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04/01/2023 16:03

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For A	n Authorized Co	ommittee	Offi	ce Use Only
NAME OF COMMITTEE (in full) TYPE OR PI	RINT ▼	Example: If typing, type over the lines.	12FE4M5	
John Whitley for Congress				1
<u> </u>				
ADDRESS (number and street)	4			
Check if different than previously reported. (ACC)	S		NC 280	82
2. FEC IDENTIFICATION NUMBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00504431	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT NC 08 108
4. TYPE OF REPORT (Choose One)	(b) 12-Day P	RE -Election Report for the	y.	
(a) Quarterly Reports:	(a) 12 Day 1	1		
April 15 Quarterly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)		M " M / D " D	/ Y Y Y Y Y	in the
October 15 Quarterly Report (Q3	Blection			State of
January 31 Year-End Report (YE	(c) 30-Day P	OST-Election Report for the	ne:	
		General (30G)	Runoff (30R)	Special (30S)
	_	General (30G)	Hulloli (30H)	Special (303)
Termination Report (TER)	Election	on	/ Y " Y " Y " Y	in the State of
5. Covering Period 01 01	/ Y Y Y Y Y Y Y 2023	through 0	M / D D / Y 31	Y Y Y 2023
I certify that I have examined this Report an Waters, S Type or Print Name of Treasurer	d to the best of my Sarah, Hill, Mrs.,	knowledge and belief it is	s true, correct and co	mplete.
Waters, Sarah, Hill, Signature of Treasurer	Mrs.,	[Electronically Filed]	Date 04	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false arranges as in-	nnlata information	ay subject the person similar	ng this Donor to the -	onalties of EQUISION SQUARE
NOTE: Submission of false, erroneous, or incor	inpiete information M	ay subject the person signif	ig this neport to the p	enames of 52 0.3.0. 930109
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

2023 2023 03 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

01 03 01 2023 31 2023 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

FEC Form 3 (Revised 05/2016)

of Disbursements

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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(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	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 REPORTIN	G PERIOD	1211.02

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

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

11

Transaction ID: SC/10.4313 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 7000.00 0.00 7000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 ^D16^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)..... 7000.00 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

X 13a 13b

11

OF

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

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FOR LINE NUMBER:
(check only one)

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_		100
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4445
LOAN SOURCE Full Name (Last, First, Mi Whitley, John, Matthew, Dr.,	Memo Item Election: 2012 Primary Occupyed	
Mailing Address PO Box 314		General Other (specify) ▼
City	State NC	ZIP Code 28082 Personal Funds of the Candidate
Kannapolis		
Original Amount of Loan	Cumulative Pa	ment To Date Balance Outstanding at Close of This Period 0.00 100000.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
M02M / D06D / Y Ž01Ž Y M M / D D / ŎNĎEMĂNĎ 0.00 (apr) Yes		
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
O't.	710.0-1-	Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)		100000.00
TOTALS This Period (last page in this line onl	y)	7 7 7
Carry outstanding balance only to LINE 3. Sc	hedule 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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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

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		135	
NAME OF COMMITTEE (In Full) John Whitley for Congress		Transaction ID : SC/10.4465	
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Memo Item Election: 2012	
Whitley, John, Matthew, Dr.,		Memo Item Clection: 2012	
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 Per			
27200.00		0.00 27200.00	
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)	
M04 ^M / D04 ^D / Y Ž01Ž Y	M M / D D	On Demand O.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	
		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	
	T	Amount Guaranteed	
City State	ZIP Code	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)			
TOTALS THIS PERIOD (last page in this line of	шу)	<u> </u>	
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)

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OF

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10250.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) M04M / P18P / Y 2012 Y M M / P P / On Demand O.00	NAME OF COMMITTEE (In Full) John Whitley for Congress			Tran	saction ID : SC/10.4466
City Kannapolis Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Perior 10250.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Mo4M / P18D / Y Z01Z Y M M M / D D / On Demand Outstanding at Close of This Perior TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Wo (apr) Yes X 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	Whitley, John, Matthew, Dr.,	ddle Initial)		☐ Memo It	x Primary
Amount of Loan Cumulative Payment To Date Date Due Interest Rate (If none, enter 0) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) NC 28082 Personal Funds of the Candidate Reprior 10250.00 10250.00 10250.00 10250.00 Non Demand On Demand Name of Employer Mailing Address Occupation Amount Guaranteed	Mailing Address PO Box 314				Other (specify) ▼
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10250.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) M04 ^M / P18 ^D / Y Z01Z Y M M / D D / On DemandY 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				de	Personal Funds of the Candidate
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) MO4M / D18D / Y Z01Z Y M M / D D / On Demand O.00 % (apr) Yes X No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed	· ·			Date I	Balance Outstanding at Close of This Period
ModM		oundative 1 a	, mone to		
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed City State ZIP Code	TERMS Date Incurred	D	Date Due		
1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed City State ZIP Code	^M 04 ^M / □18 ^D / Y Ž01Ž Y	M M / D D	/ Ŏn	Ďemand	
Mailing Address Occupation Amount Guaranteed Guaranteed	List All Endorsers or Guarantors (if any)	to Loan Source			
City State ZIP Code Guaranteed	1. Full Name (Last, First, Middle Initial)			Name of Employer	
City State ZIP Code Guaranteed	Mailing Address			Occupation	
	City	ZIP Code		Guaranteed	· · · · · · · · · · · · · · · · · · ·
2. Full Name (Last, First, Middle Initial) Name of Employer	2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address Occupation	Mailing Address			Occupation	
City State ZIP Code Amount Guaranteed Outstanding:	City State	ZIP Code		Guaranteed	9 9
3. Full Name (Last, First, Middle Initial) Name of Employer	3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address Occupation	Mailing Address			Occupation	
City State ZIP Code Amount Guaranteed Outstanding:	City	ZIP Code		Guaranteed	, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Initial) Name of Employer	4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address Occupation	Mailing Address		Occupation		
City State ZIP Code Amount Guaranteed Outstanding:	City State	ZIP Code		Guaranteed	7
SUBTOTALS This Period This Page (optional)	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.	Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If r	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)

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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
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Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.