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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

10111110	For An Auth	norized Com	mittee	(Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	 -	ample: If typing, ty er the lines.	pe 12FE4M5	
John Whitley for Cong	ress				
	PO Box 314				
ADDRESS (number and street) ▼					
Check if different than previously	Kannapolis			NC 2	8082
reported. (ACĆ)		CITY ▲		STATE ▲	ZIP CODE ▲
2. FEC IDENTIFICATION N		3. IS THIS REPORT	NEW (N) O	R AMENDE (A)	D STATE ▼ DISTRICT
4. TYPE OF REPORT (Ch	noose One) (b) 12-Day PRE	i-Election Report fo	r the: General (12	G) Runoff (12R)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)			Convention (12C)	Special (129	
October 15 Quarte		Election on	M M / D	D / Y Y Y Y	in the State of
January 31 Year-Er	nd Report (YE) (c)	30-Day POS	T-Election Report	for the:	
			General (30G)	Runoff (30R	Special (30S)
Termination Report	t (TER)	Election on	M M / D	D / Y " Y " Y " Y	in the State of
5. Covering Period 1	M / D D / Y	^Y 2020 Y	through	M M / D D / 12 31	Y Y Y Y Y 2020
I certify that I have examined the	Waters, Sarah, H		nowledge and belie	f it is true, correct and	complete.
Wat Signature of Treasurer	ters, Sarah, Hill, Mrs.,		[Electronically Filed]	Date	/ D D / Y Y Y Y Y 2021
NOTE: Submission of false, erron	eous, or incomplete in	nformation may	subject the person s	signing this Report to the	penalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Whitley for Congress

2020 10 2020 12 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)) 7. 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 229741.47 0.00 (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

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

John	Whitley	for	Congress
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10 12 01 2020 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 32450.00 (i) Itemized (use Schedule A)...... 2905.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 35355.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 7652.49 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 43007.49 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 188950.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 188950.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 231957.49 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	229741.47
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
	(b)	Political Party Committees 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.	ОТІ	HER DISBURSEMENTS	0.00	1005.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	230746.47
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOF	RTING PERIOD	1211.02
24	то	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		1211.02
26.	TO	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	1211.02

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

PAGE 5 OF FOR LINE NUMBER: (check only one)

X 13a 13b

NAME OF COMMITTEE (In Full) John Whitley for Congress				Trans	action ID : SC/10.4313	
LOAN SOURCE Full Name (Last, Firs Whitley, John, Matthew, Dr.,		Initial)		☐ Memo Ite	Election: 2012 X Primary General	
Mailing Address PO Box 314					Other (specify) ▼	
City	Sta	ate NC	ZIP Cod 28082	de	▼ Personal Funds of the Candidate	
Kannapolis Original Amount of Loan		cumulative Pay		Date B	alance Outstanding at Close of This Period	
7000.00		amaiatro 1 ay	mont 10	0.00	7000.00	
TERMS Date Incurred		D	ate Due	Interest Ra (If none, en		
M12M / D16D / Y Z01 Y	М	M / D D	/ ŎN	ĎEMĂNĎ	0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if a	any) to L	oan Source				
1. Full Name (Last, First, Middle Initia	al)			Name of Employer		
Mailing Address				Occupation		
City	tate 2	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , ,	
2. Full Name (Last, First, Middle Initial	2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount Guaranteed		
,		ZIP Code		Outstanding:	9 9 9 9	
3. Full Name (Last, First, Middle Initial	l)			Name of Employer		
Mailing Address				Occupation		
				Amount		
,		ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,	
4. Full Name (Last, First, Middle Initial	l)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	tate Z	ZIP Code		Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Page (opti	ional)				7000.00	
TOTALS This Period (last page in this lin	ne only)				7 7 7	
Carry outstanding balance only to LINE	3 Schedu	ıle D. for this	line If	no Schedule D. carry fo	orward 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

		130
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4314
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2012
Whitley, John, Matthew, Dr.,	.,	☐ Memo Item Clection: 2012 ★ Primary General
Mailing Address PO Box 314		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Kannapolis	NC	28082
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS Date Incurred	C	late Due Interest Rate Secured: (If none, enter 0)
M12M / D20D / Y Ž01Ť Y	M M / D D	ÖN ĎEMĂNĎ 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
This renod this rage (optional).		20000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 7 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

ohn Whitley for Co	ngress	Ialla In:#:al\		Leuren		
Whitley, John, Ma	•	idle milial)	☐ Memo Iter	n Election: 2012 x Primary General		
Mailing Address PO Box 314				Other (specify)		
City		State	ZIP Code	X Personal Funds of the Candidate		
Kannapolis		NC	28082	Fersonal Funds of the Candidate		
Original Amount of Loa	an	Cumulative Pa	rment To Date Ba	alance Outstanding at Close of This Period		
	100000.00	7	0.00	100000.00		
TERMS Date Inc	curred	Г	ate Due Interest Ra			
M02M / D06D /	ž01ž ^Y	M M / D D		0.00		
List All Endorsers or 0	Guarantors (if any) to	o Loan Source				
1. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	9		
2. Full Name (Last, Firs	t, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
0"	la	710.0.1	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
3. Full Name (Last, Firs	t, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	Ctata	ZID Code	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	g g		
4. Full Name (Last, Firs	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
	la		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
	<u>'</u>					
JB FOTALS This Period	Inis Page (optional)		<u> </u>	100000.00		
DTALS This Period (last	page in this line only	')	·····	, , , , , , , ,		
arry outstanding halance	e only to LINE 3 Sch	edule D for this	line If no Schedule D. carry fo	rward to appropriate line of Summary.		

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

PAGE 8 FOR LINE NUMBER: (check only one)

x 13a

		130			
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4446			
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012			
Whitley, John, Matthew, Dr.,	,	Memo Item X Primary General			
Mailing Address PO Box 314		Other (specify) ▼			
City Kannapolis	State	ZIP Code 28082 Personal Funds of the Candidate			
<u> </u>					
Original Amount of Loan 22000.00	Cumulative Fa	yment To Date Balance Outstanding at Close of This Period 0.00 22000.00			
TERMS Date Incurred	[Date Due Interest Rate Secured:			
M03M / D20D / Y Z01Z Y	M M / D D	UNDEMAND			
List All Endersors or Characters (if any)	to Loop Course	% (apr) Yes No			
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	1	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed			
		Outstanding: Name of Employer			
3. Full Name (Last, First, Middle Initial)					
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional	SUBTOTALS This Period This Page (optional)				
	TOTALS This Period (last page in this line only)				
IVIALS This Period (last page in this line o	(III)	—			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

FOR LINE NUMBER: (check only one)

PAGE

X 13a 13b

11

OF

Transaction ID: SC/10.4465 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 X Personal Funds of the Candidate NC 28082 Kannapolis Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 27200.00 0.00 27200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D M 04M Ž01Ž On Demand x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 27200.00 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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13a

OF

						130	
	ME OF COMMITTEE (In Full) Ohn Whitley for Congress				Transaction ID : SC/10.4466		
Ľ	, ,						
	LOAN SOURCE Full Name (Last,		ddle Initial)		☐ Memo Item Election: 2012		
	Whitley, John, Matthew, D)r.,			x Primary General		
	Mailing Address				Other (specify)		
	PO Box 314						
	City		State	ZIP Co	Y Personal Funds of the Cano	didate	
	Kannapolis		NC	28082			
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This F	² eriod	
	10250	0.00	,		0.00 10250.00		
	TERMS Date Incurred		D	ate Due	Interest Rate Secured: (If none, enter 0)		
	M04 ^M / D18 ^D / Y Ž01Ž	Y	M M / D D	/ Ör	n Ďemand 0.00 % (apr) Yes	No	
	List All Endorsers or Guarantors	(if anv) to	o Loan Source				
	Full Name (Last, First, Middle I		200.1		Name of Employer		
	Mailing Address				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:		
	3. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed		
	4. Full Name (Last, First, Middle In	l nitial)			Outstanding: Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed		
					Outstanding:		
						_	
SI	UBTOTALS This Period This Page (optional)			10250.00		
T	OTALS This Period (last page in this	s line only	/)				
۲	Parmy outstanding halance only to 11	NE 2 Cal	andula D. for this	line If	no Schodulo D. carry forward to convenients line of Summer	on:	
ı۷	arry outstanding palance only to Li	iv⊑ J, JCr	iedule D, for this	s iiiie. If	no Schedule D, carry forward to appropriate line of Summ	ai y.	

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

PAGE 11 OF
FOR LINE NUMBER:
(check only one)

X 13a

		100
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4479
LOAN SOURCE Full Name (Last, First, Mid Whitley, John, Matthew, Dr.,	ddle Initial)	☐ Memo Item Election: 2012 ▼ Primary
Mailing Address PO Box 314		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Kannapolis	NC	28082
Original Amount of Loan	Cumulative Page	ment To Date Balance Outstanding at Close of This Period
2500.00		0.00 2500.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
^M 04 ^M / ^D 30 ^D / ^Y Ž01Ž ^Y	M M / D D	✓ On Ďemand O.00 % (apr) Yes 🗶 No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
011	710.0.1	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		
CODICIALS THIS FERIOU THIS FAGE (OPHORIAI).		2500.00
TOTALS This Period (last page in this line only	/) ······	188950.00
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.