

**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)

180 Allen Road NE

Suite 207N

Check if different
than previously
reported. (ACC)

Sandy Springs

GA

30328

2. FEC IDENTIFICATION NUMBER ▼

C

C00520064

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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

in the
State of(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

07

D D / Y Y Y Y

12

Y Y Y Y

2012

through

M M / D D / Y Y Y Y

09

D D / Y Y Y Y

30

Y Y Y Y

2012

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

Type or Print Name of Treasurer WILLIAM LLOP

Signature of Treasurer

WILLIAM LLOP

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

14

Y Y Y Y

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 11

Write or Type Committee Name

William Llop CPA for Congress

Report Covering the Period:

From:

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

To:

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

	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))....	3074.00	3924.00
(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))	3074.00	3924.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7280.17	39959.83
(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))	7280.17	39959.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4893.67	
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)	40929.50	

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 12/2003)

PAGE 3 / 11

Write or Type Committee Name

William Llop CPA for Congress

Report Covering the Period:

From:

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

To:

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

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).....

2500.00

3250.00

(ii) Unitemized.....

574.00

674.00

(iii) TOTAL of contributions from individuals ▶

3074.00

3924.00

(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))..

3074.00

3924.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

100929.50

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

100929.50

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)..... ▶

3074.00

104853.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7280.17	39959.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	60000.00	60000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	60000.00	60000.00
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) ►	67280.17	99959.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	69099.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3074.00
25. SUBTOTAL (add Line 23 and Line 24).....	72173.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67280.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4893.67

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 11

☒ 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) L.W. Scientific, Inc.		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2012	
Mailing Address 865 Marathon Parkway		Transaction ID : SA11AI.4204	
City Lawrenceville	State GA	Zip Code 30046	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00	
Name of Employer Occupation		Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) B. Michael D Levison		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2012	
Mailing Address 210 Landfall Road		Transaction ID : SA11AI.4206	
City Atlanta	State GA	Zip Code 30328	Amount of Each Receipt this Period Campaign Contribution 250.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00	
Name of Employer CFS Consumer Financial Occupation CEO		Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) C. A B Llop		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2012	
Mailing Address 5768 Riverside Drive		Transaction ID : SA11AI.4203	
City Atlanta	State GA	Zip Code 30327	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00	
Name of Employer Homemaker Occupation Homemaker		Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Receipts This Page (optional).....		1250.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 6 OF 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

William Llop CPA for Congress

Full Name (Last, First, Middle Initial)

Rita J Llop

A.

Mailing Address 170 Plum Drive

City

Eastman

State

GA

Zip Code

30123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison & Llop, PC

Occupation

Attorney

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2012

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period

1000.00

Donation to Campaign

Full Name (Last, First, Middle Initial)

Elizabeth Streeter

B.

Mailing Address 325 Glen Lake Drive

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHY Advisors

Occupation

Consultant

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2012

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

2500.00

**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 11

<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. CitiCard

Mailing Address P.O. Box 6021

City	State	Zip Code
Sioux Falls	SD	57117

Purpose of Disbursement
Yard Signs and Banners

004

Category/
Type

Candidate Name

William Llop CPA for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: GA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	2

Amount of Each Disbursement this Period

2	7	3	0	.	2	8
---	---	---	---	---	---	---

Transaction ID : SB17.4217

B. Mass Roots

Mailing Address 1320 Harris Road

City	State	Zip Code
Virginia Beach	VA	23452

Purpose of Disbursement
Payment for Robo Calls

003

Category/
Type

Candidate Name

William Llop CPA for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: GA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	2

Amount of Each Disbursement this Period

2	9	1	0	.	5	6
---	---	---	---	---	---	---

Transaction ID : SB17.4214

c. Miscellaneous

Mailing Address 180 Allen Road

City	State	Zip Code
Atlanta	GA	30328

Purpose of Disbursement
Campaign Materials

003

Category/
Type

Candidate Name

William Llop CPA for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: GA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	2

Amount of Each Disbursement this Period

1	4	2	5	.	0	0
---	---	---	---	---	---	---

Transaction ID : SB17.4228

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7065.84

**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 8 OF 11

<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. SunTrust Bank

Mailing Address P.O. Box 622227

City	State	Zip Code
Orlando	FL	32862-2227

Purpose of Disbursement
Bank Fees

001

Candidate Name

William Llop CPA for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: GA District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

26.60

Transaction ID : SB17.4225

B. SunTrust Bank

Mailing Address P.O. Box 622227

City	State	Zip Code
Orlando	FL	32862-2227

Purpose of Disbursement
Bank Fees

001

Candidate Name

William Llop CPA for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: GA District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2012

Amount of Each Disbursement this Period

26.20

Transaction ID : SB17.4226

c. SunTrust Bank

Mailing Address P.O. Box 622227

City	State	Zip Code
Orlando	FL	32862-2227

Purpose of Disbursement
Bank Fees

001

Candidate Name

William Llop CPA for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: GA District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2012

Amount of Each Disbursement this Period

25.15

Transaction ID : SB17.4227

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

77.95

7143.79

**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 9 OF 11

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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. WILLIAM LLOP

Mailing Address 180 ALLEN ROAD NE STE 207N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2012

City	State	Zip Code
SANDY SPRINGS	GA	30328

Amount of Each Disbursement this Period

60000.00

Purpose of Disbursement
Loan repayment to William Llop

009

Transaction ID : SB19A.4234

Candidate Name

WILLIAM LLOPCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: GA

District: 11

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

60000.00

60000.00

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

PAGE 10 OF 11

FOR 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)

[PERSONAL FUNDS]

Election: 2012

WILLIAM LLOP

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

180 ALLEN ROAD NE STE 207N

City

State

ZIP Code

SANDY SPRINGS

GA

30328

Original Amount of Loan

32400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

32400.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 18 / 2012

Date Due

M M / D D / Y Y Y Y
9/30/2012

Interest Rate

0.00 % (apr)

Secured:

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

PAGE 11 OF 11

FOR 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)

[PERSONAL FUNDS]

Election: 2012

WILLIAM LLOP

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

180 ALLEN ROAD NE STE 207N

City

State

ZIP Code

SANDY SPRINGS

GA

30328

Original Amount of Loan

68529.50

Cumulative Payment To Date

60000.00

Balance Outstanding at Close of This Period

8529.50

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 28 / 2012

Date Due

M M / D D / Y Y Y Y
/ 09/30/2012

Interest Rate

0.00 % (apr)

Secured:

☐ 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)..... ►

8529.50

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

40929.50

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