FINANCIAL DISCLOSURE STATEMENT FORM B	LEGISLATIVE	LEGISLATIVE RESOURCE CERTER OF	· · · · · · · · · · · · · · · · · · ·
Period covered: January 1, 2012 - October 31, 2013 For use by candidates and new employees		2013 NOV - 7 AM 11:51	
	U.S. HOUSE OF	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	VES
Name: OLUYOMI + APARUSI SR. Daytime Telephone:			
	Cor	(Office Use Only)	
Filer Candidate for the State: TN Date of August 7,2014 Amendment	A \$200 pena		sessed
Employing Office:	more than 30 days late.		WIIO III e s
in all sections, please type or print clearly in blue or black ink.		:	
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS			
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No III. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	n or before the date e prior two years?	ž Z	8 □
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No With an outside entity? If yes, complete and attach Schedule V.	or arrangement	§	□ S
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Will Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	than \$5,000 from	⊠	S S
Each question in this part must be answered and the appropriate schedule attached	e attached for each "Yes" response.	sponse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EAC	VER EACH OF THESE QUESTIONS	JUESTION	Ø
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	ed not be	Yes	N _o ⊠
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or dependent child lcs.	ĭ □	N _o ⊠

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name OLLYYOMIT FAPARUSI SR PAGE 2 or 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Source (include date of receipt for honogaria)	Type	Amount	unt
Contro (illumas care or receipt for recipitating)	مالاد	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
FAPAS CONSULTS, Brentwood, TN	Salary	\$310,000	\$220,000
LADLAS PRINCE, Pontiac, MI	Salany		\$75,000
STATE OF MARYLAND	Unemployment	N/A	\$7,740
NISSAN NORTH AMERICA Franklin TN SP salary	SP salary	15	\$136,823
	0		

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				SP		1		SP.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and vacation homes (uniess there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings excounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	BLOCK A Asset and/or income Source income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
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									\$500,001 - \$1,000,000 I	
									\$1,000,001 - \$5,000,000 -	Value of Asset indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." "This column is for assets solely held by your spouse or dependent child.
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						T			DIVIDENDS	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the Tax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check None's if the asset generated no income during the reporting period.
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SCHEDULE III — LIABILITIES

Name OLUYOMI FAPARUSI SK Page 4 or 5

ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

3.8	Craditor	Date	Type of Liability	>	8	ဂ	. 0			_ D		_ = \$	1	11
7,5	Cidality	mo/year		\$10,001— \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001 \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,000	P4 000 004	\$1,000,001 \$5,000,000	\$5,000,000 \$5,000,001 \$25,000,00	\$5,000,000 \$5,000,001	\$5,000,000 \$5,000,001 \$25,000,00 \$25,000,00
Ð	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×					Н		
	DEPARTMENT OF EDUCATION 8/2001	8/2001	Student Loans					×		1				
Q 25	SP DEPARTMENT OF EDUCATION 8/2009	8/2009	Student Loans				×			1				
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SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

and positions solely or an inchionary nature.	ST. C.
Position	Name of Organization
PARTNER	elaw 24/7

SCHEDULE V — AGREEMENTS

Name OLUYOVAI FAPARUSI SR Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

	Date
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SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule i.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Lagos State Gent, Lagos, Niceria	ansulting Services
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