PAGE 1 / 11

REPORT OF RECEIPTS AND DISBURSEMENTS

For An	Authorized Com	nmittee	ce Use Only	
NAME OF TYPE OR PRIN COMMITTEE (in full)	• -	kample: If typing, type ver the lines.	12FE4M5	
John Whitley for Congress				
ADDRESS (number and street)				
<u> </u>				
Check if different than previously Kannapolis reported. (ACC)			NC 28	6082
2. FEC IDENTIFICATION NUMBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00504431	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT NC 08 08
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE	E-Election Report for the:		
(a) Quarterly Reports:		Primary (12P)	General (12G	Runoff (12R)
April 15 Quarterly Report (Q1)		Convention (12C)	Special (12S))
July 15 Quarterly Report (Q2) 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	ST-Election Report for the	e:	
		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 01 01 01	/ Y Y Y Y Y Y 2024	through 03	M / D D / Y	7 Y Y Y 2024
I certify that I have examined this Report and t Type or Print Name of Treasurer Waters, Sar	to the best of my ki	nowledge and belief it is	true, correct and c	omplete.
Waters, Sarah, Hill, M	rs		M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature of Treasurer			Date	2021
NOTE: Submission of false, erroneous, or incompl	ete information may	subject the person signing	g this Report to the I	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

^M03 2024 2024 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

loho	\\/hitle	for	Congress
JOHN	vvriiuev	/ 101	Congress

Report Covering the Period: From: 01 01 2024 To: May 7 2024

I. RECEIPTS	I. RECEIPTS COLUMN A Total This Period		
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than			
Political Committees	0.00	32450.00	
(i) Itemized (use Schedule A)	7	, 01.000	
(ii) Unitemized	0.00	2905.00	
(iii) TOTAL of contributions	, , , , , , , , , , , , , , , , , , , ,	25255	
from individuals	0.00	35355.00	
(b) Political Porty Committees	0.00	0.00	
(b) Political Party Committees(c) Other Political Committees	, , , ,	0.00	
(such as PACs)	0.00	0.00	
, ,			
(d) The Candidate	0.00	7652.49	
(e) TOTAL CONTRIBUTIONS			
(other than loans)	0.00	43007.49	
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	43007.49	
12. TRANSFERS FROM OTHER			
AUTHORIZED COMMITTEES	0.00	0.00	
I3. LOANS:			
(a) Made or Guaranteed by the			
Candidate	0.00	188950.00	
	0.00	0.00	
(b) All Other Loans	0.00	0.00	
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	188950.00	
(add Lines 13(a) and (b))	7	9 9	
14. OFFSETS TO OPERATING			
EXPENDITURES	0.00	0.00	
(Refunds, Rebates, etc.)	0.00	0.00	
15. OTHER RECEIPTS			
(Dividends, Interest, etc.)	0.00	0.00	
6. TOTAL RECEIPTS (add Lines			
11(e), 12, 13(c), 14, and 15)	0.00	231957.49	
(Carry Total to Line 24, page 4)	4	201007.40	

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
	(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

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FOR LINE NUMBER: (check only one)

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	13h

OF

							130
AME OF COMMITTEE (In Full) John Whitley for Congress					Transac	ction ID : SC/10.4313	
LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)			Memo Item	Election: 2012	
Whitley, John, Matthew, D		,			_ MEHIO REIII	Primary General	
Mailing Address PO Box 314				Other (specify)			
City		State	ZIP Cod	de		X Personal Funds of	the Candidate
Kannapolis	Kannapolis NC 28082					T ersonal T unus of	the Candidate
Original Amount of Loan		Cumulative Pay	ment To	Date	Bala	ance Outstanding at Close	of This Period
7000	.00			0.00)	7	7000.00
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter		cured:
12 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ	M M / D D	/ ŎN	ĎEMÁNĎ		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	. L	7	
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 Em	nployer		
Mailing Address				Occupation			
				Amount			-
City	State	ZIP Code		Guaranteed Outstanding:	. ——	y	
4. Full Name (Last, First, Middle In	itial)	'		Name of Em	nployer		
Mailing Address				Occupation			
				Amount	-		-
City	State	ZIP Code		Guaranteed Outstanding:		7 7 4	
SUBTOTALS This Period This Page (optional).				····· Þ	7	7000.00
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 forv	ward to appropriate line o	of Summary.
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4314 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 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 20 0.00 2011 ON DEMAND 12 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 ZIP Code City State 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)..... 20000.00 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)

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OF

						13b		
	ME OF COMMITTEE (In Full)				Transac	ction ID : SC/10.4445		
	LOAN SOURCE Full Name (Last,	Eirot Mic	Idla Initial)			Floation: 2040		
	Whitley, John, Matthew, D		idie initial)		☐ Memo Item	Election: 2012 Primary		
-	<u> </u>					General		
	Mailing Address PO Box 314					Other (specify) ———————————————————————————————————		
	City State ZIP C				е	Personal Funds of the Candidate		
-	Kannapolis		NC	28082				
	Original Amount of Loan		Cumulative Pay	ment To [ance Outstanding at Close of This Period		
	100000	0.00	9		0.00	100000.00		
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, ente			
	02	Υ	M M / D D	ÓNE		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:	7		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
				-	Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
				F	Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	, ,		
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
				Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7		
			•	<u>'</u>				
SU	IBTOTALS This Period This Page (optional)			······	100000.00		
то	PTALS This Period (last page in this	s line only	·) ······		······			
<u> </u>	arry outstanding halance only to LII	NF 3 Sch	edule D for this	line If n	o Schedule D. carry for	ward to appropriate line of Summary.		
	arry outstanding Dalance Unity to Li	14L 0, 301	icauic D, IOI (III)	, mic. II II	Coneduce D, Carry 1011	wara to appropriate line or outfillary.		

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

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	AME OF COMMITTEE (In Full)				Trans	saction ID : SC/10.4446	
J	ohn Whitley for Congress						
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Ite		
	Whitley, John, Matthew, D	Or.,			Primary General		
	Mailing Address PO Box 314					Other (specify) ▼	
	City State ZIP Cod			de	Personal Funds of the Candidate		
	Kannapolis		NC		Personal Funds of the Candidate		
	Original Amount of Loan Cumulative Payment To				Date B	alance Outstanding at Close of This Period	
	22000	0.00			0.00	22000.00	
	TERMS Date Incurred		D	Date Due	Interest R (If none, er		
	03 / D / Y Y 2012	Υ	M M / D D	/ V	IDEMAND Y	0.00 % (apr) Yes No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding: Name of Employer Occupation Amount Currenteed		
	2. Full Name (Last, First, Middle In	itial)					
	Mailing Address						
		T					
	City	State	ZIP Code		Guaranteed Outstanding:		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
		T	1		Amount Guaranteed		
	City	State	ZIP Code		Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
				Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9 9 9	
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т	OTALS This Period (last page in this	s line only	r)		······		
c	Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	prward to appropriate line of Summary.	
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

						13b		
	ME OF COMMITTEE (In Full) Ohn Whitley for Congress				Transa	ction ID : SC/10.4465		
	, ,	First Mis	Idla Initial)			Floribus 0040	_	
	LOAN SOURCE Full Name (Last,		idie initiai)	☐ Memo Item	Election: 2012 Primary			
	Whitley, John, Matthew, D	Or.,				General		
	Mailing Address PO Box 314					Other (specify) ▼		
	'			ZIP Cod 28082	е	Personal Funds of the Candidat	— е	
}	Kannapolis		NC	20002			_	
	Original Amount of Loan		Cumulative Pay	yment To I	Date Bal	ance Outstanding at Close of This Perio	d	
	27200	0.00	7	, ,	0.00	27200.00		
	TERMS Date Incurred		С	ate Due	Interest Rat (If none, ente			
	04 / 04 / Y Y 2012	Y	M M / D D			0.00 % (apr) Yes X No)	
İ	List All Endorsers or Guarantors	(if any) to	o Loan Source					
Ī	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation		_	
					Amount		_	
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	2. Full Name (Last, First, Middle In	itial)	1		Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation		_	
		.			Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	y y x		
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
				Amount		_		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9		
							Ī	
SI	JBTOTALS This Period This Page (optional)			······	27200.00		
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_	arry outstanding halance only to LII	NF 3 Sch	edule D for this	s line If n	o Schedule D. carry for	ward to appropriate line of Summary.	_	
	any outstanding balance only to El	0, 001		,e. II II	5 Jonesiale B, Carry Ioi	to appropriate inte of Junillary.		

Use separate schedule(s) for each category of the

PAGE 10 OF FOR LINE NUMBER: **X** | 13a (check only one)

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Detailed Summary Page 13b Transaction ID: SC/10.4466 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 10250.00 0.00 10250.00 **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 ZIP Code City State 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)..... 10250.00 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)

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_					1	130	
	ME OF COMMITTEE (In Full)				Trans	action ID : SC/10.4479	
J	ohn Whitley for Congress						
	LOAN SOURCE Full Name (Last,	First, Mic	☐ Memo Ite				
	Whitley, John, Matthew, D)r.,				Primary General	
	Mailing Address PO Box 314			Other (specify) ▼			
	City		State ZIP Code		de	<u> </u>	
	Kannapolis		NC 28082			Personal Funds of the Candidate	
	Original Amount of Loan Cumulative Payme			yment To	To Date Balance Outstanding at Close of This Period		
	2500.00				0.00	2500.00	
	TERMS Date Incurred Date			Date Due	Interest Ra (If none, en		
	M M / D D / Y Y Y Y M M M / D D /			/ Y	on Demand 0.00 % (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		
	Mailing Address			Occupation			
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer Occupation Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer		
				Occupation			
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	4. Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer			
				Occupation			
				Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
SI	SUBTOTALS This Period This Page (optional) 2500.00						
т	TOTALS This Period (last page in this line only)						
d	Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.	