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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authori	zed Committee	•	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: over the li	If typing, type nes.	12FE4M5	
William Llop CPA for	Congress				1
ADDRESS (number and street)	6065 ROSWELL RD				
▼ Observation of all of a supervision of the super	STE 400				
Check if different than previously reported. (ACC)	ATLANTA		, , , , , , ,	GA 303	28
reported. (ACC)		CITY ▲		STATE ▲	ZIP CODE ▲
2. FEC IDENTIFICATION	NUMBER ▼				1
C C00520064	3.	S THIS	NEW	AMENDED	STATE ▼ DISTRICT
		REPORT	(N) OR	(A)	
4. TYPE OF REPORT ((2)				
4. TYPE OF REPORT ((a) Quarterly Reports:	(b) 1	2-Day PRE-Electio	n Report for the	:	
		Prima	y (12P)	General (12G)	Runoff (12R)
April 15 Quarter	ly Report (Q1)	Conve	ention (12C)	Special (12S)	
July 15 Quarterly	y Report (Q2)				
October 15 Qua	rterly Report (Q3)	Election on	M / D D	/	in the State of
January 31 Year	-End Report (YE) (c) 3	0-Day POST -Electi	on Report for th	ne:	
			al (30G)	Runoff (30R)	Special (30S)
П		Gener	ai (30G)	nulion (30h)	Special (303)
Termination Rep		Election on	M / D D	/ Y Y Y Y	in the State of
5. Covering Period		016 Y thr	ough 09	9 30 Y	2016
I certify that I have examined	•	st of my knowledg	e and belief it is	true, correct and co	mplete.
Type or Print Name of Treasu	LLOP, WILLIAM, , , , urer				
I	LLOP, WILLIAM, , ,			M M /	25 2016
Signature of Treasurer		[Electro	nically Filed]	Date	2010
NOTE: Submission of false, err	oneous, or incomplete inform	nation may subject	the person signin	g this Report to the pe	enalties of 52 U.S.C. §30109
Office Use					EC FORM 3
Only				"	(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 2016 09 30 01 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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

William Llop CPA for Congress

	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)	0.00	1570.00
	(ii) Unitemized	0.00	120.00
	(iii) TOTAL of contributions from individuals	0.00	1690.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	1690.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	2000.00	156250.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	2000.00	156250.00
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	2000.00	157940.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 12

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	156269,29
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	590.10
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	590.10
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)	0.00	156859.39
	III. CASH SU	JMMARY	
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD			2307.18
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)			2000.00
25. 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 REPORTING	G PERIOD	4307.18

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS			1		FOR LINE NUMBER: PAGE 5 OF 12	
					(check only one)	
					11a11b11c11d	
					12 X 13a 13b 14 15	
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the r	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
\rangle	NAME OF COMMITTEE (In Full) William Llop CPA for Congress					
	Full Name (Last, First, Middle Initial)					
	William Llop CPA for Congress					
٦.	Mailing Address 6065 ROSWELL RD				Date of Receipt	
	STE 400				07 01 2016	
	City	State		Zip Code	Transaction ID : SA13A.4399	
	ATLANTA	GA		30328	Transaction is 1 c/(10/11/000	
	FEC ID number of contributing federal political committee.		0520064		Amount of Each Receipt this Period	
	Name of Employer	Occupation	1		2000.00 Memo Item	
	Receipt For: 2016	Flection C	vcle	e-to-Date		
	rimary General				LOAN FROM CANDIDATE	
	Other (specify) ▼	l		152000.00		
			7	, , , , , ,		
	Full Name (Last, First, Middle Initial)				Date of Receipt	
3.	Mailing Address				-	
	Mailing Address				M M / D D / Y Y Y Y	
	City	State		Zip Code		
FEC ID number of contributing federal political committee.				Amount of Each Receipt this Period		
	rederal political committee.		÷			
	Name of Employer	Occupation	1			
					Mama Itam	
Receipt For: Election C		ycle	e-to-Date	Memo Item		
	Primary General					
Other (specify) ▼		7 7				
	Full Name (Lost First Middle India)					
_	Full Name (Last, First, Middle Initial)				Date of Receipt	
Э.	Mailing Address				-	
	a				M = M / D = D / Y = Y = Y	
	City	State		Zip Code		
	FEC ID number of contributing		Ť			
	federal political committee.	C			Amount of Each Receipt this Period	
Name of Employer Occupation		n				
Receipt For: Primary General Other (specify) ▼		Flection C	:vcle-to-Date		Memo Item	
		ycie-to-Date ▼		_		
			7			
S	SUBTOTAL of Receipts This Page (optional)				2000.00	
	,					

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

2000.00

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

PAGE 6 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

				130		
NAME OF COMMITTEE (In Full) William Llop CPA for Co	ongress		Trans	saction ID : SC/10.4180		
LOAN SOURCE Full Name LLOP, WILLIAM, , , Mailing Address 180 ALLEN ROAD NE STE 207	•	Idle Initial)	☐ Memo Ite	Election: 2012 X Primary General Other (specify)		
180 ALLEN ROAD NE STE 207	N					
			ZIP Code	Personal Funds of the Candidate		
SANDY SPRINGS		GA	30328			
Original Amount of Loan		Cumulative Pay		Balance Outstanding at Close of This Period		
	32400.00		0.00	32400.00		
TERMS Date Incurred		D	Date Due Interest F (If none, et			
M05M / D18D / Y	ž01Ž ^Y	M M / D D	[/] 9/30/2012 ^Y	0.00 % (apr) Yes X No		
List All Endorsers or Guara	ntors (if any) to	o Loan Source				
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	City State ZIP Code					
2. Full Name (Last, First, Mic	Idlo Initial)		Outstanding: Name of Employer	9 9		
Z. Full Name (Last, First, Mic	idle ifilial)		Name of Employer	Name of Employer		
Mailing Address			Occupation	Occupation		
City	City State ZIP Code			7 7		
3. Full Name (Last, First, Mic	3. Full Name (Last, First, Middle Initial)					
Mailing Address			Occupation			
O:t.	04-4-	710 01-	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
4. Full Name (Last, First, Mic	ldle Initial)		Name of Employer			
Mailing Address			Occupation			
City State ZIP Code			Amount Guaranteed Outstanding:	9		
SUBTOTALS This Period This F	age (optional)			32400.00		
TOTALS This Period (last page				, 02-103.00		
Carry outstanding belongs only	to LINE 2 Sol	adula D for this	s line If no Schedule D. corne f	orward to appropriate line of Summary.		
our y outstanding Dalance Offig	LUTE O, OCI	caule D, IOI UIR	o miles in the defiledule D, carry in	ormana to appropriate line of Julillially.		

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

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

13a 13b

12

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

FOR LINE NUMBER: (check only one)

PAGE

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OF

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Transaction ID: SC/10.4341 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 6065 ROSWELL RD, STE 400 Other (specify) City State ZIP Code 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 4250.00 0.00 4250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D19^D Ž015 Y12/31/2015 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 City State ZIP Code 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)..... 4250.00 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

PAGE OF FOR LINE NUMBER: (check only one)

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X 13a Detailed Summary Page 13b Transaction ID: SC/10.4353 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 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D M 02M 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)..... 50000.00 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

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OF

		130		
NAME OF COMMITTEE (In Full) William Llop CPA for Congress		Transaction ID: SC/10.4382		
LOAN COURCE Full Name (Lock First M	iddle leitiel\	Floring		
LOAN SOURCE Full Name (Last, First, M William Llop CPA for Congress	iddie initial)	☐ Memo Item		
Mailing Address 6065 ROSWELL RD STE 400		General Other (specify) ▼		
City	State	ZIP Code		
ATLANTA	GA	30328 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
70000.00	,	0.00 70000.00		
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)		
^M 04 ^M / □05 ^D / ¥ Ž016 Y	M M / D D	/ Y12/31/2016		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	-	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
City	Zir Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
0.1	710.0.1	Amount Guaranteed		
City	ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City	ZIP Code	Outstanding:		
CULTOTAL C This David This David (and the				
SUBTOTALS This Period This Page (optional)		70000.00		
TOTALS This Period (last page in this line or	ıly)	······································		
Carry outstanding balance only to LINE 3, So	chedule D, for thi	s 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 11 OF FOR LINE NUMBER: (check only one)

X 13a 13b

		130		
NAME OF COMMITTEE (In Full) William Llop CPA for Congress		Transaction ID: SC/10.4396		
LOAN COURCE Full Name /Loan First Mi	المالم المائدا/	Floriton		
LOAN SOURCE Full Name (Last, First, Mi William Llop CPA for Congress	adie initial)	☐ Memo Item		
Mailing Address 6065 ROSWELL RD STE 400		General Other (specify) ▼		
City	State	ZIP Code		
ATLANTA	GA	30328 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
30000.00		0.00 30000.00		
TERMS Date Incurred	Г	Date Due Interest Rate Secured:		
^M 05 ^M / □11 □ / Y Ž016 Y	M M / D D	/ ^Y 12/31/2016		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
O't.	710.01-	Amount Guaranteed		
City State	ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	·	Amount Guaranteed		
City	ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)		20000.00		
		, , , , , , , , , , , , , , , , , , , ,		
TOTALS This Period (last page in this line on	y)	• • • • • • • • • • • • • • • • • • •		
Carry outstanding balance only to LINE 3, So	hedule D, for this	s 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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×	13a
	13b

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Transaction ID: SC/10.4399 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 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D01D M 07M 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 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)..... 2000.00 TOTALS This Period (last page in this line only) 196589.40 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.