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Image# 201604079012253396

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRIN		cample: If typinger the lines.	g, type	12FE4M5	
John Whitley fo	or Congress		1 1 1 1 1			
1						
	ı PO Box 314					
ADDRESS (number and						
Check if diffe						
than previou reported. (AC					NC	28082
2. FEC IDENTIFIC	ATION NUMBER ▼	CITY		;	STATE A	ZIP CODE
C C0050443	1	3. IS THIS REPORT	X NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT DED NC 08
4. TYPE OF REP	PORT (Choose One)	1				
(a) Quarterly Re	,	(b) 12-Day PRE	-Election Repo	ort for the:		
			Primary (12P)	General (1	2G) Runoff (12R)
	Quarterly Report (Q1)		Convention (12C)	Special (1	2S)
July 15	Quarterly Report (Q2)		M M	D D /	V	l same
October	15 Quarterly Report (Q3)	Election on	,			in the State of
January	31 Year-End Report (YE)	(c) 30-Day POS	ST -Election Rep	port for the:		
			General (30G	i)	Runoff (30	Special (30S)
Terminat	ion Report (TER)	Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D O1	/ Y Y Y Y Y Y 2016	through	M M 03	31	Y Y Y Y Y 2016
I certify that I have ex	camined this Report and t	o the best of my kr	nowledge and	belief it is tru	ue, correct and	d complete.
Type or Print Name o	f Treasurer Mrs. Sarah I	Hill Waters				
Signature of Treasurer	Mrs. Sarah Hill Waters	,	[Electronically I	Filed] D	Date 04	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of f	alse, erroneous, or incomp	lete information may	subject the per	son signing t	this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

01 03 31 2016 01 2016 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period 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:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts PAGE 3 / 11 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

John Whitley for Congress

01 2016 03 31 2016 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 02/2003)

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	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
		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
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
5.	SUBTOTAL (add Line 23 and Line 24)		1211.02
26.	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

FOR LINE NUMBER:

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×	13a
	13b

DAN5		Detailed Summary Page (Check Only One)
AME OF COMMITTEE (In Full) Ohn Whitley for Congress		Transaction ID : SC/10.4313
LOAN SOURCE Full Name (Last, F Dr. John Matthew Whitley	irst, Middle Initial) PERSONAL	Election: 2012 Primary General
Mailing Address PO Box 314		Other (specify) ▼
City Kannapolis	State ZIP NC 280	Code 82
Original Amount of Loan	Cumulative Payment	
7000.0	00	0.00 7000.00
Date Incurred M 12 / D 16 / Y 2011	Date D	ue Interest Rate Secured: ŎN ĎEMĂNĎ 0.00 % (apr) Yes
List All Endorsers or Guarantors (i		
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (or	otional)	7000.00
TOTALS This Period (last page in this	line only)	······································
Carry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summar

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X 13a

JANS		Detailed Summary	Page (Check only one) 13a
AME OF COMMITTEE (In Full) ohn Whitley for Congress		Tra	nsaction ID : SC/10.4314
Dr. John Matthew Whitle		NAL FUNDS] Memo Item	Election: 2012 Primary General
Mailing Address PO Box 314			Other (specify) ▼
City Kannapolis		ZIP Code 28082	
Original Amount of Loan	Cumulative Paym		Balance Outstanding at Close of This Period
TERMS	00.00	0.00	20000.00
Date Incurred M12 Date Incurred Y 2011		e Due Interest ON ĎEMĂNĎ	Rate Secured: 0.00 % (apr) Yes No
List All Endorsers or Guarantors	s (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:	7
2. Full Name (Last, First, Middle	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	. , ,
3. Full Name (Last, First, Middle	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period This Page	(optional)	·····	20000.00
OTALS This Period (last page in the			
Jarry outstanding balance only to L	.เพ⊨ 3, Schedule D, for this l	ine. It no Schedule D, carry	forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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JAN5		Detailed Summary Page	(Crieck only one) 13a
AME OF COMMITTEE (In Full) ohn Whitley for Congress		Transactio	on ID : SC/10.4445
LOAN SOURCE Full Name (Last, First, Mind Dr. John Matthew Whitley	iddle Initial) 'PERSONAL FUI		Election: 2012 Primary General
Mailing Address PO Box 314			Other (specify) ▼
City Kannapolis	State ZIP Cod NC 28082	е	
<u> </u>		Delete Delete	. O tale of the of Olean of This Bods
Original Amount of Loan	Cumulative Payment To I	0.00	e Outstanding at Close of This Perio
TERMS Date Incurred M02 / D06 / Y 2012 Y		Interest Rate 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)		Name of Employer	
,		Trains of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 1 1 1 1 1
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	211 0000	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State		Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional)			100000.00
OTALS This Period (last page in this line on			, , , , , , , ,

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

JAN5		Detailed Summary Page	(crieck only one) 13a
AME OF COMMITTEE (In Full) ohn Whitley for Congress		Transactio	on ID : SC/10.4446
LOAN SOURCE Full Name (Last, First, Midd Dr. John Matthew Whitley	le Initial) PERSONAL FUN	1 -	Election: 2012 Primary General
Mailing Address PO Box 314			Other (specify)
City S Kannapolis	State ZIP Code NC 28082)	
Original Amount of Loan 22000.00	Cumulative Payment To D	ate Balanc	e Outstanding at Close of This Period 22000.00
TERMS Date Incurred Mo3 / D20 / Y 2012 M		Interest Rate 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)		Name of Employer	
1. Tuli Marie (Last, First, Middle Hillar)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	1	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:	y
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This Page (optional)		··················· }	22000.00
OTALS This Period (last page in this line only).			ad to company to the configuration

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

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OF

	Detailed Summary Page 13b
AME OF COMMITTEE (In Full) John Whitley for Congress	Transaction ID : SC/10.4465
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FU Dr. John Matthew Whitley Mailing Address	INDS]
PO Box 314	
City State ZIP Cod	de
Kannapolis NC 28082	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
27200.00	0.00 27200.00
Date Incurred Date Due M 04	Interest Rate Secured: O.00 (apr) Secured: Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
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)	7 7 7
TOTALS This Period (last page in this line only)	7 7 7
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

DAN5		Detailed Summary Page (Crieck Only One)
AME OF COMMITTEE (In Full) Ohn Whitley for Congress		Transaction ID : SC/10.4466
LOAN SOURCE Full Name (Last, F Dr. John Matthew Whitley	rst, Middle Initial) 'PERSONAL	FUNDS] Memo Item Election: 2012 Primary General
Mailing Address PO Box 314		Other (specify)
City Kannapolis	State ZIP NC 280	Code 32
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Peri
10250.0	00	0.00 10250.00
Date Incurred M 04 / P 18 / Y 2012	Date D	ue Interest Rate Secured: On Ďemand 0.00 % (apr)
List All Endorsers or Guarantors (if		
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (op	otional)	
TOTALS This Period (last page in this	ine only)	
Carry outstanding balance only to LINI	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

FOR LINE NUMBER:

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ANO			Detailed Summary Pa	age (criccit offly cric)	13b
AME OF COMMITTEE (In Full)			Transa	action ID : SC/10.4479	
ohn Whitley for Congre					
Dr. John Matthew Whi		le Initial) 'PERSONAL FU	NDS] Memo Item	Election: 2012 Primary General	
Mailing Address PO Box 314				Other (specify) \blacktriangledown	
City	S	tate ZIP Coc	de		
Kannapolis		NC 28082			
Original Amount of Loan		Cumulative Payment To	Date Ba	alance Outstanding at Close of Ti	his Perio
9	2500.00		0.00	2500).00
TERMS Date Incurred		Date Due	Interest Ra	ate Secured	l:
M 04 M / D 30 D / Y 2	2012 Y	M / D D / On	Ďemand	0.00 % (apr) Yes	X No
List All Endorsers or Guaran	tors (if any) to	Loan Source		100	
1. Full Name (Last, First, Mic	Idle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
2. Full Name (Last, First, Mide	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
3. Full Name (Last, First, Mide	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
4. Full Name (Last, First, Mide	dle Initial)		Name of Employer		
Mailing Address			Occupation		
			Amount		_
City	State	ZIP Code	Guaranteed Outstanding:	9 9 0	
UBTOTALS This Period This Pa	age (optional)		, r	2500	0.00
				7 7	
OTALS This Period (last page i	n this line only).		·····	188950	.00
Carry outstanding balance only	to LINE 3. Sche	dule D. for this line. If r	no Schedule D. carry fo	rward to appropriate line of Su	ımmarv.