07/15/2012 21 : 36

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An A	Office Use Only				
NAME OF TYPE OR PRIN COMMITTEE (in full)	·	ample: If typinger the lines.	g, type	12FE4M5	
John Whitley for Congress					
ADDRESS (number and street)					
Check if different					
than previously Kannapolis reported. (ACC)				NC :	28082
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		Ş	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00504431	3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE -	Election Repo	rt for the:		
(a) Quarterly Reports:		Primary (12P)		General (1	2G) Runoff (12R)
April 15 Quarterly Report (Q1)	П	Convention (1	12C)	Special (1)	2S)
X July 15 Quarterly Report (Q2)					
October 15 Quarterly Report (Q3)	Election on	M = M /	D D /	Y Y Y	in the State of
January 31 Year-End Report (YE)	(c) 30-Day POS	r -Election Rep	ort for the:		
		General (30G)		Runoff (30	R) Special (30S)
Termination Report (TER)	Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period 04 19	2012	through	M M M 06	/ 30 /	2012
I certify that I have examined this Report and to	-	owledge and k	belief it is tru	ue, correct and	l complete.
Type or Print Name of Treasurer Mrs. Sarah H	ill Waters				
Signature of Treasurer Mrs. Sarah Hill Waters		[Electronically F	Filed] D	ate 07	15 / 2012
NOTE: Submission of false, erroneous, or incomple	ete information may	subject the pers	son signing tl	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 21

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

John Whitley for Congress

06 30 2012 19 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 11650.00 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) 11650.00 43007.49 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 32302.55 226106.78 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 32302.55 226106.78 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 4845.71 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 12/2003)

PAGE 3 / 21

Write or Type Committee Name

John Whitley for Congress

06 2012 04 19 2012 30 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 11500.00 32450.00 (i) Itemized (use Schedule A)..... 150.00 2905.00 (ii) Unitemized (iii) TOTAL of contributions 11650.00 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..... TOTAL CONTRIBUTIONS (other than loans) 11650.00 43007.49 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 2500.00 188950.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 2500.00 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) 14150.00 231957.49 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	32302.55	226106.78
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	0.00
	by the Candidate(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(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	500.00	1005.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	32802.55	227111.78
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	23498.26
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	14150.00
25.	SUBTOTAL (add Line 23 and Line 24)		37648.26
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	32802.55
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		4845.71

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR	PAGE	:	5	OF	21			
(check only one)								
X	11a	11b		11c		11	d	
	12	13a		13b		14		15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Whitley for Congress Full Name (Last, First, Middle Initial) Blanca Hubbell Date of Receipt Mailing Address 300 S. Biscayne Blvd. #4006 2012 30 City State Zip Code Transaction ID: SA11AI.4477 FL 33131 Miami FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation Hale Hamm Investments Investor Receipt For: 2012 Election Cycle-to-Date Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) В.

william Hubbell	Date of Receipt			
Mailing Address 300 S. Biscayne Blvd. #4006		04 30 2012		
City Miami	State Zip Code FL 33131	Transaction ID : SA11AI.4478		
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
Name of Employer	Occupation	2500.00		
Hale Hamm Investments	Investor			
Receipt For: 2012 Primary General Other (specify)	Election Cycle-to-Date 2500.00			
Full Name (Last, First, Middle Initial)	_			

David Stanley Date of Receipt Mailing Address 108 ORCHARD LANE 21 2012 City State Zip Code Transaction ID: SA11AI.4521 TN Oakridge 37830 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Self Surgeon Receipt For: 2012 Election Cycle-to-Date Primary General 500.00 Other (specify)

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

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: [PAGE		0	OF	<u> </u>
(check only one)									
X	11a		11b		11c		11	d	
	12		13a		13b		14	ļ	15

Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pethe name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) John Whitley for Congress		
Full Name (Last, First, Middle Initial) A. Jeffrey Sumeracki	Date of Receipt	
Mailing Address 5511 Weddington Road		04 21 2012
City Concord	State Zip Code NC 28027	Transaction ID : SA11AI.4519
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Absolute Imaging Solutions	Occupation Sales/Engineer	500.00
Receipt For: 2012 Primary General Other (specify)	Election Cycle-to-Date	
B. Full Name (Last, First, Middle Initial) Jacqueline Tucker Mailing Address 7116 Macedonia Church Re		Date of Receipt
		04 30 2012
City Concord	State Zip Code NC 28027	Transaction ID : SA11AI.4518
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation Buyer	500.00
Shoe Show Receipt For: 2012 Primary General Other (specify)	Election Cycle-to-Date 500.00	
Full Name (Last, First, Middle Initial) David Whitley		Date of Receipt
Mailing Address 601 Willow Dr.		04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kannapolis	State Zip Code NC 28083	Transaction ID : SA11AI.4475
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Whitley Funeral Home	Occupation Owner	2500.00
Receipt For: 2012 Primary General Other (specify)	Election Cycle-to-Date 2500.00	
	er only)	3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:			PAGE	:	/	OF	21		
(check only one)									
	11a		11b		11c		11	d	_
	12		13a		13b		14	ļ.	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Whitley for Congress Full Name (Last, First, Middle Initial) Hope Whitley Date of Receipt Mailing Address 601 Willow Dr. 2012 30 City State Zip Code Transaction ID: SA11AI.4476 NC 28083 Kannapolis FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation Homemaker Homemaker Receipt For: 2012 Election Cycle-to-Date | Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee.

	Name of Employer	Occupation	, ,
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
— С.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
			2500.00

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

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

	FOR LINE NUMBER: PAGE 8 OF 21						
Use separate schedule(s)	(check only one)						
for each category of the	11a11b11c11d						
Detailed Summary Page	12 X 13a 13b 14 15						
y not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.							

	Statements may not be sold or used by any perhe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) John Whitley for Congress		
Full Name (Last, First, Middle Initial) Dr. John Matthew Whitley Mailing Address PO Box 314 City Kannapolis FEC ID number of contributing federal political committee. Name of Employer Cape Fear Valley Health System Receipt For: 2012 Primary General Other (specify)	State Zip Code NC 28082 C H2NC08177 Occupation Physician Election Cycle-to-Date 196602.49	Date of Receipt 04 30 2012 Transaction ID: SA13A.4479 Amount of Each Receipt this Period 2500.00 Personal Funds
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		2500.00 2500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 9 21 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Whitley for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Robert Andrews 2012 Mailing Address 611 Crystalwood Court NW 23 City State Zip Code Amount of Each Disbursement this Period NC Concord 28027 Purpose of Disbursement 2000.00 **Grassroots Director** Transaction ID: SB17.4492 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) BRW Fundraising Group, LLC Date of Disbursement Mailing Address PO Box 12684 05 2012 City State Zip Code Amount of Each Disbursement this Period NC 27605 Raleigh 500.00 Purpose of Disbursement Compliance Consulting Transaction ID: SB17.4503 Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Campaign Solutions/The Donatelli Group Mailing Address 117 North Saint Asaph Street 04 2012 19 City Zip Code State Amount of Each Disbursement this Period Alexandria VA 22314 Purpose of Disbursement 35.07 Online Transaction Fees Transaction ID : SB17.4537 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 2535.07 SUBTOTAL of Disbursements This Page (optional).....

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

ago:: 12002 100022			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule for each category of Detailed Summary Pa		FOR LINE NUMBER: PAGE 10 OF 21 (check only one)
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full)	ts may not be sold or i	used by any p	
John Whitley for Congress Full Name (Last, First, Middle Initial)			
A. Campaign Solutions/The Donatelli Gro	Date of Disbursement		
Mailing Address 117 North Saint Asaph Street			04 27 2012
City State Alexandria VA	Zip Code 22314		Amount of Each Disbursement this Period
Purpose of Disbursement Online Transaction Fees			69.50 Transaction ID : SB17.4529
Candidate Name Office Sought: House Disbursement	For:	Category/ Type	
Senate Prim			
State: District: Full Name (Last, First, Middle Initial)			+
3. Campaign Solutions/The Donatelli Gr	oup		Date of Disbursement
Mailing Address 117 North Saint Asaph Street	7: 0.4		05 04 2012
City State Alexandria VA	Zip Code 22314		Amount of Each Disbursement this Period
Purpose of Disbursement Online Transaction Fees Candidate Name		Catagory	360.94 Transaction ID : SB17.4530
Office Sought: House Disbursement	For	Category/ Type	
Senate Prim			
Full Name (Last, First, Middle Initial)			
Campaign Solutions/The Donatelli Gro	oup		Date of Disbursement
Mailing Address 117 North Saint Asaph Street			05 11 2012
City State Alexandria VA	Zip Code 22314		Amount of Each Disbursement this Period
Purpose of Disbursement Online Transaction Fees			7.04
Candidate Name		Category/ Type	Transaction ID : SB17.4533
Office Sought: House Disbursement Senate Prim President Othe			
State: District:	or (opeony)		

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

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

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""	11age# 1293246032	·				
		G (FEC Form SBURSEMENT	•	Use separate scl for each categor Detailed Summan	nedule(s) (y of the	FOR LINE NUMBER: PAGE 11 OF 21 (check only one) X 17
						erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMM	•		7.		
Α.	Full Name (Last, First, Middle Initial) Capitol Strategies					Date of Disbursement
	Mailing Address 15511 Britley Ridge Drive					04 19 2012
	City Huntersville		State NC	Zip Code 28078		Amount of Each Disbursement this Period
	Purpose of Disbu Direct Mail Servi	irsement ces				8433.00 Transaction ID : SB17.4507
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
_	State:	District: First, Middle Initial)				
В.	Capital Stratagios			Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y		
	City Huntersville Purpose of Disbu	irsement ces	State NC	Zip Code 28078		Amount of Each Disbursement this Period 8122.00
	Candidate Name			Category/ Type	Transaction ID : SB17.4513	
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	General		
_		First, Middle Initial)				
C.	c. Capitol Strategies					Date of Disbursement
	Mailing Address 15511 Britley Ridge Drive				05 14 2012	
	City State Zip Code Huntersville NC 28078			Amount of Each Disbursement this Period		
	Purpose of Disbursement Direct Mail Services				5500.00 Transaction ID : SB17.4515	
					Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State:	District:				

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

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

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Image# 12952480524		
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 21 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) John Whitley for Congress		
Full Name (Last, First, Middle Initial) A. Franklin Jones		Date of Disbursement
Mailing Address 414 Wightman Church Rd		04 23 2012
City State Polkton NC	Zip Code 28135	Amount of Each Disbursement this Period
Purpose of Disbursement Grassroots Director		1500.00 Transaction ID : SB17.4494
Candidate Name	Category Type	/
Office Sought: House Senate President State: Disbursement For Disbursem		
Full Name (Last, First, Middle Initial)		
B. Knoxly, LLC	Date of Disbursement	
Mailing Address 4322 Harding Pike Suite 417		04 / D D / Y Y Y Y Y Y 26 2012
City State Nashville TN	Zip Code 37205	Amount of Each Disbursement this Period
Purpose of Disbursement Social Media Consulting	37203	3000.00
Candidate Name	Category Type	Transaction ID : SB17.4500
Office Sought: House Disbursement For Senate Primar President Other State: District:		
Full Name (Last, First, Middle Initial)		
c. Chance Lambeth	Date of Disbursement	
Mailing Address 922 Hasty School rd	04	
•	Zip Code	Amount of Each Disbursement this Period
Thomasville NC Purpose of Disbursement Grassroots Director	27360	1250.00
Candidate Name	Category	Transaction ID : SB17.4493

Type

General

Office Sought:

State:

House

Senate

District:

President

Disbursement For:

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

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

Primary

Other (specify)

SCHEDULE B (FEC Form 3)

PAGE 13 21 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Whitley for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Ted Morgan 2012 Mailing Address 12310 Holt Kay Drive City State Zip Code Amount of Each Disbursement this Period NC Midland 28107 Purpose of Disbursement 1500.00 **Grassroots Director** Transaction ID: SB17.4499 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate **Primary** General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate General Primary President Other (specify) State: District: 1500.00 SUBTOTAL of Disbursements This Page (optional).....

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

SCHEDULE B (FEC Form 3)	Lles concrets schodule(s)	FOR LINE NUMBER: PAGE 14 OF 21
	Use separate schedule(s) for each category of the	(check only one)
TEMIZED DISBURSEMENTS	Detailed Summary Page	17 18 19a 19b
	Betaned Cummary 1 age	20a 20b 20c X 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
John Whitley for Congress		
Full Name (Last, First, Middle Initial)		
Davidson County Republican Party		Date of Disbursement
		M M / D D / Y Y Y Y
Mailing Address 335 CUNNINGHAM BRICK YARD RD	04 20 2012	
City State	Zip Code	Amount of Each Disbursement this Period
Lexington NC	27292	Amount of Each disbursement this Feriod
Purpose of Disbursement		500.00
Non-Federal Contribution		Transaction ID : SB21.4539
Candidate Name	Catagon	
	Category Type	
Office Sought: House Disbursement Fe	1	
Senate	y General	
	(specify)	
State: District:	(-1)/	
Full Name (Last, First, Middle Initial)		
_		Date of Disbursement
3.		
Mailing Address		M M / D D / Y Y Y
G		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		7
		, , , , , , , , , , , , , , , , , , , ,
Candidate Name	Category	·/
	Type	
Office Sought: House Disbursement F	or:	
Senate Primar	y General	
President Other	(specify)	
State: District:		
Full Name (Last, First, Middle Initial)		
		Date of Disbursement
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Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	7	
	, , , , , , , , , , , , , , , , , , , ,	
Candidate Name	Category	1/
	Type	
Office Sought: House Disbursement F	or:	
Senate Primar	y General	
President Other	(specify)	
State: District:		
'		
SUBTOTAL of Disbursements This Page (optional)		500.00
TODIOIAL OF DISDUISEMENTS THIS Page (Optional)		

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

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

FOR LINE NUMBER: (check only one)

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13a 13b

OF

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	Detailed Summary Page 13b			
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4313			
John Whitley for Congress				
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2012			
Dr. John Matthew Whitley	Primary			
Mailing Address	General Other (appoint)			
PO Box 314	Other (specify) ———————————————————————————————————			
City State ZIP Cod	e			
Kannapolis NC 28082				
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period			
7000.00	0.00 7000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M ₁₂ M / D ₁₆ D / Y ZO11 Y M M / D D / ON	ĎEMĂNĎ 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			
	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 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)				
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

FOR LINE NUMBER: (check only one)

PAGE

16

×	13a
	13b

21

Detailed Summary Page Transaction ID: SC/10.4314 NAME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. John Matthew Whitley General Mailing Address Other (specify) \blacktriangledown PO Box 314 City State ZIP Code NC 28082 Kannapolis Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 ^M 12^M 2011 0.00 **ON DEMAND** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

FOR LINE NUMBER: (check only one)

PAGE

17

X	13a
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Detailed Summary Page Transaction ID: SC/10.4445 NAME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. John Matthew Whitley General Mailing Address Other (specify) \blacktriangledown PO Box 314 City State ZIP Code NC 28082 Kannapolis Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M 06 Ž012 0.00 ONDEMAND % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4446 NAME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. John Matthew Whitley General Mailing Address Other (specify) \blacktriangledown PO Box 314 City State ZIP Code NC 28082 Kannapolis Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 22000.00 0.00 22000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 ^M 03^M Ž012 0.00 ONDEMAND % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4465 NAME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. John Matthew Whitley General Mailing Address Other (specify) \blacktriangledown PO Box 314 City State ZIP Code NC 28082 Kannapolis Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 27200.00 0.00 27200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 ^M 04^M Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4466 NAME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. John Matthew Whitley General Mailing Address Other (specify) \blacktriangledown PO Box 314 City State ZIP Code NC 28082 Kannapolis Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10250.00 0.00 10250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D ^M 04 Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10250.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4479 NAME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. John Matthew Whitley General Mailing Address Other (specify) \blacktriangledown PO Box 314 City State ZIP Code NC 28082 Kannapolis Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M 04^M Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only) 188950.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.