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Image# 12961014813

FEC	
FORM	3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3	For An A	uthorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	·	ample: If typing, er the lines.	, type	12FE4M5	
John Whitley for Cong	gress					1
ADDRESS (number and street)	PO Box 314					
Check if different						
than previously reported. (ACC)	Kannapolis				NC 2	8082
2. FEC IDENTIFICATION N	IUMBER ▼	CITY			STATE	ZIP CODE
C C00504431		3. IS THIS REPORT	× NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT NC 08
4. TYPE OF REPORT (C	hoose One)	(b) 12-Day PRE	-Election Report	t for the		
(a) Quarterly Reports:		(·, · · · · · · · · · · · · · · · · · ·			1	П
April 15 Quarterly	Report (Q1)	ᆜ	Primary (12P)		General (12	2G) Runoff (12R)
July 15 Quarterly	Danast (OO)		Convention (12	2C)	Special (12	(S)
X October 15 Quart		Election on	M M /	D D /	Y " Y " Y " Y	in the State of
January 31 Year-E	End Report (YE)	(c) 30-Day POS	T -Election Repo	ort for the:		
			General (30G)		Runoff (30F	Special (30S)
Termination Repor	rt (TER)	Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	01 / 01 /	Y Y Y Y Y 2012	through	M M M 09	/ 30 /	Y Y Y Y Y 2012
I certify that I have examined t	this Report and to	the best of my kr	owledge and be	elief it is tru	ue, correct and	complete.
Type or Print Name of Treasur	er Mrs. Sarah Hil	l Waters				
Signature of Treasurer Mr	rs. Sarah Hill Waters		[Electronically Fi	<i>led]</i> D	ate 10	/ D D / Y Y Y Y Y 2012
NOTE: Submission of false, erro	neous, or incomplet	te information may	subject the perso	on signing t	his Report to the	e penalties of 2 U.S.C. §437g.
Office						FEC FORM 3
Use Only						(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

John Whitley for Congress

09 30 2012 01 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B 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 3634.69 229741.47 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 3634.69 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)

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Write or Type Committee Name

John Whitley for Congress

07 2012 09 2012 01 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.) 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

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	3634.69	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(c) TOTAL LOAN REPAYMENTS	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)	3634.69	230746.47
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	4845.71
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		4845.71
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	3634.69
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		1211.02

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	CHEDULE B (FEC Form EMIZED DISBURSEMEN	-	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 5 OF 13 (check only one) X 17
	for commercial purposes, other than				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) John Whitley for Congres	S			
Α.	Full Name (Last, First, Middle Initial) Alphagraphics				Date of Disbursement
	Mailing Address 3538-1 South College	e Road			07 26 2012
	City Wilmington Purpose of Disbursement	State NC	Zip Code 28412		Amount of Each Disbursement this Period 931.92
	Printed Materials Candidate Name			Category/	Transaction ID : SB17.4544
	Office Sought: House Senate President	Disbursement For Primary Other (s	General	Type	
В.	Mailing Address 3538-1 South Colleg	e Road State NC	Zip Code 28412		Date of Disbursement 07
	Purpose of Disbursement Printed Materials Candidate Name	inc.	20412	Category/ Type	1443.62 Transaction ID : SB17.4545
	Office Sought: House Senate President State: District:	Disbursement For Primary Other (s	General		
C.	Full Name (Last, First, Middle Initial) Alphagraphics				Date of Disbursement
	Mailing Address 3538-1 South College	07 26 2012			
	City Wilmington Purpose of Disbursement Printed Materials Candidate Name		p Code 8412	Category/ Type	Amount of Each Disbursement this Period 1092.85 Transaction ID: SB17.4546
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3468.39

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

In	nage# 12961014818				
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each categor Detailed Summar	y of the	FOR LINE NUMBER: PAGE 6 OF 13 (check only one) X 17
					person for the purpose of soliciting contributions ee to solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) John Whitley for Congress				
Α.	Full Name (Last, First, Middle Initial) Alphagraphics Mailing Address, 3538 4 South College Rea	a.			Date of Disbursement 09 14 2012
	Mailing Address 3538-1 South College Road City Wilmington	State	Zip Code 28412		Amount of Each Disbursement this Period
	Purpose of Disbursement Printed Materials Candidate Name		20412	Cotton	166.30 Transaction ID : SB17.4547
		sbursement For: Primary Other (s	General	Category/ Type	
В.	Full Name (Last, First, Middle Initial)				Date of Disbursement

		1 resident	Other (specify)		
	State:	District:			
	Full Name (Last,	First, Middle Initial)			
В.					Date of Disbursement
υ.					M M / D D / Y Y Y
	Mailing Address				M - M / B - B / Y - Y - Y - Y
	-				
	City		State Zip Code		Amount of Each Disbursement this Period
	•		•		Amount of Each Disbursement this Period
	Purpose of Disbu	ırsement			
	Tulpose of bisbe	arsomerit			
	Open distanta Nama				
	Candidate Name			Category/	
				Type	
	Office Sought:	House	Disbursement For:		
		Senate	Primary General		
		President	Other (specify)		
	State:	District:			
	Full Name (Last,	First, Middle Initial)			
_	,	,			Date of Disbursement
C.					
	Mailing Address				M M / D D / Y Y Y
	Mailing Address				
	City		State Zip Code		
	Oity		State Zip Gode		Amount of Each Disbursement this Period
	Purpose of Disbu	.va.amant			
	Purpose of Disbu	ırsement			
	Candidate Name			Category/	
				Type	
	Office Sought:	House	Disbursement For:		
		Senate	Primary General		
		President	Other (specify)		
			I I I		
	State:	District:			
Г	State:	District:			

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3634.69

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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OF

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:

PAGE

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AME OF COMMITTEE (In Full) John Whitley for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. John Matthew Whitley Mailing Address PO Box 314 City State ZIP Code NC Z8082 Original Amount of Loan Cumulative Payment To Date Mailing Address Date Incurred Date Due Interest Rate M12M / 0 200 / 7 2 2011 Y 2 2011		13a 13b
Coan Source Full Name (Last, First, Middle Initial) Coan Source Cocupation	4	
Mailing Address PO Box 314 City State ZIP Code Kannapolis NC 28082 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at 20000.00 TERMS Date Incurred Date Due Interest Rate M12 M / D D / ON DEMAND 0.00 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Name of Employer		
NC 28082 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at 20000.00 TERMS Date Incurred Date Due Interest Rate M12	y) ▼	
NC 28082 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at 20000.00 TERMS Date Incurred Date Due Interest Rate M12		
TERMS Date Incurred Date Due Interest Rate M12M / P2D / ON ĎEMANĎ Date Due Interest Rate Date Due Interest Rate M12M / P2D / ON ĎEMANĎ O.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer		
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Date Incurred Date Due Interest Rate 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code City State ZIP Code City State C	20000.00	
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City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer		
4. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address Occupation		
City State ZIP Code Amount Guaranteed Outstanding:		
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Use separate schedule(s) for each category of the

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DANG				Detailed S	Summary Pag	e '	oriook orny c	7110)	13)
AME OF COMMITTEE (In Fu	•				Transac	tion ID	: SC/10.4445			
LOAN SOURCE Full Nar Dr. John Matthew V		dle Initial)		[PERSONA	L FUNDS]		on: 2012 rimary eneral			
Mailing Address PO Box 314							ther (specify)	•		
City		State	ZIP Code							
Kannapolis		NC	28082							
Original Amount of Loan	100000.00	Cumulative P	ayment To D	ate 0.00		nce Ou	tstanding at		This Per	iod
TERMS Date Incur	red Y Ž01Ž Y	M M / D	Date Due	EMĂNĎ	Interest Rate 0.00		% (apr)	Secur	X	No
List All Endorsers or Gu	arantors (if any) to	Loan Source	е							NO
1. Full Name (Last, First,	Middle Initial)		1	Name of Emp	ployer					
Mailing Address			(Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
2. Full Name (Last, First,	Middle Initial)		1	Name of Emp	ployer					
Mailing Address			(Occupation						
City	State	ZIP Code	(Amount Guaranteed Outstanding:		7	. , .			
3. Full Name (Last, First,	Middle Initial)		1	Name of Emp	ployer					
Mailing Address			(Occupation						
City	State	ZIP Code	(Amount Guaranteed Outstanding:		7				
4. Full Name (Last, First,	Middle Initial)		1	lame of Emp	ployer					_
Mailing Address			(Occupation						
City	State	ZIP Code	(Amount Guaranteed Outstanding:		7	7			
UBTOTALS This Period Th	is Page (optional)				<u> </u>		, , ,	1000	00.00]
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Carry outstanding balance of	only to LINE 3, Sch	edule D, for th	nis line. If no	Schedule I	D, carry forw	ard to	appropriate	line of	Summar	J.

Use separate schedule(s) for each category of the

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Detailed Summary Page 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

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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^M 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

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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) 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

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Detailed Summary Page Transaction ID: SC/10.4479 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 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^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)..... 2500.00 TOTALS This Period (last page in this line only) 188950.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.