PAGE 1 / 11

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in fu	TYPE OR PRINT		cample: If typin er the lines.	g, type	12FE4M5	
John Whitley for	Congress					1
1						
	. DO Poy 214					
ADDRESS (number and	street)					
Check if diffe	rent					
than previous reported. (AC					NC 2	28082
2. FEC IDENTIFICA	TION NUMBER ▼	CITY ▲		;	STATE A	ZIP CODE
C C00504431		3. IS THIS REPORT	X NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT ED NC 08 □
	ORT (Choose One)	(b) 12-Day PRE	-Election Repo	ort for the:		
			Primary (12P)		General (1	2G) Runoff (12R)
April 15 (Quarterly Report (Q1)	П	Convention (12C)	Special (12	2S)
July 15 C	Quarterly Report (Q2)	_	,			,
X October	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 POS	ST-Election Rep	oort for the:		
			General (30G		Runoff (30	R) Special (30S)
Terminatio	on Report (TER)				Y " Y " Y " Y	in the
	(Election on	M = M /	D D /	Y Y Y Y	State of
5. Covering Period	M M / D D /	Y Y Y Y Y 2015	through	M M 09	30	2015
I certify that I have exa	amined this Report and to	the best of my kr	nowledge and	belief it is tru	ue, correct and	complete.
Type or Print Name of	Treasurer Mrs. Sarah Hil	Waters				
Signature of Treasurer	Mrs. Sarah Hill Waters		[Electronically 1	Filed] D	ate 10	07 / 2015
NOTE: Submission of fa	llse, erroneous, or incomplet	e information may	subject the per	son signing t	his Report to th	ne penalties of 2 U.S.C. §437g.
Office Use						FEC FORM 3
Only						(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 11

Write or Type Committee Name

John	Whitley	/ for	Congres	S
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R	Report Covering the Perio	od: From: 07 ^M	01 7 2015	To:	09 / D 0 0	/ Y Y Y Y Y 2015
			COLUMN This Peri		COLUMN Election Cycle-	
6.	Net Contributions (other	er than loans)				
	(a) Total Contributions (other than loans)	(from Line 11(e))		0.00	, ,	43007.49
	(b) Total Contribution (from Line 20(d))	Refunds		0.00	, ,	0.00
	(c) Net Contributions (subtract Line 6(b)	(other than loans) from Line 6(a))		0.00	, ,	43007.49
7.	Net Operating Expend	tures				
	(a) Total Operating Ex (from Line 17)	penditures		0.00		229741.47
	(b) Total Offsets to O Expenditures (fron	perating n Line 14)		0.00		0.00
	(c) Net Operating Exp (subtract Line 7(b)	penditures from Line 7(a))		0.00		229741.47
8.	Cash on Hand at Clos Reporting Period (from		,	1211.02		
9.	Debts and Obligations the Committee (Itemize Schedule C and/or Sc	e all on		0.00		
10.	Debts and Obligations the Committee (Itemize Schedule C and/or Sc	e all on		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 12/2003)

PAGE 3 / 11

0.00

231957.49

Write or Type Committee Name

laha	۱۸/h:	برماء	for	Cana	rooc
John	V V I II	แยง	101	COLIC	11625

07 09 2015 01 2015 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)..... 0.00 2905.00 (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.)

0.00

0.00

15. OTHER RECEIPTS

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

(Dividends, Interest, etc.)

(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	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	0.00	1005.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	230746.47
	III. CASH SUM	MARY	
23.	CASH ON HAND AT BEGINNING OF REPORTI	NG 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 (from	Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING F	PERIOD	1211.02

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

5

X	13a
	13b

11

Detailed Summary Page Transaction ID: SC/10.4313 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 7000.00 0.00 7000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^м 12^м ^D16 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)..... 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

FOR LINE NUMBER: (check only one)

PAGE

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	13b

11

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

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11

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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

×	13a
	13b

11

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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

×	13a
	13b

11

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 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

10

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11

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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 11

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DANS		Detailed Summary Page	(check only one) 13b
AME OF COMMITTEE (In Full) ohn Whitley for Congress		Transaction	ID : SC/10.4479
LOAN SOURCE Full Name (Last, F Dr. John Matthew Whitley	irst, Middle Initial)	[. 2.1001012 . 0.120]	ection: 2012 Primary General
Mailing Address PO Box 314			Other (specify) ▼
City Kannapolis		Code 082	
			Outstanding at Class of This Parise
Original Amount of Loan 2500	Cumulative Paymen	0.00	Outstanding at Close of This Period 2500.00
Date Incurred Mo4 ^M / D30 ^D / Y 2012	Date I	Due Interest Rate On Ďemand 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (
1. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	,
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Ini	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (o	otional)	······································	2500.00
OTALS This Period (last page in this	line only)	>	188950.00
Carry outstanding balance only to LIN	E 3, Schedule D, for this line	e. If no Schedule D, carry forward	to appropriate line of Summary.