PAGE 1 / 11

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 0	For An Aut	ce Use Only			
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, type er the lines.	2 12FE4M5	
John Whitley for Cor	ngress				
		1 1 1 1 1			
	PO Box 314	1 1 1 1 1			
ADDRESS (number and street) ▼					
Check if different than previously reported. (ACC)	Kannapolis			NC 280	82
2. FEC IDENTIFICATION	NI IMBER ¥	CITY ▲		STATE ▲	ZIP CODE ▲
C C00504431		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT NC 08 08
	ly Report (Q1) y Report (Q2) rterly Report (Q3)	Election on	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R) in the State of
January 31 Year	-End Report (YE) (c	30-Day POS	T-Election Report fo		On a sint (200)
Termination Rep	ort (TER)	Election on	General (30G)	Runoff (30R)	in the State of
5. Covering Period	04 / 01 /	7 Y Y Y 2022	through	06 30 / Y	2022
I certify that I have examined Type or Print Name of Treasu	Waters, Sarah, H		nowledge and belief i	it is true, correct and co	mplete.
Signature of Treasurer	Vaters, Sarah, Hill, Mrs.,		[Electronically Filed]	Date 07	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, err	oneous, or incomplete i	nformation may	subject the person sig	ning this Report to the po	enalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 11

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Whitley for Congress

2022 2022 06 30 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)

PAGE 3 / 11

Write or Type Committee Name

John Whitley for Congress

04 01 2022 06 30 2022 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)

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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		
	(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 REPO	PRTING 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		
	CASH ON HAND AT CLOSE OF REPORTIN				

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

PAGE 5 FOR LINE NUMBER: (check only one)

x 13a

		195				
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4313				
LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2012						
Whitley, John, Matthew, Dr.,	,	☐ Memo Item ★ Primary General				
Mailing Address PO Box 314 Other (specify) ▼						
City Kannapolis	State	ZIP Code 28082 Personal Funds of the Candidate				
·	-					
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pe						
7000.00		0.00 7000.00				
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)				
M12M / D16D / Y Ž01Ť Y	M M / D D	¹ ÖN ĎEMĂNĎ 0.00 % (apr) Yes ✗ No				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	<u> </u>	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				
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				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)						
1 1 2		9 9 **				
Carry outstanding balance only to LINE 3, \$	Schedule 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 6
FOR LINE NUMBER: (check only one)

OF

11

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 X Personal Funds of the Candidate NC 28082 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) M 12M 0.00 ^D20^D Ž011 ŎN ĎEMANĎ 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)..... 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

PAGE 7
FOR LINE NUMBER: (check only one)

X 13a 13b

										130
AME OF COMMITTEE (In Full) John Whitley for Congress					Trans	action I	D : SC/10.44	145		
LOAN SOURCE Full Name (Last, Fi Whitley, John, Matthew, Dr. Mailing Address PO Box 314		dle Initial)			Memo Ite	'''	etion: 2012 Primary General Other (spec			
City		State	ZIP Cod	de						
Kannapolis		NC	28082	Personal Funds of the				the Ca	ndidate	
Original Amount of Loan	Original Amount of Loan Cumulative Payment To				Date Balance Outstanding at Close of This Per					Period
100000.0	0	2		0.00)		7	, 10	0.0000.0	0
TERMS Date Incurred		D	ate Due		Interest R (If none, er			Se	cured:	
M02 ^M / D06 ^D / Y Ž01Ž	Y	/ M / D D	/ ŎN	ONDĚEMÁNDÝ 0.00					x No	
List All Endorsers or Guarantors (if	any) to	Loan Source								
1. Full Name (Last, First, Middle Init	ial)			Name of Em	ployer					
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	State	ZIP Code	Guaranteed Outstanding:							
3. Full Name (Last, First, Middle Initia	3. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)				Name of Employer						
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:		7	7			
SUBTOTALS This Period This Page (op	tional)				▶		7	10	0.0000	0
TOTALS This Period (last page in this li	ne only))			▶		7	,		
Carry outstanding balance only to LINE	3, Sch	edule D, for this	line. If I	no Schedule	D, carry fo	rward t	to appropria	ite line	of Sum	mary.

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/10.4446 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 22000.00 0.00 22000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D M 03M Ž01Ž **ÖNDEMÄND** 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)..... 22000.00 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

PAGE 9
FOR LINE NUMBER: (check only one)

13a 13b

OF

ohn Whitley for Co	ongress			eaction ID : SC/10.4465				
Whitley, John, Ma	•	☐ Memo Ite	m Election: 2012 x Primary General					
Mailing Address PO Box 314				Other (specify) ▼				
City		State	ZIP Code	V Developed Funds of the Condidate				
Kannapolis		NC	28082	Y Personal Funds of the Candidate				
Original Amount of Lo	an	Cumulative Pa	ment To Date B	alance Outstanding at Close of This Period				
,	27200.00	2	0.00	27200.00				
TERMS Date Inc	curred	Г	ate Due Interest R					
M04M / D04D /	ž01ž ^Y	M M / D D	/ On Demand	0.00 % (apr) Yes No				
List All Endorsers or	Guarantors (if any) to	o Loan Source						
1. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer					
Mailing Address			Occupation	Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:					
2. Full Name (Last, First	st, Middle Initial)		Name of Employer					
Mailing Address			Occupation					
0''	la	710.0.1	Amount Guaranteed					
City	State	ZIP Code Outstanding:						
3. Full Name (Last, Firs	st, Middle Initial)		Name of Employer					
Mailing Address			Occupation					
O'th :	04-4-	710 0	Amount Guaranteed	Amount Guaranteed				
City	State	ZIP Code	Outstanding:					
4. Full Name (Last, First	st, Middle Initial)		Name of Employer					
Mailing Address			Occupation					
011	la.		Amount Guaranteed					
City	State	ZIP Code	Outstanding:	9				
IDTOTAL C This Deviced	This Dage (antional)							
	iiiis raye (optional)		<u> </u>	27200.00				
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arry outstanding halanc	e only to LINE 3 Sch	edule D for this	line If no Schedule D. carry fo	prward to appropriate line of Summary.				

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a 13b

11

OF

							130		
AME OF COMMITTEE (In Full) Iohn Whitley for Congress				Tra	nsaction	ID : SC/10.4466			
LOAN SOURCE Full Name (Last, I Whitley, John, Matthew, D Mailing Address PO Box 314		ddle Initial)		☐ Memo	Item Ele	ction: 2012 Primary General Other (specify)			
City State ZIP Co			ZIP Code	ode X Personal Funds of the C			of the Occalination		
Kannapolis		NC	28082	reisonal runds of the C					
Original Amount of Loan		Cumulative Pay	ment To Date	Date Balance Outstanding at Close of This Per					
10250	.00	2		0.00		, ,	10250.00		
TERMS Date Incurred		D	ate Due	Interest (If none,		:	Secured:		
M04 ^M / P18 ^D / Y 2012	Υ	M M / D D	On Dema	On Ďemand 0.00 % (apr) Yes X N					
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle Ir	nitial)		Name	e of Employer					
Mailing Address			Occu	pation					
			Amou	Amount					
City	State	ZIP Code	Guara	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address			Occu	pation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:			· ·		
3. Full Name (Last, First, Middle Ini	3. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Address			Occu	Occupation					
			Amou	ınt					
City	State	ZIP Code		anteed anding:	7				
4. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address			Occu	Occupation					
			Amou	ınt					
City	State	ZIP Code		anteed anding:	7	7	W		
SUBTOTALS This Period This Page (c						7 7	10250.00		
TOTALS This Period (last page in this	line only	/)		······································	<u></u>	7 7			
Carry outstanding balance only to LIN	IE 3, Sch	nedule D, for this	line. If no Sch	nedule D, carry	forward	to appropriate lin	e of Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE 11

X 13a

OF

		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
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	line. If no Schedule D, carry forward to appropriate line of Summary.