

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

John Whitley for Congress

ADDRESS (number and street)

PO Box 314

Check if different than previously reported. (ACC)

Kannapolis

NC

28082

2. FEC IDENTIFICATION NUMBER ▼

C C00504431

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Sarah Hill Barrington

Signature of Treasurer Mrs. Sarah Hill Barrington

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
John Whitley for Congress

Report Covering the Period: From: / / To: / /

	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))....	27947.49	27947.49
(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)).....	27947.49	27947.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29996.67	29996.67
(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)).....	29996.67	29996.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	24950.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	27000.00	

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 12/2003)

Write or Type Committee Name

John Whitley for Congress

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).....	18250.00	18250.00
(ii) Unitemized.....	2045.00	2045.00
(iii) TOTAL of contributions from individuals ▶	20295.00	20295.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	7652.49	7652.49
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27947.49	27947.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	27000.00	27000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	27000.00	27000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	54947.49	54947.49

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29996.67	29996.67
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
(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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29996.67	29996.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	54947.49
25. SUBTOTAL (add Line 23 and Line 24).....	54947.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29996.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24950.82

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N
Transaction ID :

Schedule B includes all required memo entries for reimbursements. All additional reimbursements do not meet the \$200.00 per vendor aggregate threshold.

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
John Whitley for Congress

A. Full Name (Last, First, Middle Initial)
Gregory Antoine

Mailing Address 40 Salisbury Road

City State Zip Code
Newton MA 02458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Self

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Dominic Joseph Cottrell

Mailing Address 187 Tierra Road

City State Zip Code
Wheeling WV 26003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medical Park Anesthesiologists Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Troy L. Day

Mailing Address 1620 Eastwood Drive

City State Zip Code
Kannapolis NC 28081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Day Enterprises, Inc CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2011

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Alan T. Dickson

Mailing Address 301 S. Tryon Street
Suite 1800

City State Zip Code
Charlotte NC 28202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ruddick Corporation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. James M. Fox

Mailing Address 2 Cherryhurst Lane

City State Zip Code
Grosse Pointe Farms MI 48236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emergency Medicine Specialists Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Alyson Hodgkin

Mailing Address 513 Northview Drive

City State Zip Code
Fayetteville NC 28303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2011

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Alyson Hodgkin

Mailing Address 513 Northview Drive

City Fayetteville State NC Zip Code 28303

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 25 / 2011

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Jay Hodgkin

Mailing Address 513 Northview Drive

City Fayetteville State NC Zip Code 28303

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Medical Equipment Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 25 / 2011

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Jason Miller

Mailing Address 253 14th Street, SE
Unit A

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Jamestown Associates Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 26 / 2011

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Johnette P. Whitley		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2011
Mailing Address PO Box 43		Transaction ID : SA11AI.4122
City Kannapolis	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. Mrs. Johnette P. Whitley		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2011
Mailing Address PO Box 43		Transaction ID : SA11AI.4123
City Kannapolis	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. Mr. William L. Whitley Sr.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2011
Mailing Address PO Box 43		Transaction ID : SA11AI.4120
City Kannapolis	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Whitley Funeral Home	Occupation Owner	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

A. Full Name (Last, First, Middle Initial)
Mr. William L. Whitley Sr.

Mailing Address **PO Box 43**

City **Kannapolis** State **NC** Zip Code **28082**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Whitley Funeral Home** Occupation **Owner**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2011

Transaction ID : SA11Al.4121

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

18250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

A. Full Name (Last, First, Middle Initial)
Dr. John Matthew Whitley

Mailing Address **PO Box 314**

City **Kannapolis** State **NC** Zip Code **28082**

FEC ID number of contributing federal political committee. **C H2NC08177**

Name of Employer **Cape Fear Valley Health System** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11D.4309

Amount of Each Receipt this Period
5000.00

In-kind - Management Consulting

B. Full Name (Last, First, Middle Initial)
Dr. John Matthew Whitley

Mailing Address **PO Box 314**

City **Kannapolis** State **NC** Zip Code **28082**

FEC ID number of contributing federal political committee. **C H2NC08177**

Name of Employer **Cape Fear Valley Health System** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6199.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : SA11D.4334

Amount of Each Receipt this Period
1199.40

In-kind - Email List

C. Full Name (Last, First, Middle Initial)
Dr. John Matthew Whitley

Mailing Address **PO Box 314**

City **Kannapolis** State **NC** Zip Code **28082**

FEC ID number of contributing federal political committee. **C H2NC08177**

Name of Employer **Cape Fear Valley Health System** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7449.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : SA11D.4317

Amount of Each Receipt this Period
1250.00

In-kind - Website Design

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7449.40

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

A. Full Name (Last, First, Middle Initial)
Dr. John Matthew Whitley

Mailing Address **PO Box 314**

City **Kannapolis** State **NC** Zip Code **28082**

FEC ID number of contributing federal political committee. **C H2NC08177**

Name of Employer **Cape Fear Valley Health System** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7542.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : SA11D.4299

Amount of Each Receipt this Period
93.14

In-kind - Printed Materials

B. Full Name (Last, First, Middle Initial)
Dr. John Matthew Whitley

Mailing Address **PO Box 314**

City **Kannapolis** State **NC** Zip Code **28082**

FEC ID number of contributing federal political committee. **C H2NC08177**

Name of Employer **Cape Fear Valley Health System** Occupation **Physician**

Receipt For: 2912
 Primary General
 Other (specify)

Election Cycle-to-Date
7652.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : SA11D.4332

Amount of Each Receipt this Period
109.95

In-kind - Business Cards

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

203.09

7652.49

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

Full Name (Last, First, Middle Initial) A. Dr. John Matthew Whitley		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011
Mailing Address PO Box 314		Transaction ID : SA13A.4313
City State Zip Code Kannapolis NC 28082	Amount of Each Receipt this Period 7000.00	
FEC ID number of contributing federal political committee. C H2NC08177	Name of Employer Occupation Cape Fear Valley Health System Physician	Personal Funds
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14652.49	

Full Name (Last, First, Middle Initial) B. Dr. John Matthew Whitley		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2011
Mailing Address PO Box 314		Transaction ID : SA13A.4314
City State Zip Code Kannapolis NC 28082	Amount of Each Receipt this Period 20000.00	
FEC ID number of contributing federal political committee. C H2NC08177	Name of Employer Occupation Cape Fear Valley Health System Physician	Personal Funds
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 34652.49	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City State Zip Code		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	27000.00
TOTAL This Period (last page this line number only).....	27000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

Full Name (Last, First, Middle Initial) A. Ms. Connie Blue		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011
Mailing Address 3400 Arboretum Place		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4170
City Fayetteville	State NC	
Zip Code 29303	Purpose of Disbursement Photography For Campaign Material	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BRW Fundraising Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address PO Box 12684		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4160
City Raleigh	State NC	
Zip Code 27605	Purpose of Disbursement Finance Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BRW Fundraising Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2011
Mailing Address PO Box 12684		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4161
City Raleigh	State NC	
Zip Code 27605	Purpose of Disbursement Finance Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

Full Name (Last, First, Middle Initial) A. Campaign Solutions/The Donatelli Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 6224.18 Transaction ID : SB17.4329
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Online Fundraising - Transaction Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Campaign Solutions/The Donatelli Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 683.27 Transaction ID : SB17.4331
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Online Fundraising - Transaction Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 15511 Brittle Ridge Drive		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4152
City Huntersville State NC Zip Code 28078	Purpose of Disbursement Management Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6224.18
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

Full Name (Last, First, Middle Initial) A. Capitol Strategies		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2011
Mailing Address 15511 Britley Ridge Drive		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4153
City Huntersville	State NC	
Zip Code 28078	Purpose of Disbursement Management Consulting	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Pioneer Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4155
City Leland	State NC	
Zip Code 28451	Purpose of Disbursement Social Media Consulting	Category/ Type 004
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Pioneer Strategies		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4156
City Leland	State NC	
Zip Code 28451	Purpose of Disbursement Social Media Consulting	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

Full Name (Last, First, Middle Initial) A. Dr. John Matthew Whitley		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address PO Box 314		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4310
City Kannapolis	State NC	
Zip Code 28082	Purpose of Disbursement In-kind - Management Consulting	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 08	

Full Name (Last, First, Middle Initial) B. Dr. John Matthew Whitley		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address PO Box 314		Amount of Each Disbursement this Period 1199.40 Transaction ID : SB17.4335
City Kannapolis	State NC	
Zip Code 28082	Purpose of Disbursement In-kind - Email List	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 08	

Full Name (Last, First, Middle Initial) C. Dr. John Matthew Whitley		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2011
Mailing Address PO Box 314		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4318
City Kannapolis	State NC	
Zip Code 28082	Purpose of Disbursement In-kind - Website Design	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 08	

SUBTOTAL of Disbursements This Page (optional).....	7449.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

Full Name (Last, First, Middle Initial) A. Dr. John Matthew Whitley		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address PO Box 314		Amount of Each Disbursement this Period 93.14 Transaction ID : SB17.4300
City Kannapolis	State NC	
Purpose of Disbursement In-kind - Printed Materials		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 08	

Full Name (Last, First, Middle Initial) B. Dr. John Matthew Whitley		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address PO Box 314		Amount of Each Disbursement this Period 109.95 Transaction ID : SB17.4333
City Kannapolis	State NC	
Purpose of Disbursement In-kind - Business Cards		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2912 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 08	

Full Name (Last, First, Middle Initial) c. Mr. Andy Yates		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2011
Mailing Address 15511 Brittle Ridge Drive		Amount of Each Disbursement this Period 2864.31 Transaction ID : SB17.4165
City Huntersville	State NC	
Purpose of Disbursement Reimbursement - Travel Expenses, Printed Materials, Phone, PO Box		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	3067.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
John Whitley for Congress

Full Name (Last, First, Middle Initial) A. Desumo Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 9211 Forest Hill Ave #207		Amount of Each Disbursement this Period 2320.00
City Richmond	State VA Zip Code 23235-6877	
Purpose of Disbursement Reimbursement - Printed Brochures		Transaction ID : SB17.4165.3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	29490.98

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Whitley for Congress** Transaction ID : **SC/10.4313**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Dr. John Matthew Whitley** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 314

City State ZIP Code
Kannapolis NC 28082

Original Amount of Loan 7000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7000.00
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TERMS

Date Incurred: M 12 / D 16 / Y 2011
Date Due: M / D / Y ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: 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 State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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 (optional)..... ▶ 7000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Whitley for Congress** Transaction ID : **SC/10.4314**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. John Matthew Whitley	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 314		
City Kannapolis	State NC	ZIP Code 28082

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M 12 / D 20 / Y 2011	Date Due M / D / ON DEMAND	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to 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, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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 (optional).....	▶	20000.00
TOTALS This Period (last page in this line only).....	▶	27000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		