STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Fapas4Congress P.O. Box 141 ADDRESS (number and street) (Check if address is changed) Nolensville 37135 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@fapas4congress.com (Check if address is changed) Optional Second E-Mail Address |fapas4congress@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.fapas4congress.com (Check if address is changed) DATE 03 2015 C00545608 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Francis Garcia Type or Print Name of Treasurer Francis Garcia [Electronically Filed] 06 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FE	:C Fo	rm 1 (Revised 02/2009)	Page 2
TYPE (OF C	OMMITTEE	
Candi	idate	Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of Candida		Dr. Yomi Faparusi Sr.	
Candida Party A		on REP Office Sought: X House Senate President	State TN District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party	Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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Write or Type Committee Na	me	
Fapas4Congre	ess ess	
· · · · · · · · · · · · · · · · · · ·	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
maining reactions		
	CITY STATE	ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponso
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person	on in possession of committee
Francis	Garcia	
Full Name	1016 Cheryl Lane	
Mailing Address		
	La Vergne	37086
Title or Position	CITY STATE	ZIP CODE
Treasurer	615 Telephone number	7867
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; an ., assistant treasurer).	nd the name and address of
Full Name Francis	Garcia	
of Treasurer	1016 Cheryl Lane	
Mailing Address		
	La Vergne TN	37086
	CITY STATE	ZIP CODE
Title or Position Treasurer	615 Telephone number	

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Full Name of Designated		
Agent		
Mailing Address	s <u> </u>	
	CITY STATE	ZIP CODE
Title or Position		2.11 0052
	Telephone number	
safety deposit l	er Depositories: List all banks or other depositories in which the committee deposits funds, have or maintains funds.	
safety deposit l Name of Bank,	boxes or maintains funds. Depository, etc. Wells Fargo Bank 1660 Westgate Circle	
safety deposit l	boxes or maintains funds. Depository, etc. Wells Fargo Bank 1660 Westgate Circle	
safety deposit l Name of Bank,	boxes or maintains funds. Depository, etc. Wells Fargo Bank 1660 Westgate Circle	
safety deposit l Name of Bank,	boxes or maintains funds. Depository, etc. Wells Fargo Bank 1660 Westgate Circle S	
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Wells Fargo Bank 1660 Westgate Circle Brentwood TN 3702	27
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Wells Fargo Bank 1660 Westgate Circle Brentwood TN 3702 CITY STATE	27
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Wells Fargo Bank 1660 Westgate Circle Brentwood TN 3702 CITY STATE	27
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Wells Fargo Bank 1660 Westgate Circle Brentwood TN 3702 CITY STATE	27
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