PAGE 1 / 11

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

| 101111110 | For An Authorized Committee Office | | | | ce Use Only | | |
|--|------------------------------------|----------------------|------------------------------------|------------------------------------|---------------------------------|--|--|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT | | ample: If typing, typer the lines. | e 12FE4M5 | | | |
| John Whitley for Con | gress | | | | | | |
| | | | | | | | |
| | PO Box 314 | | | | | | |
| ADDRESS (number and street) ▼ | | | | | | | |
| Check if different than previously reported. (ACC) | Kannapolis | | | NC 280 | NC 28082 | | |
| 2. FEC IDENTIFICATION | NI IMRED W | CITY ▲ | | STATE A | ZIP CODE ▲ | | |
| C C00504431 | NOMBER V | 3. IS THIS REPORT | NEW (N) OR | AMENDED (A) | STATE ▼ DISTRICT NC 08 08 | | |
| 4. TYPE OF REPORT ((a) Quarterly Reports: April 15 Quarterly July 15 Quarterly | y Report (Q1) | b) 12-Day PRE | Primary (12P) Convention (12C) | the: General (12G) Special (12S) | Runoff (12R) | | |
| October 15 Quarterly Report (Q3) | | Election on | M M / D | D / Y Y Y Y | in the State of | | |
| January 31 Year- | -End Report (YE) | c) 30-Day POS | T-Election Report fo | r the: | | | |
| | | | General (30G) | Runoff (30R) | Special (30S) | | |
| Termination Repo | ort (TER) | Election on | M M / D | D / Y " Y " Y " Y | in the State of | | |
| 5. Covering Period | 04 / 01 / | Y Y Y Y Y 2018 | through | M M M / D D / Y | Y Y Y 2018 | | |
| I certify that I have examined Type or Print Name of Treasu | Waters, Sarah, | | nowledge and belief | it is true, correct and co | mplete. | | |
| N Signature of Treasurer | Vaters, Sarah, Hill, Mrs., | | [Electronically Filed] | Date 07 | 02 / | | |
| NOTE: Submission of false, erro | oneous, or incomplete | information may | subject the person sig | gning this Report to the pe | enalties of 52 U.S.C. §30109 | | |
| 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

| F | lepor | t Covering the Period: From: | 04 01 Y 2018 To: | M 06 M / 30 M Y 2018 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 ledule 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

04 01 2018 06 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 32450.00 (i) Itemized (use Schedule A)..... 2905.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 35355.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) 0.00 7652.49 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 43007.49 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 188950.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 188950.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 231957.49 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

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

FOR LINE NUMBER: (check only one)

PAGE

5

13a 13b

OF

| | | 130 |
|--|---------------------|---|
| NAME OF COMMITTEE (In Full) John Whitley for Congress | | Transaction ID : SC/10.4313 |
| LOAN SOURCE Full Name (Last, First, M Whitley, John, Matthew, Dr., | iddle Initial) | Memo Item Election: 2012 |
| Mailing Address PO Box 314 | | Other (specify) |
| City Kannapolis | State | ZIP Code 28082 Personal Funds of the Candidate |
| · | | |
| Original Amount of Loan 7000.00 | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period 0.00 7000.00 |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) |
| M12M / D16D / Y Ž01Ť Y | M 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 Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZID Code | Amount Guaranteed |
| City | ZIP Code | Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | ' | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| SUBTOTALS This Period This Page (optional) | ···· | 7000.00 |
| TOTALS This Period (last page in this line on | | 7 |
| Carry outstanding balance only to LINE 3 So | chedule D. for this | s line. If no Schedule D, carry forward to appropriate line of Summary. |
| our outstanding balance only to LINE 3, 30 | module D, IOI IIII | into it its somedule b, carry forward to appropriate line of Sufficially. |

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

PAGE 6
FOR LINE NUMBER: (check only one)

13a 13b

| | | | 130 |
|--|---------------------|------------------|--|
| AME OF COMMITTEE (In Full) John Whitley for Congres | 5 | | Transaction ID : SC/10.4314 |
| LOAN SOURCE Full Name (La Whitley, John, Matthew, | | ddle Initial) | ☐ Memo Item |
| Mailing Address PO Box 314 | | | Other (specify) ▼ |
| City | | State | ZIP Code Personal Funds of the Candidate |
| Kannapolis Original Amount of Loan | | NC Cumulativa Da | 28082 Polyment To Date |
| Original Amount of Loan Cumulative Payment T | | | Balance Outstanding at Close of This Period 0.00 20000.00 |
| TERMS Date Incurred | | | Date Due Interest Rate Secured: (If none, enter 0) |
| M12 ^M / D20 ^D / Y Ž0 | iř Y | M M / D | O.00 % (apr) Yes X No |
| List All Endorsers or Guaranto | rs (if any) | to Loan Source | |
| 1. Full Name (Last, First, Middl | e Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle | nitial) | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle | nitial) | | Name of Employer |
| Mailing Address | | | Occupation |
| City | City State ZIP Code | | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle | nitial) | | Name of Employer |
| Mailing Address | | | Occupation |
| | | | Amount |
| City | State | ZIP Code | Guaranteed Outstanding: |
| SUBTOTALS This Period This Pag | e (optional) | | 20000.00 |
| TOTALS This Period (last page in | this line on | ly) | |
| Carry outstanding balance only to | LINE 3, Sc | hedule D, for th | is 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 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

11

Transaction ID: SC/10.4445 NAME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Whitley, John, Matthew, Dr., General Mailing Address Other (specify) PO Box 314 City State ZIP Code X Personal Funds of the Candidate NC 28082 Kannapolis Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D06D M 02M Ž01Ž **ÖNDEMÄND** 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)..... 100000.00 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 8
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

| AME OF COMMITTEE (In ohn Whitley for Co | • | | Trans | action ID:SC/10.4446 | | |
|---|--------------------------------|-------------------|------------------------------------|--|--|--|
| Whitley, John, Ma | • | Idle Initial) | ☐ Memo Ite | m Election: 2012 X Primary General | | |
| Mailing Address PO Box 314 | | | | Other (specify) ▼ | | |
| City | | State | ZIP Code | ✗ Personal Funds of the Candidate | | |
| Kannapolis | | NC | 28082 | Y Personal Funds of the Candidate | | |
| Original Amount of Lo | an | Cumulative Pa | yment To Date B | alance Outstanding at Close of This Period | | |
| , | 22000.00 | 2 | 0.00 | 22000.00 | | |
| TERMS Date Inc | curred | С | rate Due Interest R | | | |
| M03 ^M / D20 ^D / | ^Y Ž01Ž ^Y | M M / D D | | 0.00 % (apr) Yes No | | |
| List All Endorsers or | Guarantors (if any) to | o Loan Source | | | | |
| 1. Full Name (Last, Fi | rst, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | | Occupation | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | , , , , , , , , , | | |
| 2. Full Name (Last, Fire | st, Middle Initial) | | Name of Employer | Name of Employer | | |
| Mailing Address | | | Occupation | | | |
| 0.1 | | 710 0 1 | Amount Guaranteed | | | |
| Сіту | City State ZIP Code | | Outstanding: | | | |
| 3. Full Name (Last, Fire | st, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | | Occupation | | | |
| City | State | ZIP Code | Amount Guaranteed | | | |
| City | | ZIP Code | Outstanding: | 7 | | |
| 4. Full Name (Last, First | st, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | | Occupation | | | |
| City | State | ZIP Code | Amount Guaranteed | | | |
| City | State | ZIP Code | Outstanding: | y y | | |
| IRTOTALS This Period | This Page (ontional) | | | 00000 00 | | |
| | | | | 22000.00 | | |
|)TALS This Period (last | page in this line only | ') | ····· | | | |
| arry outstanding balanc | e only to LINE 3. Sch | edule D. for this | s line. If no Schedule D. carry fo | orward to appropriate line of Summary. | | |

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

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

OF

11

13b Transaction ID: SC/10.4465 NAME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Whitley, John, Matthew, Dr., General Mailing Address Other (specify) PO Box 314 City State ZIP Code X Personal Funds of the Candidate NC 28082 Kannapolis Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 27200.00 0.00 27200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D M 04M Ž01Ž On Demand 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)..... 27200.00 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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

| | | | | | 100 |
|--|----------------|--------------------|-------------------|----------------------------|--|
| AME OF COMMITTEE (In Full) John Whitley for Congress | | | | Trans | saction ID : SC/10.4466 |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Whitley, John, Matthew, Dr., | | | | ☐ Memo Ite | Election: 2012 X Primary General |
| Mailing Address PO Box 314 | | | | | Other (specify) |
| City Kannapolis | | State NC | ZIP Code 28082 | | ✗ Personal Funds of the Candidate |
| Original Amount of Loan | | Cumulative Pay | ment To Date | В | alance Outstanding at Close of This Period |
| 10250 | 0.00 | 2 | | 0.00 | 10250.00 |
| TERMS Date Incurred | | D | ate Due | Interest R (If none, er | nter 0) |
| M04 ^M / D18 ^D / Y Ž01Ž | Y | M M / D D | On Ďema | iiu | 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors | (if anv) t | to Loan Source | | | |
| 1. Full Name (Last, First, Middle I | ` ', | | Name | of Employer | |
| Mailing Address | | | Occup | oation | |
| | | | Amou | nt | |
| City | State | ZIP Code | | anteed anding: | , , , , , , |
| 2. Full Name (Last, First, Middle In | itial) | 1 | Name | of Employer | |
| Mailing Address | | | Occu | oation | |
| | | | Amou | nt | |
| City | State ZIP Code | | | anteed anding: | 7 |
| 3. Full Name (Last, First, Middle In | itial) | | Name | Name of Employer | |
| Mailing Address | | | Occup | oation | |
| City | State ZIP Code | | | inteed | |
| 4. Full Name (Last, First, Middle In | itial) | | | anding: of Employer | |
| Mailing Address | | | Occu | oation | |
| | | | | | |
| City | State | ZIP Code | | int inteed anding: | , , , , , |
| SUBTOTALS This Period This Page (| optional) | | | ······ | 10250.00 |
| TOTALS This Period (last page in this | s line onl | y) | | - | 7 |
| | NE 3, Sc | hedule D, for this | line. If no Sch | edule D, carry fo | orward to appropriate line of Summary. |

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

FOR LINE NUMBER: (check only one)

PAGE 11

13a 13b

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 |
| 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 | line. If no Schedule D, carry forward to appropriate line of Summary. |