	Purpose of Disbursement Gas	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 7,999.99 8,730.00 9,460.11 10,190.22 10,920.33 11,650.44 12,380.55 13,110.66 13,840.77 14,570.88 15,300.99 16,031.10 16,761.21 17,491.32 18,221.43 18,951.54 19,681.65 20,411.76 21,141.87 21,871.98 22,602.09 23,332.20 24,062.31 24,792.42 25,522.53 26,252.64 26,982.75 27,712.86 28,442.97 29,173.08 29,903.19 30,633.30 31,363.41 32,093.52 32,823.63 33,553.74 34,283.85 35,013.96 35,744.07 36,474.18 37,204.29 37,934.40 38,664.51 39,394.62 40,124.73 40,854.84 41,584.95 42,315.06 43,045.17 43,775.28 44,505.39 45,235.50 45,965.61 46,695.72 47,425.83 48,155.94 48,886.05 49,616.16 50,346.27 51,076.38 51,806.49 52,536.60 53,266.71 53,996.82 54,726.93 55,457.04 56,187.15 56,917.26 57,647.37 58,377.48 59,107.59 59,837.70 60,567.81 61,297.92 62,028.03 62,758.14 63,488.25 64,218.36 64,948.47 65,678.58 66,408.69 67,138.80 67,868.91 68,599.02 69,329.13 70,059.24 70,789.35 71,519.46 72,249.57 72,979.68 73,709.79 74,439.90 75,170.01 75,900.12 76,630.23 77,360.34 78,090.45 78,820.56 79,550.67 80,280.78 81,010.89 81,740.90 82,471.01 83,201.12 83,931.23 84,661.34 85,391.45 86,121.56 86,851.67 87,581.78 88,311.89 89,041.90 89,772.01 90,502.12 91,232.23 91,962.34 92,692.45 93,422.56 94,152.67 94,882.78 95,612.89 96,342.90 97,073.01 97,803.12 98,533.23 99,263.34 100,000.00
City Murfreesboro State TN Zip Code 37128	Purpose of Disbursement Refreshments	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	73.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 22.60
City Murfreesboro	State TN Zip Code 37128	
Purpose of Disbursement Refreshments	Category/Type 002	Transaction ID : SB17.4768
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 48.00
City Murfreesboro	State TN Zip Code 37128	
Purpose of Disbursement Gas	Category/Type 002	Transaction ID : SB17.4761
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 15.89
City Murfreesboro	State TN Zip Code 37128	
Purpose of Disbursement Refreshment	Category/Type 002	Transaction ID : SB17.4763
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	86.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 39.00
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement In-kind - Gas	Transaction ID : SB17.4863
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 43.54
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Stationery	Transaction ID : SB17.4757
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) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2449 Old Fort Pkwy		Amount of Each Disbursement this Period 35.00
City Murfreesboro	State TN	
Zip Code 37128	Purpose of Disbursement Gas	Transaction ID : SB17.4758
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	117.54
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 35 OF 40			
	<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 Fee for quarter

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 371.48

Transaction ID : SB17.4742

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. Cam Robinson

Mailing Address 5000 Mountain Springs Drive Apt. 1516

City Nolensville State TN Zip Code 37135

Purpose of Disbursement General Administration-Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 01 / 2014

Amount of Each Disbursement this Period: 1400.00

Transaction ID : SB17.4732

Category/Type: 001

Full Name (Last, First, Middle Initial)

c. Cam Robinson

Mailing Address 5000 Mountain Springs Drive Apt. 1516

City Nolensville State TN Zip Code 37135

Purpose of Disbursement General Administration- Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 16 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.4735

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 3271.48

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 36 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1410.00 Transaction ID : SB17.4805
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General Administration-Salary 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4799
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General Administration-Salary 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4783
City Nolensville State TN Zip Code 37135	Purpose of Disbursement General Administration-Salary 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4310.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Cam Robinson		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 5000 Mountain Springs Drive Apt. 1516		Amount of Each Disbursement this Period 1500.00
City Nolensville	State TN Zip Code 37135	
Purpose of Disbursement General Administration-Salary	001	Transaction ID : SB17.4767
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sleep Inn		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 153-75 Rockaway Blvd		Amount of Each Disbursement this Period 209.75
City Jamaica	State NY Zip Code 11434	
Purpose of Disbursement Lodging for NY meeting with potential donors	003	Transaction ID : SB17.4745
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) c. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 5370 Mt View Rd #60		Amount of Each Disbursement this Period 92.67
City Antioch	State TN Zip Code 37013	
Purpose of Disbursement Monthly Fee	001	Transaction ID : SB17.4807
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1802.42
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 38 OF 40			
	<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. T-Mobile

Mailing Address 5370 Mt View Rd #60

City Antioch State TN Zip Code 37013

Purpose of Disbursement Monthly fee for campaign phone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2014

Amount of Each Disbursement this Period: 92.67

Transaction ID : SB17.4786

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. T-Mobile

Mailing Address 5370 Mt View Rd #60

City Antioch State TN Zip Code 37013

Purpose of Disbursement Monthly fee for campaign phone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 101.17

Transaction ID : SB17.4752

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 923 Oldham Drive

City Nolensville State TN Zip Code 37135

Purpose of Disbursement Mailing of fundraising letters

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2014

Amount of Each Disbursement this Period: 106.20

Transaction ID : SB17.4737

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) 300.04

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 65.55
City Nolensville	State TN	
Zip Code 37135	Purpose of Disbursement Mailing of fundraising letters	Transaction ID : SB17.4739
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 25.59
City Nolensville	State TN	
Zip Code 37135	Purpose of Disbursement Mailing- correspondence with voters, agencies and groups	Transaction ID : SB17.4785
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 923 Oldham Drive		Amount of Each Disbursement this Period 19.25
City Nolensville	State TN	
Zip Code 37135	Purpose of Disbursement Mailing- administrative correspondence	Transaction ID : SB17.4772
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	110.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 5825 Nolensville Pike		Amount of Each Disbursement this Period 71.21
City Nashville State TN Zip Code 37211	Category/Type 001	
Purpose of Disbursement Office Supplies- toners, envelopes, stationary		Transaction ID : SB17.4771
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
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	Category/Type	
Purpose of Disbursement		
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).....	71.21
TOTAL This Period (last page this line number only).....	16915.26