Image#	20170	0405905	52014193

PAGE 1 / 11

FEC FORM 3		REPORT AND DIS For An A	BU		IENTS			Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRINT	•		nple: If typing the lines.	g, type	12FE4M5	5
John Whitley fo	or Cong	ress						
ADDRESS (number an	nd street)	PO Box 314						
Check if dif than previou reported. (A	usly	Kannapolis						28082
2. FEC IDENTIFIC				CITY 🔺			STATE 🔺	ZIP CODE
C C0050443				is this Report	× NEW (N)	OR	AMENE (A)	DED STATE ▼ DISTRIC
	eports:	Report (Q1)	(b) 1		lection Repo Primary (12P) Convention (1	[General (1 Special (1	
		rly Report (Q3)		Election on	M M /	D D /	Y Y Y Y	in the State of
January	v 31 Year-Ei	nd Report (YE)	(c) 3	0-Day POST	Election Rep	ort for the:	_	_
Termina	ition Report	: (TER)		Election on	General (30G)	D D /	Runoff (30	DR) Special (30S in the State of
5. Covering Period	MO	M / D D /		2017 Y	through	M M 03	/ D D / 31	Y Y Y Y 2017
I certify that I have e Type or Print Name of		Waters, Sarah			wledge and k	oelief it is ti	rue, correct and	d complete.
Signature of Treasure		ters, Sarah, Hill, Mrs	.,	[]	Electronically F	iled]	Date	/ D D / Y Y Y Y 05 2017
NOTE: Submission of	false, erron	eous, or incomplet	te inforr	mation may su	bject the pers	son signing	this Report to th	he penalties of 52 U.S.C. §301
Office Use Only								FEC FORM 3 (Revised 05/2016)

Im	age#2	201704059052014194		
Γ	_	FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 11
,		or Type Committee Name N Whitley for Congress		
ļ	Report	Covering the Period: From:	01 / D D / Y Y Y Y 01 01 / 2017 To:	M M M / D D / Y Y Y Y 31 / 2017
			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.		h on Hand at Close of porting Period (from Line 27)	1211.02	
9.	the	ots and Obligations Owed TO Committee (Itemize all on edule 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

FEC	Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 11
Write or Type	e Committee Name		
John Wh	itley for Congress		
Report Cover	ring the Period: From:	M / D D / Y Y Y Y D1 01 / 2017 To:	M = M / D = D / Y = Y = Y = Y Y 03 31 / 2017
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBU	JTIONS (other than loans) FROM:		
Politic	duals/Persons Other Than cal Committees		
	emized (use Schedule A)	0.00	32450.00
(iii) TO	DTAL of contributions	0.00	35355.00
	al Party Committees Political Committees	0.00	0.00
()	as PACs)	0.00	0.00
(e) TOTA	Candidate L CONTRIBUTIONS	0.00	7652.49
	than loans) Lines 11(a)(iii), (b), (c), and (d))	0.00	43007.49
	rs from other Zed committees	0.00	0.00
13. LOANS:			
	or Guaranteed by the date	0.00	188950.00
	her Loans L LOANS	0.00	0.00 •
(add I	Lines 13(a) and (b))	0.00	188950.00
EXPENDIT	TO OPERATING 'URES Rebates, etc.)	0.00	0.00
15. OTHER RI (Dividends	ECEIPTS , Interest, etc.)	0.00	0.00
11(e), 12,	ECEIPTS (add Lines 13(c), 14, and 15) al to Line 24, page 4)	0.00	, 231957.49

_

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 (a) 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) 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

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		,	_	1211.02
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		,	_	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		,		,	_	1211.02
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	_	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		9		5	_	1211.02

DETAILED SUMMARY PAGE

of Disbursements

•			r				
CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Full) ohn Whitley for Congress			Transac	tion ID : SC/10.4313			
LOAN SOURCE Full Name (Last, First, Mid Whitley, John, Matthew, Dr.,	ddle Initial)		Memo Item	Election: 2012 X Primary General			
Mailing Address PO Box 314				Other (specify)			
City Kannapolis	State NC	ZIP Code 28082	9	Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To D	Date Bala	Ince Outstanding at Close of This Perio			
7000.00		7	0.00	7000.00			
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter				
M12 ^M / D16 ^D / Y Ž01ť Y	M M / D D	/ ŎN È	ĎEMĂNĎ 0.	00 % (apr) Yes X 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				
City State	ZIP Code		Amount Guaranteed Outstanding:	g			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	y y			
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	y y			
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	y y			
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line only			L	7000.00			

					PAGE 6 OF 11
CHEDULE (DANS			Use separate schedule for each category of the Detailed Summary Pag	he (check only one) X 13a	
ame of comm Iohn Whitley	TTEE (In Full) for Congress			Transac	ction ID : SC/10.4314
	E Full Name (Last, First, Michael hn, Matthew, Dr.,	ddle Initial)		🗌 Memo Item	Election: 2012 X Primary General
Mailing Addres PO Box 314	S				Other (specify)
City Kannapolis		State NC	ZIP Code 28082	e	Personal Funds of the Candidate
Original Amo	unt of Loan 20000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Peric 20000.00
TERMS	Date Incurred	M M / D D	Date Due	Interest Rate (If none, enter ĎEMĂNĎ 0.	n 0)
	sers or Guarantors (if any) t (Last, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Ad	dress			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 1 9 1 1 m
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Add	ress			Occupation Amount	
City	State	ZIP Code		Guaranteed	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Add	ress			Occupation Amount	
City	State	ZIP Code		Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)	ł		Name of Employer	
Mailing Add	ress			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9
	s Period This Page (optional). iod (last page in this line only				20000.00
Carry outstandin	g balance only to LINE 3, Sc!	hedule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.

0				PAGE 7 OF 11			
CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Full) ohn Whitley for Congress			Transac	tion ID : SC/10.4445			
LOAN SOURCE Full Name (Last, First, Mic Whitley, John, Matthew, Dr.,	ddle Initial)		🗌 Memo Item	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 Pa	yment To D	ate Bala	I Ince Outstanding at Close of This Peric			
100000.00		3	0.00	100000.00			
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter				
M02 ^M / D06 ^D / Y Ž01Ž Y	M M / D D	Ý ŎND	ÉMĂND 0.	00 % (apr) Yes X 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				
City State	ZIP Code		Amount Guaranteed Outstanding:	7			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	y y			
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	y y			
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	y y			
UBTOTALS This Period This Page (optional).			H	100000.00			

	PAGE 8 OF 11	
Use separate schedule(s) for each category of the Detailed Summary Page		
Transac	ction ID : SC/10.4446	
Memo Item	Election: 2012 X Primary General	
	Other (specify)	
	X Personal Funds of the Candidate	
Bala	ance Outstanding at Close of This Peric 22000.00	
Interest Rate (If none, enter 0.	.00 0	
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CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page			
ME OF COMMITTEE (In Fu				Transa	ction ID : SC/10.4465		
LOAN SOURCE Full Name Whitley, John, Matth	•	dle Initial)		Memo Item	Election: 2012 X Primary General		
Mailing Address PO Box 314					Other (specify)		
City Kannapolis		State NC	ZIP Code 28082	9	Personal Funds of the Candidat		
Original Amount of Loan		Cumulative Pa	lyment To D	ate Bal	ance Outstanding at Close of This Peric		
<u> </u>	27200.00	2		0.00	27200.00		
TERMS Date Incurre	ed	[Date Due	Interest Rat (If none, ente			
^M 04 ^M / ^D 04 ^D / ^Y	Ž01Ž ^v		Ón Ì	Demand ^Y 0	.00 % (apr) Yes X No		
List All Endorsers or Gua		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, N	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	g 1 1 g 1 1 x 1		
3. Full Name (Last, First, N	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y		
4. Full Name (Last, First, N	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y		
JBTOTALS This Period This	s Page (optional)				, 27200.00		

eeparate schedule(s) PAGE 10 OF 11 sch category of the FOR LINE NUMBER: ed Summary Page X			
Transaction ID : SC/10.4466			
Memo Item Election: 2012 Primary General			
Other (specify)			
Personal Funds of the Candida			
Balance Outstanding at Close of This Peri			
0.00 10250.00			
Interest Rate Secured: (If none, enter 0)			
0.00 % (apr) Yes X N			
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Amount Guaranteed Outstanding:			
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CHEDULE C (FI	EC Form 3)			Use separate schedule for each category of th	
OANS				Detailed Summary Pag	
ame of committee (ohn Whitley for C	,			Transac	tion ID : SC/10.4479
LOAN SOURCE Full Name (Last, First, Middle Initial) Whitley, John, Matthew, Dr.,				Memo Item	Election: 2012 X Primary General
Mailing Address PO Box 314					Other (specify)
City Kannapolis		State NC	ZIP Code 28082		X Personal Funds of the Candidate
Original Amount of L	oan 2500.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peric 2500.00
TERMS Date In M04 ^M /	ncurred	M M / D D	Date Due	Interest Rate (If none, enter Demand ^Y	0) 00 0/ ()) / (
List All Endorsers or 1. Full Name (Last, F	r Guarantors (if any) t First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
2. Full Name (Last, Fi	irst, Middle Initial)	·		Name of Employer	
Mailing Address				Occupation Amount	
City	State	ZIP Code		Guaranteed	y
3. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9 9 9 9
UBTOTALS This Period	d This Page (optional).			······	2500.00
OTALS This Period (las	st page in this line only	/)		······ [188950.00
Carry outstanding balan	nce only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.