

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 Kannapolis NC 28082 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00504431 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NC 08

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 01/01/2012 through 03/31/2012

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 Waters

Signature of Treasurer Mrs. Sarah Hill Waters [Electronically Filed] Date MM/DD/YYYY 04/15/2012

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

Table with 8 columns and 1 row for Office Use Only.

**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))....	2400.00	30347.49
(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)).....	2400.00	30347.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	143763.61	173760.28
(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)).....	143763.61	173760.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5337.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	149000.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1700.00	19950.00
(ii) Unitemized.....	700.00	2745.00
(iii) TOTAL of contributions from individuals ▶	2400.00	22695.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	7652.49
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2400.00	30347.49
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	122000.00	149000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	122000.00	149000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	124400.00	179347.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	143763.61	173760.28
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 .....	250.00	250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	144013.61	174010.28

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24950.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	124400.00
25. SUBTOTAL (add Line 23 and Line 24).....	149350.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	144013.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5337.21

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 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 25
	<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)  
**Dr. W. Scott Ryan**

Mailing Address 104 Bee Gee Road

City Lumberton State NC Zip Code 28358

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

Name of Employer Children's Health of Carolina Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012

**Transaction ID : SA11AI.4366**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Sumeracki**

Mailing Address 5511 Weddington Road

City Concord State NC Zip Code 28027

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

Name of Employer Absolute Imaging Solutions Occupation Sales/Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11AI.4361**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey Sumeracki**

Mailing Address 5511 Weddington Road

City Concord State NC Zip Code 28027

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

Name of Employer Absolute Imaging Solutions Occupation Sales/Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2012

**Transaction ID : SA11AI.4362**

Amount of Each Receipt this Period  
 500.00

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

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

1200.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 25  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**John Whitley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William H. Whitley Jr.**

Mailing Address 260 Morrow Court NE

City Concord State NC Zip Code 28025

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

Name of Employer Whitley Funeral Home Occupation Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2012

**Transaction ID : SA11Al.4370**

Amount of Each Receipt this Period  
 500.00

**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  
 M M / D D / Y Y Y Y Y Y

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  
 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).....

500.00

1700.00

**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 25
	<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**

**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: 134652.49

Date of Receipt: 02 / 06 / 2012

**Transaction ID : SA13A.4445**

Amount of Each Receipt this Period: 100000.00

Personal Funds

**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: 156652.49

Date of Receipt: 03 / 20 / 2012

**Transaction ID : SA13A.4446**

Amount of Each Receipt this Period: 22000.00

Personal Funds

**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).....

122000.00

122000.00



**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 9 OF 25			
	<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) <b>A. Robert Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 611 Crystalwood Court NW		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4435</b>
City Concord	State NC	
Zip Code 28027	Purpose of Disbursement Grassroots Director	Category/ Type 001
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>B. Arena Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address 1780 W. Sequoia Vista Circle		Amount of Each Disbursement this Period 1998.00 <b>Transaction ID : SB17.4417</b>
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Mail Handling and Postage	Category/ Type 001
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>c. Arena Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address 1780 W. Sequoia Vista Circle		Amount of Each Disbursement this Period 330.00 <b>Transaction ID : SB17.4418</b>
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Mail Handling and Postage	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4328.00
<b>TOTAL</b> 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 10 OF 25			
	<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) <b>A. Arena Communications</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 1780 W. Sequoia Vista Circle		Amount of Each Disbursement this Period 3195.00 <b>Transaction ID : SB17.4411</b>
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Mail Handling and Postage	Category/ Type 001
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>B. Arena Communications</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 1780 W. Sequoia Vista Circle		Amount of Each Disbursement this Period 2075.00 <b>Transaction ID : SB17.4412</b>
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Mail Handling and Postage	Category/ Type 001
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>c. BRW Fundraising Group, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2012
Mailing Address PO Box 12684		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4421</b>
City Raleigh	State NC	
Zip Code 27605	Purpose of Disbursement Finance and Compliance Consulting	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8270.00
<b>TOTAL</b> 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 11 OF 25	
	<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) <b>A. Campaign Assets Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 327 North Pearl St		Amount of Each Disbursement this Period 5000.00
City Granville	State OH	
Zip Code 43023	Purpose of Disbursement Marketing Consulting	<b>Transaction ID : SB17.4423</b>
Candidate Name	Category/Type 001	
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>B. Campaign Solutions/The Donatelli Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 337.50
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Online Transaction Fees	<b>Transaction ID : SB17.4395</b>
Candidate Name	Category/Type 003	
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>c. Campaign Solutions/The Donatelli Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 150.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Online Transaction Fees	<b>Transaction ID : SB17.4397</b>
Candidate Name	Category/Type 003	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5487.50
<b>TOTAL</b> 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 12 OF 25	
	<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**

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Online Transaction Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2012

Amount of Each Disbursement this Period: 545.53

Transaction ID : SB17.4447

Category/Type: 003

Full Name (Last, First, Middle Initial)  
**B. Capitol Strategies**

Mailing Address 15511 Britley Ridge Drive

City Huntersville State NC Zip Code 28078

Purpose of Disbursement Management Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 10 / 2012

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.4407

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**c. Capitol Strategies**

Mailing Address 15511 Britley Ridge Drive

City Huntersville State NC Zip Code 28078

Purpose of Disbursement Management Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2012

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.4415

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 8545.53

**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 13 OF 25			
	<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) <b>A. Capitol Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 15511 Britley Ridge Drive		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.4429</b>
City Huntersville	State NC	
Zip Code 28078	Purpose of Disbursement Management Consulting	Category/ Type 001
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>B. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 5 Mapleton Road Suite 300		Amount of Each Disbursement this Period 4995.00 <b>Transaction ID : SB17.4399</b>
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Media Production	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>C. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 5 Mapleton Road Suite 300		Amount of Each Disbursement this Period 494.70 <b>Transaction ID : SB17.4404</b>
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Travel Expenses	Category/ Type 002
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9489.70
<b>TOTAL</b> 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 14 OF 25			
	<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) <b>A. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 5 Mapleton Road Suite 300			Amount of Each Disbursement this Period 7,154.00 Transaction ID : SB17.4430
City Princeton	State NJ	Zip Code 08540	
Purpose of Disbursement Media Production	Candidate Name		Category/ Type 004
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>B. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 5 Mapleton Road Suite 300			Amount of Each Disbursement this Period 1,789.00 Transaction ID : SB17.4433
City Princeton	State NJ	Zip Code 08540	
Purpose of Disbursement Media Production	Candidate Name		Category/ Type 004
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>C. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 5 Mapleton Road Suite 300			Amount of Each Disbursement this Period 1,789.00 Transaction ID : SB17.4442
City Princeton	State NJ	Zip Code 08540	
Purpose of Disbursement Media Production	Candidate Name		Category/ Type 004
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71544.00
<b>TOTAL</b> 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 25			
	<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) <b>A. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 5 Mapleton Road Suite 300		Amount of Each Disbursement this Period 13020.00 <b>Transaction ID : SB17.4443</b>
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Media Production	Category/ Type 004
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>B. Franklin Jones</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 414 Wightman Church Rd		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4436</b>
City Polkton	State NC	
Zip Code 28135	Purpose of Disbursement Grassroots Director	Category/ Type 001
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>c. Chance Lambeth</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012
Mailing Address 922 Hasty School rd		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4434</b>
City Thomasville	State NC	
Zip Code 27360	Purpose of Disbursement Grassroots Director	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16020.00
<b>TOTAL</b> 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 25	
	<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) <b>A. Lloyd Aaron Photography</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012	
Mailing Address 2475 Spicewood Drive			Amount of Each Disbursement this Period 1708.00	
City Winston Salem	State NC	Zip Code 27106	Transaction ID : SB17.4378	
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>B. Moonshadow Mobile</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012	
Mailing Address 915 Oak Street Suite 200			Amount of Each Disbursement this Period 3950.00	
City Eugene	State OR	Zip Code 97401	Transaction ID : SB17.4420	
Purpose of Disbursement Mobile Canvassing Software		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>c. Byron Nelson</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012	
Mailing Address 4825 Commercial Plaza			Amount of Each Disbursement this Period 517.35	
City Winston Salem	State NC	Zip Code 27104	Transaction ID : SB17.4426	
Purpose of Disbursement Travel Expenses		Category/ Type 002		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6175.35
<b>TOTAL</b> 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 25			
	<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) <b>A. North Carolina State Board of Elections</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 441 North Harrington Street		Amount of Each Disbursement this Period 1740.00 <b>Transaction ID : SB17.4427</b>
City Raleigh	State NC Zip Code 27603	
Purpose of Disbursement Candidate Filing Fee	Category/Type 001	
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>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 4500 Falls of the Neuse Rd 120		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.4409</b>
City Raleigh	State NC Zip Code 27609	
Purpose of Disbursement Stamps	Category/Type 001	
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>c. Pioneer Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4376</b>
City Leland	State NC Zip Code 28451	
Purpose of Disbursement Social Media Consulting	Category/Type 004	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2760.00
<b>TOTAL</b> 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 25			
	<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) <b>A. Pioneer Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 150.00
City Leland	State NC	Zip Code 28451
Purpose of Disbursement Social Media Consulting	Category/ Type 004	
Candidate Name		Transaction ID : SB17.4405
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>B. Pioneer Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 200.00
City Leland	State NC	Zip Code 28451
Purpose of Disbursement Social Media Consulting	Category/ Type 004	
Candidate Name		Transaction ID : SB17.4406
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>c. Pioneer Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00
City Leland	State NC	Zip Code 28451
Purpose of Disbursement Social Media Consulting	Category/ Type 004	
Candidate Name		Transaction ID : SB17.4414
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1350.00
<b>TOTAL</b> 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 25			
	<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) <b>A. Pioneer Strategies</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2012
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4428</b>
City Leland	State NC	
Zip Code 28451	Purpose of Disbursement Social Media Consulting	Category/ Type 004
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>B. Pioneer Strategies</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2012
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4441</b>
City Leland	State NC	
Zip Code 28451	Purpose of Disbursement Social Media Consulting	Category/ Type 004
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>c. Precision Signz</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 1055 Valley Drive		Amount of Each Disbursement this Period 4948.68 <b>Transaction ID : SB17.4419</b>
City Bettendorf	State IA	
Zip Code 52722	Purpose of Disbursement Signs	Category/ Type 004
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6948.68
<b>TOTAL</b> 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 20 OF 25	
	<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) <b>A. Mrs. Sarah Hill Waters</b>			Date of Disbursement MM / DD / YYYY 01 / 20 / 2012	
Mailing Address PO Box 12684			Amount of Each Disbursement this Period 2000.00	
City Raleigh	State NC	Zip Code 27607	Transaction ID : SB17.4413	
Purpose of Disbursement Finance and Compliance Consulting		Category/ Type 001		
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>B. Mrs. Sarah Hill Waters</b>			Date of Disbursement MM / DD / YYYY 02 / 16 / 2012	
Mailing Address PO Box 12684			Amount of Each Disbursement this Period 45.00	
City Raleigh	State NC	Zip Code 27607	Transaction ID : SB17.4422	
Purpose of Disbursement Postage Reimbursement		Category/ Type 001		
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>C. Mr. Andy Yates</b>			Date of Disbursement MM / DD / YYYY 01 / 10 / 2012	
Mailing Address 15511 Britley Ridge Drive			Amount of Each Disbursement this Period 370.43	
City Huntersville	State NC	Zip Code 28078	Transaction ID : SB17.4408	
Purpose of Disbursement Travel Expenses Reimbursement		Category/ Type 002		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2415.43
<b>TOTAL</b> This Period (last page this line number only).....	143334.19

**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 21 OF 25	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Whitley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stanly County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 22 / 2012</b>
Mailing Address 46403 Sapona Lane		Amount of Each Disbursement this Period <b>250.00</b>
City Norwood State NC Zip Code 28128	Purpose of Disbursement Non-Federal Contribution Category/Type <b>011</b>	
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)	<b>Transaction ID : SB21.4416</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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 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>C.</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 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>250.00</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

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 Cumulative Payment To Date Balance Outstanding at Close of This Period  
 7000.00 0.00 7000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 12 / D 16 / Y 2011 M M / D D / ON DEMAND 0.00 % (apr)  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  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO Box 314

City State ZIP Code  
 Kannapolis NC 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
---------------------------------------	-------------------------------	-------------------------------	---

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 20000.00
<b>TOTALS</b> 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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4445

John Whitley for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Dr. John Matthew Whitley

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 314

City State ZIP Code  
Kannapolis NC 28082

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:  
02 / 06 / 2012 ONDEMAND 0.00 % (apr)  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)..... 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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Whitley for Congress** Transaction ID : **SC/10.4446**

**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 22000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 22000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 03 / D 20 / Y 2012  
 Date Due: M M / D D / Y ONDEMAND  
 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	22000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	149000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**