

**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

William Llop CPA for Congress

ADDRESS (number and street)

6065 ROSWELL RD

STE 400

ATLANTA

GA

30328

Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00520064

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

STATE ▼ DISTRICT

GA

11

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

M M / D D / Y Y Y Y
04 / 18 / 2017in the
State of

GA

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2017

through

M M / D D / Y Y Y Y
03 / 29 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

LLOP, WILLIAM, , ,

Type or Print Name of Treasurer

Signature of Treasurer

LLOP, WILLIAM, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 13 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 15

Write or Type Committee Name
William Llop CPA for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	7

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	7

	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))	2500.00	2500.00
(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))	2500.00	2500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24895.51	24895.51
(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))	24895.51	24895.51
8. Cash on Hand at Close of Reporting Period (from Line 27)	231911.67	
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)	446589.40	

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

PAGE 3 / 15

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

William Llop CPA for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	7

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	7

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).....**

2000.00

2000.00

(ii) Unitemized.....

500.00

500.00

(iii) TOTAL of contributions from individuals ▶

2500.00

2500.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2500.00

2500.00

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)..... ▶

2500.00

2500.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 15

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24895.51	24895.51
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) ►	24895.51	24895.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	254307.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2500.00
25. SUBTOTAL (add Line 23 and Line 24).....	256807.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24895.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	231911.67

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 15

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 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)
William Llop CPA for Congress

A. Full Name (Last, First, Middle Initial) EMOREJ LLC			Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2017		
Mailing Address 4320 OLD BRIDGE LN			Transaction ID : SA11AI.4419		
City NORCROSS	State GA	Zip Code 30092	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Memo Item CAMPAIGN CONTRIBUTION			
Name of Employer Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		Occupation Election Cycle-to-Date ▼ 1500.00			
B. Full Name (Last, First, Middle Initial) MCCRIMMON, EDWARD, , Mr.,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2017		
Mailing Address 3960 MATHIS AIRPARK RD			Transaction ID : SA11AI.4420		
City SUWANEE	State GA	Zip Code 30024	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Memo Item CAMPAIGN CONTRIBUTION			
Name of Employer Self Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		Occupation Self-employed Election Cycle-to-Date ▼ 500.00			
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Memo Item		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼			
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)..... ▶			2000.00		
TOTAL This Period (last page this line number only)..... ▶			2000.00		

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

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

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NAME OF COMMITTEE (In Full)

William Llop CPA for Congress

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address P.O. BOX 30285

City
SALT LAKE CITYState
UTZip Code
84130-0287Purpose of Disbursement
MARKETING

004

Candidate Name

William Llop CPA for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼ Special-General

State: GA

District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2017

FEC Identification Number

C C00520064

Amount of Each Disbursement this Period

5270.00

Transaction ID : SB17.4429

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL ELECTION COMMISSION

Mailing Address P.O. BOX 979058

City
ST. LOUISState
MOZip Code
63197-9000Purpose of Disbursement
FEDERAL ELECTION COMMISSION

001

Candidate Name

William Llop CPA for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼ Special-General

State: GA

District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2017

FEC Identification Number

C C00520064

Amount of Each Disbursement this Period

2017.00

Transaction ID : SB17.4431

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURENS DIRECT MAIL

Mailing Address 613 ROYAL CRESENT ALLEY

City
CANTONState
GAZip Code
30115Purpose of Disbursement
MARKETING

004

Candidate Name

William Llop CPA for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼ Special-General

State: GA

District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2017

FEC Identification Number

C C00520064

Amount of Each Disbursement this Period

10256.00

Transaction ID : SB17.4427

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

17543.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

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

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NAME OF COMMITTEE (In Full)

William Llop CPA for Congress

Full Name (Last, First, Middle Initial)

A. LOWE'S

Mailing Address 5925 ROSWELL RD NE

City
SANDY SPRINGSState
GAZip Code
30328Purpose of Disbursement
LOWE'S SIGN SUPPLIES

001

Candidate Name

William Llop CPA for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼ Special-General

State: GA

District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2017

FEC Identification Number

C C00520064

Amount of Each Disbursement this Period

502.51

Transaction ID : SB17.4432

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Third Wave Advertising

Mailing Address 1841 Hardeman Avenue

City
MaconState
GAZip Code
31201Purpose of Disbursement
WEBSITE EXPENSE

001

Candidate Name

William Llop CPA for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼ Special-General

State: GA

District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2017

FEC Identification Number

C C00520064

Amount of Each Disbursement this Period

6850.00

Transaction ID : SB17.4430

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7352.51

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

24895.51

SCHEDULE C (FEC Form 3)
LOANS

PAGE 8 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4180

William Llop CPA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

LLOP, WILLIAM, , ,

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

180 ALLEN ROAD NE STE 207N

City

SANDY SPRINGS

State

GA

ZIP Code

30328

☒ Personal Funds of the Candidate

Original Amount of Loan

32400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

32400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 18 D /

Y 2012 Y

M M /

D D /

Y 9/30/2012 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

32400.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 9 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4181

William Llop CPA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

LLOP, WILLIAM, , ,

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

180 ALLEN ROAD NE STE 207N

City

SANDY SPRINGS

State

GA

ZIP Code

30328

☒ Personal Funds of the Candidate

Original Amount of Loan

68529.50

Cumulative Payment To Date

60590.10

Balance Outstanding at Close of This Period

7939.40

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 28 D

Y 2012 Y

M M

D D

Y 09/30/2012 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 15

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4341

William Llop CPA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2012

LLOP, WILLIAM, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6065 ROSWELL RD, STE 400

City

SANDY SPRINGS

State

GA

ZIP Code

30328

☒ Personal Funds of the Candidate

Original Amount of Loan

4250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4250.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10^MD 19^D

Y 2015 Y

M M

D D

Y 12/31/2015 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4403

William Llop CPA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

LLOP, WILLIAM, , ,

Election: 2017

☐ Primary☐ General☒ Other (specify) ▼
Special-PrimaryMailing Address
6065 ROSWELL RD, STE 400

City

State

ZIP Code

SANDY SPRINGS

GA

30328

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250000.00

0.00

250000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 24^D

Y 2016 Y

M M

D D

Y 12/31/2017 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4353

William Llop CPA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

William Llop CPA for Congress

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
6065 ROSWELL RD
STE 400

City

State

ZIP Code

ATLANTA

GA

30328

☒ Personal Funds of the Candidate

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
(If none, enter 0)

Secured:

M 02 M

D 05 D

Y 2016 Y

M M

D D

Y 12/31/2016 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 15

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4382

William Llop CPA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

William Llop CPA for Congress

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
6065 ROSWELL RD
STE 400

City

ATLANTA

State

GA

ZIP Code

30328

☒ Personal Funds of the Candidate

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 05 D

Y 2016 Y

M M

D D

Y 12/31/2016 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 15

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4396

William Llop CPA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

William Llop CPA for Congress

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
6065 ROSWELL RD
STE 400

City

ATLANTA

State

GA

ZIP Code

30328

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M /

D 11 D /

Y 2016 Y

M M /

D D /

Y 12/31/2016 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4399

William Llop CPA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

William Llop CPA for Congress

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
6065 ROSWELL RD
STE 400

City

ATLANTA

State

GA

ZIP Code

30328

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M

D 01 D

Y 2016 Y

M M

D D

Y 12/31/2016 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000.00

TOTALS This Period (last page in this line only).....▶

446589.40

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.