PAGE 1 / 11

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

		or an autr	norized Cor	nmittee		0	ffice Use Only
1. NAME OF COMMITTEE (i		OR PRINT		example: If typing, over the lines.	type	12FE4M5	
John Whitley	for Congress						
ADDRESS (number a		Box 314					
▼ Check if o	different						
than previ	ously Ka	nnapolis				NC 28	3082
2. FEC IDENTIF	ICATION NUMBE	R▼	CITY A			STATE A	ZIP CODE ▲
C C00504	431		3. IS THIS REPORT	x NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT NC
. TYPE OF R	EPORT (Choose (One) (b) 12-Day PR	E -Election Report	for the:		
(a) Quarterly	Reports:		, , , , , , , , , , , , , , , , , , ,			1 0 1/400)
April	15 Quarterly Report	(Q1)	ᆜ	Primary (12P)		General (120	G) Runoff (12R)
Π		(00)		Convention (12	2C)	Special (12S)
July 1	15 Quarterly Report	(Q2)		M M /	D D /	Y Y Y Y Y	in the
Octob	per 15 Quarterly Rep	oort (Q3)	Election or				State of
x Janua	ary 31 Year-End Rep	ort (YE) (c	30-Day PO	ST-Election Repo	rt for the:		
				General (30G)	[Runoff (30R)	Special (30S)
Termiı	nation Report (TER)		Election of	M M M /	D D /	Y " Y " Y	in the State of
i. Covering Perio	nd 10 /	01 / Y	ү ү ү 2017	through	M M	/ 31 /	Y Y Y Y 2017
certify that I have	W	port and to the aters, Sarah, H		knowledge and be	elief it is ti	rue, correct and c	complete.
Signature of Treasu		ah, Hill, Mrs.,		[Electronically Fi	led] [Date 01	11 Y Y Y Y Y Y Y 2018
NOTE: Submission o	of false, erroneous, of	or incomplete in	nformation may	subject the perso	n signing	this Report to the	penalties of 52 U.S.C. §3010
Office							
Use Only							FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 11

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Whitley for Congress

Re	eport	t Covering the Period: From:	10	: 12 ^M / 31 / Y 2017 Y
			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))	0.00	43007.49
	(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))	0.00	43007.49
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	229741.47
	(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))	0.00	229741.47
8.		orting Period (from Line 27)	1211.02	
9.	the	ots and Obligations Owed TO Committee (Itemize all on medule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on bedule C and/or Schedule D)	188950.00	

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)

PAGE 3 / 11

Write or Type Committee Name John Whitley for Congress

10 2017 31 2017 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
1. C	CONTRIBUTIONS (other than loans) FROM:				
(a	•				
	Political Committees (i) Itemized (use Schedule A)	0.00	32450.00		
	(ii) Unitemized	0.00	2905.00		
	(iii) TOTAL of contributions from individuals	0.00	35355.00		
(k	o) Political Party Committees	0.00	0.00		
(0	c) Other Political Committees (such as PACs)	0.00	0.00		
(d	·	0.00	7652.49		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	43007.49		
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00		
		9 9	9 9		
	OANS: a) Made or Guaranteed by the	200			
	Candidate	0.00	188950.00		
(k	,	0.00	0.00		
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	188950.00		
	OFFSETS TO OPERATING				
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00		
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00		
1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	231957.49		

DETAILED SUMMARY PAGE

of Disbursements PAGE 4 / 11 FEC Form 3 (Revised 05/2016) **COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 229741.47 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 1005.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 230746.47 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 1211.02 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 1211.02 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 1211.02 (subtract Line 26 from Line 25).....

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

PAGE 5 OF
FOR LINE NUMBER:
(check only one)

	NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4313 John Whitley for Congress						
	LOAN SOURCE Full Name (Last, Whitley, John, Matthew, D		ddle Initial)		☐ Memo Item	Election: 2012 x Primary General	
	Mailing Address PO Box 314					Other (specify) ▼	
	City State ZIP Cook Kannapolis NC 28082					Personal Funds of the Candidate	
-	Original Amount of Loan Cumulative Payment To				Date Bala	Ince Outstanding at Close of This Period	
	7000	.00	7		0.00	7000.00	
	TERMS Date Incurred M12 ^M / P16 ^D / Y Z011	Υ	D M M / D D	ate Due	Interest Rate (If none, enter ĎEMĂNĎ 0.	0)	
	List All Endorsers or Guarantors	(if any) to	o Loan Source			% (apr) Yes X No	
ŀ	Full Name (Last, First, Middle In		o Loan Godice		Name of Employer		
-	Mailing Address				Occupation		
-	City State ZIP Code				Amount Guaranteed Outstanding:		
-	2. Full Name (Last, First, Middle In	l itial)			Name of Employer		
	Mailing Address				Occupation		
-	City State ZIP Code				Amount Guaranteed Outstanding:		
Ī	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
-	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address			Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7	
SU	SUBTOTALS This Period This Page (optional)						
TC	OTALS This Period (last page in this	line only	r)			7 7 7	
С	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 6 OF
FOR LINE NUMBER:
(check only one)

13a 13b

		130
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4314
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2012
Whitley, John, Matthew, Dr.,	.,	☐ Memo Item Clection: 2012 ★ Primary General
Mailing Address PO Box 314		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Kannapolis	NC	28082
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS Date Incurred	C	late Due Interest Rate Secured: (If none, enter 0)
M12M / D20D / Y Ž01Ť Y	M M / D D	ÖN ĎEMĂNĎ 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
This renod this rage (optional).		20000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sch	nedule 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

PAGE 7
FOR LINE NUMBER: (check only one)

13a 13b

11

OF

										130
AME OF COMMITTEE (In Full) John Whitley for Congress					Trans	action I	D : SC/10.44	145		
LOAN SOURCE Full Name (Last, Fi Whitley, John, Matthew, Dr. Mailing Address PO Box 314			Memo Ite	···	etion: 2012 Primary General Other (spec					
City		State	ZIP Cod	de						
Kannapolis		NC	28082			×	Personal F	unds of	the Ca	ndidate
Original Amount of Loan		Cumulative Pay	ment To	Date	В	alance C	Outstanding	at Close	of This	s Period
100000.0	0	2		0.00)		, , ,	10	0.0000	0
TERMS Date Incurred		D	ate Due		Interest R (If none, er			Se	cured:	
M02 ^M / D06 ^D / Y Ž01Ž	Y	/ M / D D	/ ŎN	ĎEMĂNĎ		0.00	% (apr)		Yes	× No
List All Endorsers or Guarantors (if	any) to	Loan Source								
1. Full Name (Last, First, Middle Init	ial)			Name of Em	ployer					
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:			,			
2. Full Name (Last, First, Middle Initia	al)			Name of Employer						
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:		7	7			
3. Full Name (Last, First, Middle Initia	al)			Name of Employer						
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:		7	7			
4. Full Name (Last, First, Middle Initia	al)	-1		Name of Em	ployer					
Mailing Address				Occupation						
				Amount						1
City	State	ZIP Code		Guaranteed Outstanding:		7	7			
SUBTOTALS This Period This Page (op	tional)				▶			10	0.0000	0
FOTALS This Period (last page in this li	ine only))			▶		,	,		
Carry outstanding balance only to LINE	3, Sch	edule D, for this	line. If i	no Schedule	D, carry fo	orward t	to appropria	te line	of Sum	mary.

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

FOR LINE NUMBER: (check only one)

PAGE

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13a

				135		
AME OF COMMITTEE (In Full) John Whitley for Congress			Transaction ID : SC/10.44	46		
LOAN SOURCE Full Name (Last, Whitley, John, Matthew, D		ddle Initial)	☐ Memo Item			
Mailing Address PO Box 314			Other (spec	ify) 🔻		
City Kannapolis		State NC	ZIP Code 28082	unds of the Candidate		
Original Amount of Loan		Cumulative Pay		at Close of This Period		
22000	0.00	,	0.00	22000.00		
TERMS Date Incurred		D	ate Due Interest Rate (If none, enter 0)	Secured:		
M03 ^M / D20 D / Y Ž01Ž	Υ	M M / D D	 ONDĚEMĂNDÝ 0.00 (apr) 	Yes X No		
List All Endorsers or Guarantors	(if any)	to Loan Source				
1. Full Name (Last, First, Middle	, ,,		Name of Employer			
Mailing Address			Occupation	Occupation		
			Amount Guaranteed			
City	City State ZIP Code					
2. Full Name (Last, First, Middle In	nitial)		Name of Employer	Name of Employer		
Mailing Address			Occupation	·		
City	State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Ir	nitial)		Name of Employer	Name of Employer		
Mailing Address			Occupation	Occupation		
	_		Amount			
City	State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Ir	nitial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)			22000.00		
FOTALS This Period (last page in this	s line onl	у)		7		
Carry outstanding balance only to Li	NE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropria	te line of Summary.		

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

PAGE 9
FOR LINE NUMBER: (check only one)

13a 13b

OF

ohn Whitley for Co	ongress		Transaction ID : S			
Whitley, John, Ma	•	idle Initial)	rine item	: 2012 nary neral		
Mailing Address PO Box 314		Oth	er (specify) ▼			
City		State	ZIP Code	roonal Funda of the Condidate		
Kannapolis		NC	28082 X Pe	rsonal Funds of the Candidate		
Original Amount of Loa	an	Cumulative Pa	ment To Date Balance Outsi	anding at Close of This Period		
, , , , , , , , , , , , , , , , , , , ,	27200.00	2	0.00	27200.00		
TERMS Date Incurred Date Du			ate Due Interest Rate (If none, enter 0)	Secured:		
M04 ^M / D04 ^D /	ž01ž ^Ý	M M / D D	/ On Demand 0.00	% (apr) Yes No		
List All Endorsers or 0	Guarantors (if any) to	o Loan Source				
1. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	9		
2. Full Name (Last, Firs	st, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
	Ia		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9		
3. Full Name (Last, Firs	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation	Occupation		
		710.0.1	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9		
4. Full Name (Last, Firs	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
	I ₂ .	T	Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9		
IDTOTAL C This Deviced	This Dage (antional)	'				
JETOTALS THIS PERIOD	ins rage (optional)		<u> </u>	27200.00		
OTALS This Period (last	page in this line only	·) ······	······································	, , , , ,		
arry outstanding halance	e only to LINE 3 Sch	edule D. for this	line. If no Schedule D, carry forward to a	onropriate line of Summary		

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

PAGE 10 OF
FOR LINE NUMBER:
(check only one)

13a

						100	
	ME OF COMMITTEE (In Full) ohn Whitley for Congress				Transa	ction ID : SC/10.4466	
	LOAN SOURCE Full Name (Last, Whitley, John, Matthew, D		ddle Initial)		☐ Memo Item	Election: 2012 x Primary General	
	Mailing Address PO Box 314					Other (specify)	
	City State ZIP C Kannapolis NC 2808					Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Pay	Date Bal	 ance Outstanding at Close of This Period		
	10250	0.00	9		0.00	10250.00	
	TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente		
	M04 ^M / D18 ^D / Y Ž01Ž	Y	M M / D D	/ Or		.00	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
					Amount Guaranteed		
	City	State	ZIP Code			9 9	
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:		
	City	State	ZIP Code				
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed		
			Zii Oode		Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address			Occupation			
	City	State	ZIP Code		Amount Guaranteed		
	Oity	Otate	Zii Gode		Outstanding:	9 9 9	
S	UBTOTALS This Period This Page (optional)				10250.00	
T	OTALS This Period (last page in this	line only	v)			7 7 7	
_	Carry outstanding balance only to Uli	NE 3. Sch	nedule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.	
. ~	,	,	, .o. and				

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

FOR LINE NUMBER: (check only one)

PAGE 11

X 13a

OF

		100		
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4479		
LOAN SOURCE Full Name (Last, First, Mid Whitley, John, Matthew, Dr.,	ddle Initial)	☐ Memo Item Election: 2012 ▼ Primary		
Mailing Address PO Box 314		General Other (specify) ▼		
City	State	ZIP Code Personal Funds of the Candidate		
Kannapolis	NC	28082		
Original Amount of Loan	Cumulative Page	ment To Date Balance Outstanding at Close of This Period		
2500.00		0.00 2500.00		
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)		
^M 04 ^M / ^D 30 ^D / ^Y Ž01Ž ^Y	M M / D D	✓ On Ďemand O.00 % (apr) Yes 🗶 No		
List All Endorsers or Guarantors (if any) t	o 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		
011	710.0.1	Amount Guaranteed		
City	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		
	T	Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional).				
CODICIALS THIS FERIOU THIS FAGE (OPHORIAI).		2500.00		
TOTALS This Period (last page in this line only	/) ······	188950.00		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		