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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 0111111 0	For An Aut	horized Com	ımittee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	cample: If typing, type er the lines.	12FE4M5	
John Whitley for Cong	gress				
	PO Box 314				
ADDRESS (number and street)					
Check if different					
than previously reported. (ACC)	Kannapolis			NC 280	82
2. FEC IDENTIFICATION N	IIIMRER ▼	CITY A		STATE A	ZIP CODE ▲
C C00504431		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT NC 08 UNC 08
4. TYPE OF REPORT (C (a) Quarterly Reports:		o) 12-Day PRE	-Election Report for	the:	
			Primary (12P)	General (12G)	Runoff (12R)
April 15 Quarterly	Report (Q1)		Convention (12C)	Special (12S)	
July 15 Quarterly	Report (Q2)		M M / D	D / Y Y Y Y	
October 15 Quarte	erly Report (Q3)	Election on		7 7 7 7	in the State of
January 31 Year-E	End Report (YE)	 c) 30-Day PO \$	ST-Election Report fo	r the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Repor	t (TER)	Election on		D / Y " Y " Y " Y	in the State of
5. Covering Period	01 / 01 /	Y Y Y Y Y 2022	through	M M / D D / Y	y y y 2022
I certify that I have examined t	Waters, Sarah, I		nowledge and belief i	it is true, correct and co	mplete.
Signature of Treasurer	aters, Sarah, Hill, Mrs.,		[Electronically Filed]	Date 04	01 / Y Y Y Y Y 2022
NOTE: Submission of false, error	neous, or incomplete	information may	subject the person sig	ning this Report to the pe	enalties 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

R	eport	Covering the Period: From:	01	03 / 31 / Y 2022
			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))	0.00	43007.49
	(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))	0.00	43007.49
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	229741.47
	(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))	0.00	229741.47
8.		orting Period (from Line 27)	1211.02	
9.	the	ots and Obligations Owed TO Committee (Itemize all on sedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	188950.00	

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 05/2016)

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Write or Type Committee Name John Whitley for Congress 2022 03 31 2022 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	0.00	32450.00	
	(ii) Unitemized	0.00	2905.00	
	(iii) TOTAL of contributions from individuals	0.00	35355.00	
	(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	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	43007.49	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	188950.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	188950.00	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	231957.49	

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:				
20.	(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		
	(Sucii as FAOS)	7	7		
	(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	RTING PERIOD	1211.02		
24	4 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)				
25.	5. SUBTOTAL (add Line 23 and Line 24)				
26.	. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)				
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	1211.02		

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

PAGE 5
FOR LINE NUMBER: (check only one)

13a

			130
AME OF COMMITTEE (In Full) John Whitley for Congress			Transaction ID : SC/10.4313
LOAN SOURCE Full Name (Last, Whitley, John, Matthew, D. Mailing Address PO Box 314		ddle Initial)	☐ Memo Item Election: 2012 X Primary General Other (specify) ▼
City		State	ZIP Code
Kannapolis		NC	28082 Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	nyment To Date Balance Outstanding at Close of This Period
7000	0.00	9	0.00 7000.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D16D / Y Ž01Ť	Y	M M / D D	
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)	1	Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	itial)	- 1	Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (, 100000
OTALS This Period (last page in this			
Carry outstanding balance only to LII	NE 3, Scl	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 FOR LINE NUMBER: **x** 13a (check only one)

OF

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13b 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 FOR LINE NUMBER: **x** 13a (check only one)

OF

11

13b Transaction ID: SC/10.4445 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) \blacktriangledown 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 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D06D M 02M 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 State ZIP Code City 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)..... 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

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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 State ZIP Code City 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

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FOR LINE NUMBER: (check only one)

13a 13b

OF

		130			
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4465			
, ,		Ι			
Whitley, John, Matthew, Dr.,	ldle 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 Pay	ment To Date Balance Outstanding at Close of This Period			
27200.00	,	0.00 27200.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)			
M04M / D04D / Y 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, 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 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	y)	······································			
Carry outstanding balance only to LINE 3, Sch	nedule 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, First, Middle 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		
	City	State	ZIP Code		Amount Guaranteed		
	4. Full Name (Last, First, Middle In	l nitial)			Outstanding: Name of Employer		
	Mailing Address				Occupation		
	maning houses						
	City	State	ZIP Code		Amount Guaranteed		
					Outstanding:		
						_	
SI	SUBTOTALS This Period This Page (optional)						
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

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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.		