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REPORT OF RECEIPTS **AND DISBURSEMENTS**

FORIVI 3	Offic	Office Use Only			
1. NAME OF COMMITTEE (in full)	OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5		
John Whitley for Congress				1	
ADDRESS (number and street)	ox 314				
<u> </u>					
Check if different than previously reported. (ACC)	apolis		NC 2808	32	
2. FEC IDENTIFICATION NUMBER		Y A	STATE A	ZIP CODE ▲	
C C00504431	3. IS TI	~	AMENDED (A)	STATE ▼ DISTRICT NC 08	
4. TYPE OF REPORT (Choose On	e) (b) 12-Da	ay PRE -Election Report for the	:		
(a) Quarterly Reports:	(,			П	
April 15 Quarterly Report (0	21)	Primary (12P)	General (12G)	Runoff (12R)	
hala 45 Overdeally Beread (O	0)	Convention (12C)	Special (12S)		
July 15 Quarterly Report (Q	2)	M M / D D	/ Y Y Y Y Y	in the	
October 15 Quarterly Report	t (Q3) Elect	tion on		State of	
January 31 Year-End Repor	t (YE) (c) 30-Da	ay POST -Election Report for th	ne:		
		General (30G)	Runoff (30R)	Special (30S)	
		General (30d)	nulion (Son)	Special (303)	
Termination Report (TER)	Elect	tion on	/ Y Y Y Y	in the State of	
5. Covering Period 10	01 / Y Y Y Y Y Y 2016	through 12	M / D D / Y 2 31	Y Y Y 2016	
I certify that I have examined this Repo Wat Type or Print Name of Treasurer	rt and to the best o ers, Sarah, Hill, Mrs.,	f my knowledge and belief it is	true, correct and cor	mplete.	
Waters, Sarak Signature of Treasurer	, Hill, Mrs.,	[Electronically Filed]	Date 01	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	incomplete information	no many authiopt the manner of the land	a thia Danast to the co	malting of EQ II C.C. SQC400	
NOTE: Submission of false, erroneous, or	incomplete informatio	on may subject the person signin	g this Report to the pe	enaities 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

2016 10 2016 12 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)

PAGE 3 / 11

Write or Type Committee Name

John Whitley for Congress

10 12 01 2016 31 2016 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

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

	ı	I. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPE	ERATING EXPENDITURES	0.00	229741.47
18.		NSFERS TO OTHER HORIZED COMMITTEES	0.00	0.00
19.	LOA	N 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.	REF	UNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	200
	(b) (c)	Political Party Committees Other Political Committees	0.00	0.00
	(0)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTH	IER DISBURSEMENTS	0.00	1005.00
22.	_	TAL DISBURSEMENTS I Lines 17, 18, 19(c), 20(d), and 21)	0.00	230746.47
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1211.02
24	тот	AL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	0.00
25.	SUE	BTOTAL (add Line 23 and Line 24)		1211.02
26.	тот	AL DISBURSEMENTS THIS PERIOD (fron	m Line 22)	0.00
		` SH ON HAND AT CLOSE OF REPORTING		

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

FOR LINE NUMBER: (check only one)

PAGE

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X 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

FOR LINE NUMBER: (check only one)

PAGE

X 13a 13b

11

OF

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) 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 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)..... 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

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FOR LINE NUMBER:
(check only one)

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11

					130			
NAME OF COMMITTEE (In Full) John Whitley for Congress				Trans	saction ID: SC/10.4446			
, ,								
LOAN SOURCE Full Name (Last,		dle Initial)		☐ Memo Ite				
Whitley, John, Matthew, D	r.,				x Primary			
Mailing Address					General			
Mailing Address PO Box 314				Other (specify)				
City					Personal Funds of the Candidate			
Kannapolis		NC	28082	2				
Original Amount of Loan		Cumulative Pay	ment To	o Date Balance Outstanding at Close of This Period				
22000	.00			0.00	22000.00			
TERMS Date Incurred		D	ate Due	Interest F				
^M 03 ^M / ^D 20 ^D / Y Ž01Ž	Y	M M / D D	/ ŎN	(If none, enter 0) NDĚEMÁNĎ 0.00 Ves X No.				
	/:c \ \ 1	1 0			% (apr) Yes No			
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle II	· · · · · ·	Loan Source		Name of Employer				
1. Tuli Name (Last, Flist, Middle II	iiliaij			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Guaranteed Outstanding:				
2. Full Name (Last, First, Middle In	2. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,			
3. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	.,,			
4. Full Name (Last, First, Middle In	4. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation Amount				
City	State	ZIP Code		Guaranteed Outstanding:	7 7			
	<u> </u>	<u> </u>						
SUBTOTALS This Period This Page (optional)			······	22000.00			
TOTALS This Period (last page in this	line only)						
, , ,				· L	7			
Carry outstanding balance only to LII	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry f	orward 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

11

			130
AME OF COMMITTEE (In Full) John Whitley for Congres	s		Transaction ID : SC/10.4465
LOAN SOURCE Full Name (La Whitley, John, Matthew		ddle Initial)	☐ Memo Item
Mailing Address PO Box 314			Other (specify) ▼
City		State	ZIP Code Personal Funds of the Candidate
Kannapolis		NC	28082
Original Amount of Loan	7200.00	Cumulative Pa	syment To Date Balance Outstanding at Close of This Period 0.00 27200.00
TERMS Date Incurred			Date Due Interest Rate Secured: (If none, enter 0)
MO4M / DO4D / Y ŽO	1Ž Y	M M / D I	On Ďemand O.00 % (apr) Yes No
List All Endorsers or Guarante	ors (if any)	to Loan Source	
1. Full Name (Last, First, Midd	lle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount 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 Pag	ge (optional)		27200.00
TOTALS This Period (last page in	this line onl	y)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to	LINE 3, Sc	hedule D, for th	is 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

							130	
AME OF COMMITTEE (In Full) Iohn Whitley for Congress				Tra	nsaction	ID : SC/10.4466		
LOAN SOURCE Full Name (Last, I Whitley, John, Matthew, D Mailing Address PO Box 314		ddle Initial)		☐ Memo	Item Ele	ction: 2012 Primary General Other (specify)		
City		State	ZIP Code				of the Occalinate	
Kannapolis		NC	28082	2 Personal Funds of the Cal			of the Candidate	
Original Amount of Loan Cumulative Payment To				o Date Balance Outstanding at Close of This Peri				
10250	.00	2		0.00		, ,	10250.00	
TERMS Date Incurred		D	ate Due	Interest (If none,		:	Secured:	
M04 ^M / P18 ^D / Y 2012	Υ	M M / D D	On Dema		0.00	% (apr)	Yes X No	
List All Endorsers or Guarantors	(if any) t	o Loan Source						
1. Full Name (Last, First, Middle Ir	nitial)		Name	Name of Employer				
Mailing Address			Occu	Occupation				
			Amou	Amount Guaranteed Outstanding:				
City	State	ZIP Code	Guara					
2. Full Name (Last, First, Middle Ini	2. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address			Occu	pation				
				Amount Guaranteed Outstanding:				
City	State	ZIP Code						
3. Full Name (Last, First, Middle Ini	tial)		Name	Name of Employer				
Mailing Address			Occu	Occupation				
			Amou	ınt				
City	State	ZIP Code		anteed anding:	7			
4. Full Name (Last, First, Middle Ini	4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occu	Occupation				
			Amou	ınt				
City	State	ZIP Code		anteed anding:	7	7	W	
SUBTOTALS This Period This Page (c						7 7	10250.00	
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Carry outstanding balance only to LIN	IE 3, Sch	nedule D, for this	line. If no Sch	nedule D, carry	forward	to appropriate lin	e 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/10.4479				
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				
TOTALS This Period (last page in this line only	/) ······	188950.00				
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.				