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REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Autho	rized Committee		Offi	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If to over the line		12FE4M5	
William Llop CPA for	Congress				
	6065 ROSWELL RD				
ADDRESS (number and street) ▼	STE 400				
Check if different than previously	ATLANTA			GA 303	28 - -
reported. (ACC)		CITY A		STATE ▲	ZIP CODE ▲
2. FEC IDENTIFICATION I	NUMBER ▼				STATE ▼ DISTRICT
C C00520064	3.		NEW (N) OR	AMENDED (A)	GA 11
 TYPE OF REPORT (C (a) Quarterly Reports: 	Choose One) (b)	12-Day PRE-Election I	Report for the:		
April 15 Quarterly	Papart (O1)	Primary	(12P)	General (12G)	Runoff (12R)
		Conventi	on (12C)	Special (12S)	
July 15 Quarterly		M = 1	M / D D	/ Y Y Y Y	in the
October 15 Quart	terly Report (Q3)	Election on			State of
January 31 Year-l	End Report (YE) (c)	30-Day POST -Election	Report for the	: :	_
		x General	(30G)	Runoff (30R)	Special (30S)
Termination Repo	rt (TER)	Election on	/ D D D 08	2016	in the State of GA
. Covering Period	10 / 20 / Y	2016 throu	gh 11	M / D D / Y 28	Y Y Y 2016
certify that I have examined	LLOP, WILLIAM, , ,	est of my knowledge a	and belief it is	true, correct and co	mplete.
Type or Print Name of Treasur	er				
LI Signature of Treasurer	LOP, WILLIAM, , ,	[Electronic	cally Filed]	Date 12	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
IOTE: Submission of false, erro	neous, or incomplete info	rmation may subject the	person signing	this Report to the po	enalties of 52 U.S.C. §3010
Office Use Only				1	FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
William Llop CPA for Congress

2016 10 2016 11 28 20 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 1690.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 1690.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 156269.29 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 156269.29 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 4307.18 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 196589.40 Schedule C and/or Schedule D).....

For further information contact:

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

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

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name William Llop CPA for Congress 2016 28 2016 Report Covering the Period: From: 10 20 To: 11 I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 80 2016 09 (date of general election) (date after general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 28 2016 Political Committees (last day of reporting period) Itemized (use Schedule A) 0.00 1570.00 0.00 (ii) Unitemized 0.00 120.00 0.00 (iii) Total of contributions from individuals 0.00 1690.00 0.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)		
	(d) The Candidate				
	0.00	0.00	0.00		
	(e) TOTAL CONTRIBUTIONS (other than lo	ans) (add Lines 11(a)(iii), (b), (c) and (d))			
	0.00	1690.00	0.00		
12.	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES			
	0.00	0.00	0.00		
13.	LOANS: (a) Made or Guaranteed by the Candidate				
	0.00	156250.00	0.00		
	(b) All Other Loans				
	0.00	0.00	0.00		
	(c) TOTAL LOANS (add Lines 13(a) and (b))				
	0.00	156250.00	0.00		
14.	OFFSETS TO OPERATING EXPENDITURES	S (Refunds, rebates, etc.)			
	0.00	0.00	0.00		
15.	OTHER RECEIPTS (Dividends, Interest, etc.)				
	0.00	0.00	0.00		
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)			
	0.00	157940.00	0.00		

Report of Receipts and Disbursements

PAGE 5 / 13 FEC Form 3 (Revised 1/01) Write or Type Committee Name William Llop CPA for Congress 10 20 2016 2016 Report Covering the Period: 11 28 To: From: **II. DISBURSEMENTS COLUMN A COLUMN B COLUMN C** Total for * (date after general election) **Total this Period** Election Cycle Total as of * (date of general election) through * (last day of reporting period) (* See page 5 for date) (* See page 5 for dates) 17. OPERATING EXPENDITURES 0.00 0.00 156269.29 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate 0.00 590.10 0.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 590.10 0.00 0.00 REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 0.00 (b) Political Party Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(c) Other Political Committees (such as PAC	Cs)	
	0.00	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add	d Lines 20(a), (b) and (c))	
	0.00	0.00	0.00
21.	OTHER DISBURSEMENTS		
	0.00	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18	3, 19(c), 20(d) and 21)	
	0.00	156859.39	0.00
	III NET CONTRIBUTIONS (OTHER T	FUAN LOANS	
	(Note: Substitute in lieu of Line #6	of Summary Page for this report only; subtra	act Line 20(d) from Line 11(e)
	(Note: Substitute in field of Enter no	or durinitary rago for this roport only, dubite	tot Line 20(d) nom Line 11(d))
	0.00	1690.00	0.00
	IV. NET OPERATING EXPENDITURE	 ≣S	
	(Note: Substitute in lieu of Line #	‡7 of Summary Page for this report only; sub	otract Line 14 from Line 17)
	0.00	156269.29	0.00
	V. CASH SUI	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPO		4307.18
24.	TOTAL RECIEPTS THIS PERIOD (from Line	16)	0.00
	SUBTOTAL (add Line 23 and Line 24)		4307.18
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTIN	IG PERIOD (subtract Line 26 from Line 25)	4307.18

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

PAGE 7 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

NAME OF COMMITTEE (In Full) William Llop CPA for Congres	ss			Tra	nsaction ID : SC/10.4180	
LOAN SOURCE Full Name (Last, Fit LLOP, WILLIAM, , ,	rst, Middle	Initial)		Memo Item Election: 2012 X Primary General		
Mailing Address 180 ALLEN ROAD NE STE 207N					Other (specify) ▼	
City SANDY SPRINGS	Sta	ate SA		ZIP Code 30328 Personal Funds of the		
Original Amount of Loan		Cumulative Payment To Da		Date	Balance Outstanding at Close of This Po	at Close of This Period
32400.00		,	,	0.00	32400.00	
TERMS Date Incurred		D	ate Due	Interest (If none,	Rate Secured: enter 0)	
M05 ^M / D18 ^D / Y Z01Z	Y M	M / D D	/ ^Y 9/	30/2012 ^Y	0.00 % (apr) Yes	No
List All Endorsers or Guarantors (if	• •	oan Source				
Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Occupation		
City	State 2	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State 2	ZIP Code		Amount Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First, Middle Initia	al)			Name of Employer		
Mailing Address				Occupation		
City	State Z	ZIP Code		Amount Guaranteed Outstanding:	. , . ,	
4. Full Name (Last, First, Middle Initia	al)			Name of Employer		
Mailing Address				Occupation		
City	State 2	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page (op	tional)			>	32400.00	\neg
TOTALS This Period (last page in this li	ne only)			······································	7	j
Carry outstanding balance only to LINE	3, Schedu	ule D, for this	line. If	no Schedule D. carry	forward to appropriate line of Summa	iry.
, , , , , , , , , , , , , , , , , , , ,	-,	_ ,				,,

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

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.4181 NAME OF COMMITTEE (In Full) William Llop CPA for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary LLOP, WILLIAM, , , General Mailing Address 180 ALLEN ROAD NE STE 207N Other (specify) State ZIP Code City X Personal Funds of the Candidate GΑ 30328 SANDY SPRINGS Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 68529.50 60590.10 7939.40 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D28^D M 06M Ž01Ž Y09/30/2012 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 7939.40 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER:
(check only one)

X 13a 13b

LOAN SOURCE Full Name	(Last, First, Mi	☐ Memo Item			
Mailing Address 6065 ROSWELL RD, STE 400			Other (specify) ▼		
City		State	IP Code Personal Funds of the Candidate		
SANDY SPRINGS Original Amount of Loan		Cumulative Pa	and To Date Balance Outstanding at Close of This Period Balance Outstanding at Close of This Period		
onginar / mount of Loan	4250.00	Cumulative 1	0.00 4250.00		
TERMS Date Incurred			e Due Interest Rate Secured: (If none, enter 0)		
M10 ^M / D19 ^D / Y	ž01š ^Y	M M / D	√ ^Y 12/31/2015 Yes X No		
List All Endorsers or Guara	antors (if any)	to Loan Source			
1. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
	la		Amount Guaranteed		
City	State	ZIP Code	Outstanding:		
PTOTALS This Deviced This	Page (ontional)		4250.00		

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

FOR LINE NUMBER: (check only one)

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OF

						130
AME OF COMMITTEE (In Full) William Llop CPA for Congr	ess				Transac	ction ID : SC/10.4353
LOAN SOURCE Full Name (Last,	First, Mi	ddle Initial)			Memo Item	Election: 2016
William Llop CPA for Con		,		j wemo item	rimary	
·		General				
Mailing Address 6065 ROSWELL RD STE 400					Other (specify)	
City		State	ZIP Cod	de		
ATLANTA		GA	30328			Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pag	yment To	Date	Bala	ance Outstanding at Close of This Period
5000	0.00			0.00		50000.00
TERMS Date Incurred			Date Due		Interest Rate	
M02M / D05D / Y 2016	Y	M M / D D	/ ^Y 12	/31/2016 ^Y		00
List All Endorsers or Guarantors	(if any) t	to Loan Source				, ((()
Full Name (Last, First, Middle	, ,,	to Louir Godice		Name of Em	ployer	
Mailing Address				Occupation		
			-	Amount		
City	State	ZIP Code		Guaranteed		
				Outstanding: Name of Employer		
2. Full Name (Last, First, Middle I	nitial)			name of Em	ipioyer	
Mailing Address	Mailing Address			Occupation		
			-	Amount		
City	State	ZIP Code Guaranteed Outstanding:		7 7 7		
3. Full Name (Last, First, Middle I	nitial)	'		Name of Employer		
Mailing Address				Occupation		
			-	Amount		
City	State	ZIP Code		Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address			Occupation			
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		7
		•	l.			
SUBTOTALS This Period This Page	(optional)				▶	50000.00
FOTALS This Period (last page in thi	s line onl	y)			▶	· · · · · · · · · · · · · · · · · · ·
Carry outstanding halance only to L	INE 3 SA	hadula D. for this	s line If r	no Schedulo	D carry for	ward to appropriate line of Summary.
varie outstailing palatice offig to L	0, 00	neadle D, IOI UII	5 mig. ii l	Jonedule	⇒, carry rorv	raid to appropriate line or outfillary.

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

PAGE 11 OF FOR LINE NUMBER: **X** 13a (check only one)

13

13b Transaction ID: SC/10.4382 NAME OF COMMITTEE (In Full) William Llop CPA for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary William Llop CPA for Congress General Mailing Address 6065 ROSWELL RD Other (specify) \blacktriangledown **STE 400** City State ZIP Code X Personal Funds of the Candidate GΑ 30328 **ATLANTA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 70000.00 0.00 70000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D M 04M ž016 Y12/31/2016 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 70000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 12 OF FOR LINE NUMBER: **X** 13a (check only one)

13

13b Transaction ID: SC/10.4396 NAME OF COMMITTEE (In Full) William Llop CPA for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary William Llop CPA for Congress General Mailing Address 6065 ROSWELL RD Other (specify) \blacktriangledown **STE 400** City State ZIP Code X Personal Funds of the Candidate GΑ 30328 **ATLANTA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 0.00 30000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D11 ^D M 05M ž016 Y12/31/2016 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 30000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 13
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

ME OF COMMITTEE (In F VIIIIam Llop CPA for	•		Transa	action ID : SC/10.4399		
William Llop CPA f	Election: 2016 Primary General					
Mailing Address 6065 ROSWELL RD STE 400	Other (specify)					
City		State	ZIP Code			
ATLANTA		GA	30328	Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Pa	ment To Date Ba	alance Outstanding at Close of This Period		
,,	2000.00	9	0.00	2000.00		
TERMS Date Incur	rred	Γ	ate Due Interest Ra			
M07M / D01D /	ž016 ^Y	M M / D D		0.00 % (apr) Yes X No		
List All Endorsers or Gu	uarantors (if any) to	o Loan Source				
1. Full Name (Last, First	, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount Guaranteed			
City	State	ZIP Code	Outstanding:	/g / / / / / / / / / / / / / / / / / /		
2. Full Name (Last, First,	Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
			Amount Guaranteed			
City	State	ZIP Code	Outstanding:	y y		
3. Full Name (Last, First,	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7		
4. Full Name (Last, First,	Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation	Occupation		
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7		
JBTOTALS This Period Th	nis Page (optional)			2000.00		
				2000.00		
TALS This Period (last pa	age in this line only	·) ······	······	196589.40		
arm, outstanding halance	only to LINE 3 Sch	edule D for thi	line If no Schedule D. carry fo	rward to appropriate line of Summary.		