PAGE 1 / 11

10/04/2023 20 : 10

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

10111110	For An Autho	rized Com	mittee	(Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, type er the lines.	12FE4M5	
John Whitley for Cong	ress				
ADDRESS (number and street)	PO Box 314				
▼ Check if different					
than previously reported. (ACC)	Kannapolis	<u> </u>		NC 2	28082
2. FEC IDENTIFICATION NU	IIMRER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00504431	_	IS THIS REPORT	× NEW (N) OR	AMENDE (A)	STATE ▼ DISTRICT NC 08
4. TYPE OF REPORT (Che (a) Quarterly Reports: April 15 Quarterly R July 15 Quarterly R Cotober 15 Quarter January 31 Year-En Termination Report	Report (Q1) Report (Q2) rly Report (Q3) and Report (YE) (c)	Election on	-Election Report for the Primary (12P) Convention (12C) T-Election Report for the General (30G)	General (12 Special (12	in the State of
5. Covering Period 0		^Y 2023	through 0	M / D D /	y y y y y y 2023
I certify that I have examined the	Waters Careb Hill	-	nowledge and belief it is	s true, correct and	complete.
Signature of Treasurer	ters, Sarah, Hill, Mrs.,			Date 10	/ D D / Y Y Y Y Y Y 2023
NOTE: Submission of false, errone	eous, or incomplete info	rmation may s	subject the person signir	ng this Report to the	penalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

R	epor	t Covering the Period: From:	7 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: M09 M / D30 / Y 2023 Y
			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.		sh on Hand at Close of porting Period (from Line 27)	1211.02	
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

188950.00

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

lohn	\//hitlay	for	Congress
. 10 11 11 1	vviiiiiev	1()1	COHORESS

I. RECEIPTS	I. RECEIPTS COLUMN A Total This Period			
11. CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than				
Political Committees	0.00	32450.00		
(i) Itemized (use Schedule A)	7	, 01.000		
(ii) Unitemized	0.00	2905.00		
(iii) TOTAL of contributions	, , , , , , , , , , , , , , , , , , , ,	25255		
from individuals	0.00	35355.00		
(b) Political Porty Committees	0.00	0.00		
(b) Political Party Committees(c) Other Political Committees	, , , ,	0.00		
(such as PACs)	0.00	0.00		
, ,				
(d) The Candidate	0.00	7652.49		
(e) TOTAL CONTRIBUTIONS				
(other than loans)	0.00	43007.49		
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	43007.49		
12. TRANSFERS FROM OTHER				
AUTHORIZED COMMITTEES	0.00	0.00		
I3. LOANS:				
(a) Made or Guaranteed by the				
Candidate	0.00	188950.00		
	0.00	0.00		
(b) All Other Loans	0.00	0.00		
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	188950.00		
(add Lines 13(a) and (b))	7	9 9		
14. OFFSETS TO OPERATING				
EXPENDITURES	0.00	0.00		
(Refunds, Rebates, etc.)	0.00	0.00		
15. OTHER RECEIPTS				
(Dividends, Interest, etc.)	0.00	0.00		
6. TOTAL RECEIPTS (add Lines				
11(e), 12, 13(c), 14, and 15)	0.00	231957.49		
(Carry Total to Line 24, page 4)	4	201007.40		

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	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
		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	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

5 OF

X	13a
	13h

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 Personal Funds of the Candidate 28082 NC 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) 0.00 2011 ON DEMAND 12 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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

PAGE 6 OF FOR LINE NUMBER: **X** | 13a (check only one)

11

Detailed Summary Page 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 Personal Funds of the Candidate 28082 NC 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) 20 0.00 2011 ON DEMAND 12 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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)

			Detailed 3	Summary P	age			13b
AME OF COMMITTEE (In Full)				Trans	action II) : SC/10.4445		
John Whitley for Congress								
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)			Memo Iter		tion: 2012		
Whitley, John, Matthew, Dr.,						Primary General		
Mailing Address					$\dashv \sqcup$	Other (specify)	▼	
PO Box 314								
City	State	ZIP Code				Personal Fund	ds of the Car	ndidata
Kannapolis NC 28082						T CISONAL T UNC		
Original Amount of Loan	Cumulative Pay	yment To Da	ate	Ва	alance O	utstanding at 0	Close of This	Period
100000.00			0.00				100000.00	0
TERMS Date Incurred	D	Date Due		Interest Ra	ate		Secured:	
M M M / D D / Y Y Y Y	M M / D D	/ Y Y	YY	(If none, en	-	1		
02 06 2012		ONDE	MAND		0.00	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to	o Loan Source							
Full Name (Last, First, Middle Initial)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lame of Em	ployer				
Mailing Address		С	ccupation					
			Amount Guaranteed					
City	ZIP Code		outstanding:		7	7		
2. Full Name (Last, First, Middle Initial)	'	N	Name of Employer					
Mailing Address		С	Occupation					
			Amount Guaranteed					
City	ZIP Code		outstanding:		7	7		
3. Full Name (Last, First, Middle Initial)		N	Name of Employer					
Mailing Address		C	Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:		7	7		
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
		Α	mount		_			
City State	ZIP Code		Guaranteed Outstanding:	L.	7	9		
CURTOTALS This Deviced This Deep (entire)								_
SUBTOTALS This Period This Page (optional)						7 7	100000.00)
FOTALS This Period (last page in this line only	<i>ı</i>)			▶		, ,		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule I	D, carry fo	rward to	o appropriate	line of Sum	mary.

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

PAGE 8
FOR LINE NUMBER: (check only one)

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	13b

			Detailed 3	Summary P	age			13b
AME OF COMMITTEE (In Full)				Trans	action IE) : SC/10.4446		
John Whitley for Congress								
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)			Memo Iter	11	tion: 2012		
Whitley, John, Matthew, Dr.,						Primary General		
Mailing Address	<u> </u>					Other (specify)		
PO Box 314								
City	State	ZIP Code				Personal Funds of	of the Can	didata
Kannapolis NC 28082						reisonal runus (ii lile Cali	———
Original Amount of Loan Cumulative Payment To			ate	Ва	alance O	utstanding at Clos	e of This	Period
22000.00			0.00				22000.00	
TERMS Date Incurred		Date Due		Interest Ra	ate		ecured:	_
M M / D D / Y Y Y	M M / D D		V V	(If none, en	ter 0)	,		
03 20 2012	, , ,	OND	EMAND		0.00	% (apr)	Yes	≺ No
List All Endorsers or Guarantors (if any)	to Loan Source							
1. Full Name (Last, First, Middle Initial)		1	lame of Em	ployer				
Mailing Address		(Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:		7	-		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		(Occupation					
			Amount Guaranteed					
City	ZIP Code		Outstanding:		7	7	-	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		(Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:		7	7		
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
		Ā	Amount				-	
City State	ZIP Code		Guaranteed Outstanding:		7	9	<u> </u>	
SUBTOTALS This Period This Page (optional)				Г			22000 22	-
TO THE THIS TO HOS THIS T AGE (OPTIONAL)				_		7 7	22000.00	#
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Carry outstanding balance only to LINE 3, Sc	hedule D. for this	s line. If no	Schedule	D. carry fo	rward to	o appropriate line	of Sumn	narv.
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 FOR LINE NUMBER: **X** 13a (check only one)

			Detailed Summary	Page	13b			
NAME OF COMMITTEE (In Full)			Tran	nsaction ID : SC/10.4465	· •			
John Whitley for Congress								
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo It	em Election: 2012				
Whitley, John, Matthew, Dr.,				Primary General				
Mailing Address PO Box 314				Other (specify)				
City	State	ZIP Code						
Kannapolis	NC	28082		Personal Funds of the	e Candidate			
Original Amount of Loan Cumulative Payment To			ate I	Balance Outstanding at Close of	This Period			
27200.00	2		0.00	272	200.00			
TERMS Date Incurred	D	ate Due	Interest I (If none, e		ed:			
04 / 04 / Y Y Y Y Y Y	M M / D D	On I	Demand	0.00 % (apr) Y	es X 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 Guaranteed					
City	ZIP Code	I	Outstanding:	, , , , , , , , , , , , , , , , , , ,				
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation					
	T		Amount Guaranteed		-			
City	ZIP Code		Outstanding:	7 7				
3. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		,	Occupation					
	T		Amount Guaranteed					
City	ZIP Code		Outstanding:					
4. Full Name (Last, First, Middle Initial)	•		Name of Employer					
Mailing Address			Occupation					
			Amount		_			
City	ZIP Code		Guaranteed Outstanding:	7 7 7				
SUBTOTALS This Period This Page (optional).					00.00			
This renod this rage (optional).				272	00.00			
TOTALS This Period (last page in this line only	/)		······································	, , ,				
Carry outstanding balance only to LINE 3, Sch	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 10

FOR LINE NUMBER: (check only one)

13a

			Detailed Suffiffiary	Page	13b			
NAME OF COMMITTEE (In Full)			Transaction ID : SC/10.4466					
John Whitley for Congress								
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Ite					
Whitley, John, Matthew, Dr.,				Yerimary General				
Mailing Address PO Box 314				Other (specify)				
City	State	ZIP Code	Code					
Kannapolis	NC	28082		Personal Funds of the	Candidate			
Original Amount of Loan Cumulative Payment To			Date E	Balance Outstanding at Close of	This Period			
10250.00			0.00	1025	0.00			
TERMS Date Incurred	С	ate Due	Interest F (If none, e		d:			
04 / 18 / Y Y Y Y Y	M M / D D	On I	Demand	0.00 % (apr) Yes	s X 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		$\overline{}$			
City	ZIP Code		Guaranteed Outstanding:	7 7				
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		- 1	Occupation					
			Amount Guaranteed		$\overline{}$			
City	ZIP Code		Outstanding:	7 7 7				
3. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
	T		Amount Guaranteed		\neg			
City	ZIP Code		Outstanding:	. , , , , , , , ,	_			
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
			Amount					
City State	ZIP Code		Guaranteed Outstanding:	9 9				
SURTOTALS This Period This Page (anti-real)								
SUBTOTALS This Period This Page (optional)				1025	υ.00			
TOTALS This Period (last page in this line only	/)		······•	7 7				
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry f	orward to appropriate line of S	ummary.			

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

FOR LINE NUMBER: (check only one)

PAGE 11 OF

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_					1	130	
	ME OF COMMITTEE (In Full)				Trans	action ID : SC/10.4479	
J	ohn Whitley for Congress						
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)	☐ Memo Ite	☐ Memo Item Election: 2012		
	Whitley, John, Matthew, Dr.,					Primary General	
	Mailing Address PO Box 314				Other (specify)		
	City Kannapolis		State ZIP Co NC 28082		de	<u> </u>	
						Personal Funds of the Candidate	
	Original Amount of Loan	Cumulative Pay	Cumulative Payment To Date B		alance Outstanding at Close of This Period		
	2500	0.00		0.00	2500.00		
	TERMS Date Incurred			Date Due Interest Rate Secured: (If none, enter 0)			
	M M / D D / Y Y Y Y Y M M M /			D / V V V		0.00 % (apr) Yes No	
	List All Endorsers or Guarantors (if any) to Loan Source						
	Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer			
					Occupation Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	2. Full Name (Last, First, Middle Initial)				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:	9 9	
	4. Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer		
					Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
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.							