PAGE 1 / 11

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

10111110	For An Auth	Offic	Office Use Only			
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, type or the lines.	12FE4M5		
John Whitley for Co	ongress					
ADDRESS (number and stree	PO Box 314					
▼						
Check if different than previously reported. (ACC)	Kannapolis			NC 280	82	
2. FEC IDENTIFICATIO	N NIIMRED W	CITY 🛦		STATE ▲	ZIP CODE ▲	
C C00504431	3	. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT NC 08 UNC 08	
July 15 Quarte	erly Report (Q1) erly Report (Q2) uarterly Report (Q3) ear-End Report (YE) (c)	Election on	Primary (12P) Convention (12C) M M M / D M F-Election Report for General (30G)	General (12G) Special (12S) the: Runoff (30R)	in the State of Special (30S) in the State of	
5. Covering Period	M M / D O / Y 10 / O1 / Y ed this Report and to the	2018 Y best of my know	through	12 31 / Y	2018 mplete.	
Type or Print Name of Trea	Waters, Sarah, Hil	l, Mrs.,	-	M M /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature of Treasurer	erroneous or incomplete in		[Electronically Filed]	Date	analties of 52 U.S.C. 820100	
NOTE: Submission of false, of Office	anoneous, or incomplete in	iormation may s	ubject the person sig	Time this neport to the pe	enanies of 52 0.5.C. §50109	
Use Only				F	FEC FORM 3 (Revised 05/2016)	

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Whitley for Congress

R	eport	t Covering the Period: From:	M / D D D 01	/ Y Y 201	8	To:	2 31	/ Y Y Y Y Y Y 2018
				COLUMI This Per			COLUMI Election Cycle	
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))	7	,	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))	7	,	0.00		,	229741.47
8.		sh on Hand at Close of porting Period (from Line 27)	, ,	,	1211.02			
9.	the	ots and Obligations Owed TO Committee (Itemize all on a sedule C and/or Schedule D)	,		0.00			
10.	the	ots and Obligations Owed BY Committee (Itemize all on needule 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 2018 31 2018 Report Covering the Period: From: To:

	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	32450.00		
	(ii) Unitemized	0.00	2905.00		
	(iii) TOTAL of contributions from individuals	0.00	35355.00		
	(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	7652.49		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	43007.49		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
3.	LOANS:				
	(a) Made or Guaranteed by the Candidate	0.00	188950.00		
	(b) All Other Loans	0.00	0.00		
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	188950.00		
	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)	0.00	231957.49		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	229741.47
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
10	LOAN REPAYMENTS:		
10.	(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	1005.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	230746.47
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1211.02
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		1211.02
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	1211.02

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

PAGE 5 FOR LINE NUMBER: (check only one)

x 13a

		135
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4313
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2012
Whitley, John, Matthew, Dr.,	,	☐ Memo Item ★ Primary General
Mailing Address PO Box 314		Other (specify) ▼
City Kannapolis	State	ZIP Code 28082 Personal Funds of the Candidate
·		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
7000.00		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	¹ 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
		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	ZIP Code	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 (options	al)	7000.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINF 3.	Schedule D. for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.
Jan., Januarian Balance only to Elite O,		contocate by carry to mand to appropriate line of Cultilliary.

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 Congress			Transaction ID : SC/10.4314
LOAN SOURCE Full Name (Last, Whitley, John, Matthew, D. Mailing Address PO Box 314		ddle Initial)	☐ Memo Item Election: 2012 # Primary General Other (specify) ▼
City		State	ZIP Code
Kannapolis		NC	28082 Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
20000	0.00		0.00 20000.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D20D / Y Ž01Ť	Y	M M / D D	
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	itial)	l	Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		
TOTALS This Period (last page in this	line only	/)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LII	NE 3, Scl	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

FOR LINE NUMBER: (check only one)

PAGE

X 13a 13b

11

OF

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

FOR LINE NUMBER: (check only one)

PAGE 8

13a 13b

OF

						130			
	ME OF COMMITTEE (In Full) ohn Whitley for Congress				Trans	saction ID : SC/10.4446			
Ľ	, ,								
	LOAN SOURCE Full Name (Last,		ldle Initial)		☐ Memo Ite				
	Whitley, John, Matthew, D)r.,				Primary			
-	Mailing Address					General			
	Mailing Address PO Box 314					Other (specify)			
				ZIP Co	Y Personal Funds of the				
	Kannapolis		NC	28082					
	Original Amount of Loan		Cumulative Pay	yment To	Date B	alance Outstanding at Close of This Period			
	22000	0.00			0.00	22000.00			
ŀ	TERMS Date Incurred		D	Date Due	Interest R				
	M ₀₃ M / D ₂₀ D / Y Ž01Ž	Υ	M M / D D	/ ŎN	(If none, er IĎEMĂNĎ	0.00			
	20 2012			J Oi	ISENIA (INS	% (apr) Yes No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
Ī	Mailing Address				Occupation				
					Amount				
	City State ZIP Code				Guaranteed Outstanding:	. , ,			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation Amount Guaranteed Outstanding:				
	City	State	ZIP Code						
ŀ	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
ŀ	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,			
		1	ı		ı				
SI	JBTOTALS This Period This Page (optional)			······	22000.00			
TC	OTALS This Period (last page in this	s line only	·)						
_	anne andatandhe balen a la call	NE 2 2 :	and the Both of the	. 15:- 15	no Cohod L. D				
l C	arry outstanding balance only to Li	NE 3, SCh	ieaule 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 9
FOR LINE NUMBER: (check only one)

X 13a

OF

						135			
	ME OF COMMITTEE (In Full) ohn Whitley for Congress				Transa	ction ID : SC/10.4465			
	LOAN SOURCE Full Name (Last, Whitley, John, Matthew, D		ddle Initial)		☐ Memo Item	x Primary			
	Mailing Address PO Box 314					General Other (specify)			
				ZIP Co 28082	de	X Personal Funds of the Candidate			
	Original Amount of Loan Cumulative Payment T				Date Bal				
	27200	0.00	9		0.00	27200.00			
	TERMS Date Incurred		C	ate Due	Interest Rat (If none, ente				
	^M 04 ^M / ^D 04 ^D / Y Ž01Ž	Y	M M / D D	/ Or	Ön Ďemand 0.00 % (apr) Yes ✗ N				
	List All Endorsers or Guarantors	(if any) t	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed				
	Oity	State	Zii Oode		- Catetananig.	7 7 7			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle In	itial)	l		Name of Employer				
	Mailing Address				Occupation				
					Amount Guaranteed				
	City	State	ZIP Code		Outstanding:	7			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
	011	0	710.0		Amount Guaranteed				
	City	State	ZIP Code		Outstanding:	9			
SI	UBTOTALS This Period This Page (optional)				27200.00			
	OTALS This Period (last page in this					21200.00			
L	Norma outotonding belones only to 110	NE 2 Cal	andulo D. for this	line lé	no Sobodulo D. same fam	word to appropriate line of Super-			
ı C	arry outstanding palance only to Li	ນ⊏ ວ, ວcr	iedule D, for this	s ime. If	no ochequie D, carry for	ward to appropriate line of Summary.			

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

PAGE 10
FOR LINE NUMBER: (check only one)

13a

11

OF

						•				130
AME OF COMMITTEE (In Full) Iohn Whitley for Congress					Trans	action I	D : SC/10.44	66		_ -
LOAN SOURCE Full Name (Last, I Whitley, John, Matthew, D Mailing Address PO Box 314			Memo Itel	x	tion: 2012 Primary General Other (speci	fy) ▼				
City	ZIP Code				D			1° d - t -		
Kannapolis	Kannapolis NC 28082					X	Personal F	unas of t	ne Cano	ııdate
Original Amount of Loan		Cumulative Pay	ment To Date		Ва	alance C	outstanding a	at Close	of This F	² eriod
10250	.00			0.00			,	10	0250.00	Ш
TERMS Date Incurred		D	ate Due		Interest Ra (If none, en			Seci	ured:	
M04 ^M / P18 ^D / Y Z01Z	Y	M M / D D	[/] Ön Ďer			0.00	% (apr)		Yes x	No
List All Endorsers or Guarantors ((if any) t	o Loan Source								
1. Full Name (Last, First, Middle Ir	nitial)		Nai	me of Emp	ployer					
Mailing Address			Oc	Occupation						
			Am	Amount						
City	State	ZIP Code	Gu	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Ini	tial)		Na	Name of Employer						
Mailing Address			Oc	Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Ini	tial)		Na	Name of Employer						
Mailing Address			Oc	Occupation						
			Am	ount					_	
City	State	ZIP Code		aranteed standing:		7	- 9	1 1		
4. Full Name (Last, First, Middle Ini	tial)	'	Na	Name of Employer						
Mailing Address				cupation						
			Am	ount					_	
City	State	ZIP Code		aranteed standing:		7	7			
SUBTOTALS This Period This Page (o	ptional)				···• [7	10	0250.00	
TOTALS This Period (last page in this	line only	/)			▶		7	7		
Carry outstanding balance only to LIN	IE 3, Sch	nedule D, for this	line. If no S	chedule [D, carry fo	rward t	o appropria	te line of	f Summ	ary.

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

PAGE 11 OF
FOR LINE NUMBER:
(check only one)

13a 13b

			130
AME OF COMMITTEE (In Full) John Whitley for Congress			Transaction ID : SC/10.4479
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 NC	ZIP Code 28082 Personal Funds of the Candidate
Kannapolis Original Amount of Loan		_	lyment To Date Balance Outstanding at Close of This Period
	0.00	ournalative 1 a	0.00 2500.00
TERMS Date Incurred		Г	Date Due Interest Rate Secured: (If none, enter 0)
M04 ^M / D30 D / Y Ž01Ž	Y	M M / D D	On Demand O.00 % (apr) Yes No
List All Endorsers or Guarantors	(if any)	to Loan Source	
1. Full Name (Last, First, Middle	, ,,		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	nitial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	l nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page ((optional)		2500.00
FOTALS This Period (last page in thi	s line onl	y)	9 9 9
			7 7
Carry outstanding balance only to Li	NE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.