PAGE 1 / 11

# FORM 3

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

101111110	For An Auth	orized Com	mittee	0	Office Use Only				
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, typer the lines.	pe 12FE4M5					
John Whitley for Cong	ress								
ADDRESS (number and street)	PO Box 314								
▼ Check if different									
than previously reported. (ACC)	Kannapolis			NC 28	3082				
2. FEC IDENTIFICATION N	IMRER ▼	CITY A		STATE ▲	ZIP CODE ▲				
C C00504431		3. IS THIS REPORT	× NEW (N) OI	AMENDEI (A)	STATE ▼ DISTRICT  NC 08 08				
4. TYPE OF REPORT (Ch.  (a) Quarterly Reports:  April 15 Quarterly F  July 15 Quarterly F  October 15 Quarter	Report (Q1)	12-Day PRE	Primary (12P)  Convention (12C)	r the:  General (120)  Special (125)					
X January 31 Year-En	nd Report (YE) (c)	30-Day <b>POS</b>							
			General (30G)	Runoff (30R)	Special (30S)				
Termination Report	(TER)	Election on	M   M / D	D / Y Y Y Y	in the State of				
5. Covering Period 1	M / D 01 / Y	<sup>Y</sup> 2023 Y	through	M M / D D / 12	Y Y Y Y Y 2023				
I certify that I have examined the	Waters Careb Hi	-	nowledge and belief	it is true, correct and c	complete.				
Signature of Treasurer	eers, Sarah, Hill, Mrs.,			Date 01	/ D D / Y Y Y Y Y Y 111 2024				
NOTE: Submission of false, errone	eous, or incomplete in	formation may	subject the person s	igning this Report to the	penalties of 52 U.S.C. §30109				
Office Use Only					FEC FORM 3 (Revised 05/2016)				

#### **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

John Whitley for Congress <sup>M</sup>12 2023 10 2023 31 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 43007.49 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 43007.49 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 0.00 229741.47 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 229741.47 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 1211.02 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 188950.00 Schedule C and/or Schedule D).....

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

#### John Whitley for Congress

10 31 2023 12 2023 01 Report Covering the Period: To: From: **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)...... 0.00 2905.00 (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 (d) The Candidate ..... 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

0.00

0.00

0.00

0.00

0.00

0.00

231957.49

188950.00

14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)
15.	OTHER RECEIPTS (Dividends, Interest, etc.)

(b) All Other Loans.....

(add Lines 13(a) and (b)).....

TOTAL LOANS

16.	TOTAL RECEIPTS (add Lines
	11(e), 12, 13(c), 14, and 15)
	(Carry Total to Line 24, page 4)

### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Disbursements

	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
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(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
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	230746.47
	III. CASH SU	IMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1211.02
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
5.	SUBTOTAL (add Line 23 and Line 24)		1211.02
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m 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

			Detailed Summary	Page		13b	
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : SC/10.4313	•		
John Whitley for Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo It	tem Election: 2012			
Whitley, John, Matthew, Dr.,				Primary General			
Mailing Address PO Box 314				Other (specify)			
City	City State ZIP Cod						
Kannapolis	Kannapolis NC 28082					ndidate	
Original Amount of Loan	Original Amount of Loan Cumulative Payment To					Period	
7000.00	9	7	0.00		7000.00	)	
TERMS Date Incurred		ate Due	Interest (If none, e		Secured:		
12 / 16 / Y Y Y Y Y Y	M M / D D	ÓNE	DEMAND	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	Mailing Address						
			Amount Guaranteed				
City	ZIP Code	<b>I</b>	Outstanding:	7 7			
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address			Occupation				
	T=		Amount Guaranteed				
City	ZIP Code		Outstanding:	7 7	-		
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
	T=		Amount Guaranteed				
City	ZIP Code		Outstanding:	7 7	-		
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		Occupation					
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7 7			
SUBTOTALS This Period This Page (optional).					7000.00		
<u> </u>				7 7	7000.00		
TOTALS This Period (last page in this line only	/)		······		1 4		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line	of Sumi	mary.	

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

PAGE 6 OF
FOR LINE NUMBER:
(check only one)

13a

		100
NAME OF COMMITTEE (In Full)  John Whitley for Congress		Transaction ID : SC/10.4314
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Mome Item Election: 2012
Whitley, John, Matthew, Dr.,	Memo Item  Primary  General	
Mailing Address PO Box 314		Other (specify) ▼
City	State	ZIP Code    X   Personal Funds of the Candidate
Kannapolis	NC	28082
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M M / D D / Y Y Y Y Y 2011	M M / D D	V ON DEMAND 0.00
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
		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)		20000.00
<u> </u>		, 25000.00
TOTALS This Period (last page in this line on	ıy) ·····	
Carry outstanding balance only to LINE 3, So	hedule D, for thi	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** OF FOR LINE NUMBER: **X** | 13a (check only one)

11

13b 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 Personal Funds of the Candidate 28082 NC 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) 06 0.00 2012 ONDEMAND 02 Yes 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

X 13a

			Detailed Suffiffiary	Page			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID	: SC/10.4446	•	
John Whitley for Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I	leiii i	on: 2012		
Whitley, John, Matthew, Dr.,			·	rimary eneral			
Mailing Address PO Box 314				ther (specify)	▼		
City	State	ZIP Code	)				
Kannapolis	Kannapolis NC 28082					s of the Ca	ndidate
Original Amount of Loan	Original Amount of Loan Cumulative Payment To					lose of This	Period
22000.00	7		0.00		, ,	22000.0	0
TERMS Date Incurred		ate Due	Interest (If none,			Secured:	
03 / 20 / Y Y Y Y Y	M M / D D	OND	EMAND	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	Mailing Address						
			Amount				
City	ZIP Code	<b>I</b>	Guaranteed Outstanding:	7	7	(R) 1	
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address			Occupation				
	T=		Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7	W 1	
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
	T		Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7	/W	
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address	- 1	Occupation					
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7	7	/R1	
CURTOTAL C This Deviced This Device (anticant)							-
SUBTOTALS This Period This Page (optional)						22000.0	0
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 li	ne of Sum	mary.

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

PAGE 9
FOR LINE NUMBER: (check only one)

×	13a
	13b

OF

							130	
AME OF COMMITTEE (In Full)  John Whitley for Congress					Transac	etion ID : SC/10.4465		
LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)			Memo Item	Election: 2012		
Whitley, John, Matthew, D	)r.,	,			J Wellio Relli	Primary General		
Mailing Address PO Box 314				Other (specify)				
City		State	ZIP Cod	de		X Personal Funds	of the Candidate	
Kannapolis		NC	28082			7 Torona Tanas		
Original Amount of Loan		Cumulative Pay	ment To			ance Outstanding at Clo		
27200	0.00			0.00			27200.00	
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter		Secured:	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	M M / D D	/ Y Or	y y y Demand		00 % (apr)	Yes X No	
List All Endorsers or Guarantors	(if any) t	o Loan Source						
1. Full Name (Last, First, Middle I	nitial)			Name of Em	nployer			
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)	1		Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		7 7 7 7		
4. Full Name (Last, First, Middle In	itial)	'		Name of Employer				
Mailing Address	Occupation							
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		7		
SUBTOTALS This Period This Page (optional)						27200.00		
TOTALS This Period (last page in this	line only	/)			·····•	, ,		
Carry outstanding balance only to LII	NE 3. Sch	nedule D. for this	line. If	no Schedule	D. carry forv	vard to appropriate line	e of Summarv.	
,	-, -5.				,			

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

						130			
	ME OF COMMITTEE (In Full)				Trans	action ID : SC/10.4466			
J	ohn Whitley for Congress								
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Iter				
	Whitley, John, Matthew, D	Or.,				Yrimary  General			
	Mailing Address PO Box 314	· .				Other (specify) ▼			
	City		State	ZIP Co	de				
	Kannapolis		NC	28082		Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay	Date Ba	alance Outstanding at Close of This Period				
	10250	0.00			0.00	10250.00			
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, en				
	04 / D D / Y Y Y 2012	Y	M M / D D	/ Y	n Demand	0.00 % (apr) Yes X No			
	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				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
	2. Full Name (Last, First, Middle Initial)				Name of Employer				
	Mailing Address				Occupation				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	3. Full Name (Last, First, Middle In	itial)	'		Name of Employer  Occupation				
	Mailing Address								
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9-1-1-9-1-1-1			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
			·		_				
SI	UBTOTALS This Period This Page (	optional)			······	10250.00			
т	OTALS This Period (last page in this	s line only	r)		······	, ,			
C	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.			
	——————————————————————————————————————	•	•		, , , , , , , , , , , , , , , , , , ,				

Use separate schedule(s) for each category of the

**PAGE** 11 OF FOR LINE NUMBER: **X** | 13a (check only one)

11

Detailed Summary Page 13b Transaction ID: SC/10.4479 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 Personal Funds of the Candidate 28082 NC Kannapolis Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2012 On Demand 04 Yes 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)..... 2500.00 TOTALS This Period (last page in this line only) ...... 188950.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.