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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in fu	TYPE OR PRIN		cample: If typin er the lines.	g, type	12FE4M5	
John Whitley for	Congress					
	PO Box 314					
ADDRESS (number and						
Check if diffe						
than previous reported. (AC					NC	28082
2. <b>FEC IDENTIFICA</b>	ATION NUMBER	CITY			STATE A	ZIP CODE
C C00504431		3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT  DED  NC  08
4 TYPE OF RED	ORT (Choose One)					
(a) Quarterly Rep	· ·	(b) 12-Day <b>PRE</b>	-Election Repo	ort for the:		
			Primary (12P	)	General (1	2G) Runoff (12R)
_	Quarterly Report (Q1)		Convention (	12C)	Special (1	2S)
X July 15 Q	Quarterly Report (Q2)					
October 1	15 Quarterly Report (Q3)	Election on	M - M /	D D /	Y - Y - Y - Y	in the State of
January 3	31 Year-End Report (YE)	(c) 30-Day <b>POS</b>	ST-Election Rep	oort for the:		
			General (30G	i)	Runoff (30	R) Special (30S)
Termination	on Report (TER)	Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y Y Y 2016	through	M M 06	30	Y Y Y Y Y 2016
I certify that I have exa	amined this Report and t	o the best of my ki	nowledge and	belief it is tru	ue, correct and	l complete.
Type or Print Name of	Treasurer Mrs. Sarah H	Hill Waters				
Signature of Treasurer	Mrs. Sarah Hill Waters		[Electronically I	Filed] D	Date 07	/ DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	llse, erroneous, or incompl	ete information may	subject the per	son signing t	his Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

#### John Whitley for Congress

06 30 2016 01 2016 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 43007.49 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 43007.49 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 0.00 229741.47 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 229741.47 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 1211.02 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 188950.00 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

#### John Whitley for Congress

06 2016 04 01 2016 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 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..... TOTAL CONTRIBUTIONS (other than loans) 0.00 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 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) 231957.49 0.00 (Carry Total to Line 24, page 4).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

	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 REPOR	RTING 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
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	1211.02

### SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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×	13a
	13b

		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) ohn Whitley for Congress		Transactio	on ID : SC/10.4313
LOAN SOURCE Full Name (Last, First, Middle Dr. John Matthew Whitley	Initial) 'PERSONAL FUN		Election: 2012  Primary  General
Mailing Address PO Box 314			Other (specify) ▼
City Sta Kannapolis N	ate ZIP Code	9	
<u> </u>	cumulative Payment To D	)ata Balanc	ce Outstanding at Close of This Period
7000.00	amalative rayment to b	0.00	7000.00
16 2011		Interest Rate  O.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if any) to London.  1. Full Name (Last, First, Middle Initial)		Name of Employer	
1. Full Name (Last, First, Middle Illitial)		Name of Employer	
Mailing Address		Occupation	
City State Z	ZIP Code	Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State Z	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State Z	ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional)			7000.00
OTALS This Period (last page in this line only)			

# SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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JAN5			Detailed Summa	ry Page	(check only o	rie)	13a
AME OF COMMITTEE (In Full) Ohn Whitley for Congress			Tr	ansaction	ID : SC/10.4314		
Dr. John Matthew Whitley		tial) <b>'PERSONAL FU</b>	NDS] Memo Item		ction: 2012 Primary General		
Mailing Address PO Box 314					Other (specify)	▼	
City Kannapolis	State NC	ZIP Cod 28082	e				
Original Amount of Loan	Cumi	ulative Payment To [	0.00	Balance	Outstanding at (	Close of T	
TERMS  Date Incurred  M12 / D20 / Y 2011			Interes ĎEMĂNĎ	st Rate 0.00	% (apr)	Secured	X
List All Endorsers or Guarantors  1. Full Name (Last, First, Middle		Source	Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	- 7			
2. Full Name (Last, First, Middle	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:		,		
3. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	- ,	,		
4. Full Name (Last, First, Middle	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	- 7			
SUBTOTALS This Period This Page	(optional)		·····		7 7	20000	0.00
Corru outstanding balance only to L				y formand	to oppropriet	line of C	Immora
Carry outstanding balance only to L	.ııv⊏ ə, əcneaule	ט, וטו נוווא ווne. If n	o ochedule D, carr	y iorward	to appropriate	mie of St	anninary.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

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OF

	Detailed Summary Page 13b		
AME OF COMMITTEE (In Full)  John Whitley for Congress	Transaction ID : SC/10.4445		
LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDR. John Matthew Whitley  Mailing Address	Memo Item  Election: 2012  Primary  General  Other (specify) ▼		
PO Box 314			
City State ZIP Code	е		
Kannapolis NC 28082			
Original Amount of Loan Cumulative Payment To D	Date Balance Outstanding at Close of This Period		
100000.00	0.00 100000.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M 02 M / D 06 D / Y 2012 Y M M / D D / ONE	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		
State ZIF Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount Guaranteed		
Oity Otato Zii Oodo	Outstanding:		
	Name of Employer		
	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
OTALS 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

FOR LINE NUMBER:

PAGE 8

X 13a I

JANS		Detailed Summary Page	13b
AME OF COMMITTEE (In Full)		Transaction	n ID : SC/10.4446
ohn Whitley for Congress			
LOAN SOURCE Full Name (Last, Dr. John Matthew Whitley	First, Middle Initial) <b>PER</b> :		Primary
Mailing Address PO Box 314			General Other (specify) ▼
City	State	ZIP Code	
Kannapolis	NC	28082	
Original Amount of Loan	Cumulative Pa	nent To Date Balance	e Outstanding at Close of This Period
22000	.00	0.00	22000.00
TERMS  Date Incurred		e Due Interest Rate	Secured:
M <sub>03</sub> M / D <sub>20</sub> D / Y Y <sub>01</sub> Z	Y M M / D I	ÓNĎEMĂNĎ 0.00	% (apr)
List All Endorsers or Guarantors	(if any) to Loan Source		
1. Full Name (Last, First, Middle II	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9
UBTOTALS This Period This Page (o	optional)		22000.00
OTALS This Period (last page in this	line only)		
Carry outstanding balance only to LII	JE 3 Schedule D for th	ine If no Schedule D. carry forward	d 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)

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OF

SAILO .	Detailed Summary Page 13b		
AME OF COMMITTEE (In Full)  John Whitley for Congress	Transaction ID : SC/10.4465		
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL For Dr. John Matthew Whitley	Primary General		
Mailing Address PO Box 314	Other (specify) ▼		
City State ZIP Co	ode		
Kannapolis NC 28082			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
27200.00	0.00 27200.00		
	Interest Rate Secured:  0.00  (apr)  Yes No		
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer		
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:		
UBTOTALS This Period This Page (optional)			
OTALS 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

FOR LINE NUMBER: (check only one)

**PAGE** 

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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) 'PERSONAL FUNDS] Election: 2012 Memo Item Primary Dr. John Matthew Whitley General Mailing Address Other (specify) PO Box 314 City State ZIP Code NC 28082 Kannapolis Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10250.00 0.00 10250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>D</sup> 18<sup>D</sup> <sup>M</sup> 04<sup>M</sup> Ž012 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.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

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SAILO .	Detailed Summary Page 13b			
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4479			
John Whitley for Congress				
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FOR Dr. John Matthew Whitley	UNDS] Memo Item Election: 2012  Primary  General			
Mailing Address PO Box 314	Other (specify) ▼			
City State ZIP Co	de			
Kannapolis NC 28082				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
2500.00	0.00 2500.00			
TERMS  Date Incurred  Date Due  Interest Rate  Secured:				
M04 <sup>M</sup> / D30 <sup>D</sup> / Y 2012 Y	n Ďemand 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			
011 770 0 1	Amount Guaranteed			
City State ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed			
City State ZIP Code	Outstanding:			
SUBTOTALS This Period This Page (optional)				
OTALS 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.				