

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	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))	10705.20	355432.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	2681.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	10705.20	352751.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	106402.84	340624.37
(b) Total Offsets to Operating Expenditures (from Line 14)	80.00	2033.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	106322.84	338591.29
8. Cash on Hand at Close of Reporting Period (from Line 27)		
	11080.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	4385289.12	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3032.50	264582.50
(ii) Unitemized.....	172.70	3350.18
(iii) TOTAL of contributions from individuals ▶	3205.20	267932.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	87500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10705.20	355432.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1254.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1254.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	80.00	2033.08
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10785.20	358719.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	106402.84	340624.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	40100.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	40100.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2681.16
(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	2681.16
21. OTHER DISBURSEMENTS	0.00	8941.34
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	106402.84	392346.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	106698.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10785.20
25. SUBTOTAL (add Line 23 and Line 24).....	117483.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	106402.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11080.91

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 131
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Cisse, Ndiogou, , ,

Mailing Address 826 L St NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. C

Name of Employer University of Maryland Global Occupation Professor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2026

Transaction ID : SA11AI.14126

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Payoute, Jude, , ,

Mailing Address 4469 Longley Lane

City Snellville State GA Zip Code 30039

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
516.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2026

Transaction ID : SA11AI.14133

Amount of Each Receipt this Period
516.25

Memo Item

C. Full Name (Last, First, Middle Initial)
Washington, N'gai, , ,

Mailing Address 4892 SW 173rd Ave

City Miramar State FL Zip Code 33029

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation DJ

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
516.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2026

Transaction ID : SA11AI.14136

Amount of Each Receipt this Period
516.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3032.50
TOTAL This Period (last page this line number only).....▶	3032.50

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW
SUITE 200

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2026

Transaction ID : SA11C.14129

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CONGRESSIONAL BLACK CAUCUS PAC

Mailing Address 1720 Massachusetts Ave NW

City Washington	State DC	Zip Code 20033
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00147512

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11C.14152

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7500.00
TOTAL This Period (last page this line number only)..... ▶	7500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 131			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Amazon			Date of Disbursement MM / DD / YYYY 01 / 06 / 2026
Mailing Address 440 Terry Ave North			FEC Identification Number C
City Seattle	State WA	Zip Code 98109	Amount of Each Disbursement this Period 27.24
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.14091
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Amazon			Date of Disbursement MM / DD / YYYY 01 / 11 / 2026
Mailing Address 440 Terry Ave North			FEC Identification Number C
City Seattle	State WA	Zip Code 98109	Amount of Each Disbursement this Period 18.16
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.14093
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Amazon			Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 440 Terry Ave North			FEC Identification Number C
City Seattle	State WA	Zip Code 98109	Amount of Each Disbursement this Period 18.16
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.14106
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	63.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 131			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Bernice Gaines Dorn Black Women Lawyers Association			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2026		
Mailing Address 633 S Federal Hwy Suite 200B			FEC Identification Number C		
City Ft Lauderdale	State FL	Zip Code 33301	Amount of Each Disbursement this Period 245.64		
Purpose of Disbursement Event Tickets		Category/ Type	Transaction ID : SB17.14119		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. David Oscar Markus			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026		
Mailing Address Penthouse One 40 NW 3rd St			FEC Identification Number C		
City Miami	State FL	Zip Code 33128	Amount of Each Disbursement this Period 98000.00		
Purpose of Disbursement Legal Fees		Category/ Type	Transaction ID : SB17.14151		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Democracy Engine LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2026		
Mailing Address 416 Florida Ave NW #26418			FEC Identification Number C		
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 0.41		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : SB17.14125		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	98246.05
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Democracy Engine LLC		Date of Disbursement MM / DD / YYYY 02 / 19 / 2026
Mailing Address 416 Florida Ave NW #26418		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 0.05
Candidate Name		Transaction ID : SB17.14123
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Democracy Engine LLC		Date of Disbursement MM / DD / YYYY 03 / 05 / 2026
Mailing Address 416 Florida Ave NW #26418		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 0.05
Candidate Name		Transaction ID : SB17.14122
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Democracy Engine LLC		Date of Disbursement MM / DD / YYYY 03 / 26 / 2026
Mailing Address 416 Florida Ave NW #26418		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 0.90
Candidate Name		Transaction ID : SB17.14121
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	1.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Figgers Technologies

Mailing Address 3810 Inverray Blvd
Suite 401

City Fort Lauderdale State FL Zip Code 33319

Purpose of Disbursement Text Messaging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.14088

Memo Item

Full Name (Last, First, Middle Initial)

B. Mailchimp

Mailing Address 675 Ponce De Leon Ave NE
Ste 5000

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Email Tools

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 119.00

Transaction ID : SB17.14087

Memo Item

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 675 Ponce De Leon Ave NE
Ste 5000

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Email Tools

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 119.00

Transaction ID : SB17.14109

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1738.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mailchimp

Mailing Address 675 Ponce De Leon Ave NE Ste 5000

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Email Tools

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 03 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 119.00

Transaction ID : SB17.14112

Memo Item

Full Name (Last, First, Middle Initial)

B. Mauricio Pereira de Barros

Mailing Address 20801 NW 2nd St

City Pembroke Pines State FL Zip Code 33029

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 12 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1440.00

Transaction ID : SB17.14116

Memo Item

Full Name (Last, First, Middle Initial)

C. NGP Van

Mailing Address 655 15th Street NW Suite 650

City Washington State DC Zip Code 20005

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 01 / 21 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 36.92

Transaction ID : SB17.14153

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1595.92

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 131			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. NGP Van		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 655 15th Street NW Suite 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Campaign Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 682.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.14100
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NGP Van		Date of Disbursement MM / DD / YYYY 02 / 19 / 2026
Mailing Address 655 15th Street NW Suite 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Credit Card Processing Fee	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.68	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.14154
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NGP Van		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 655 15th Street NW Suite 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Campaign Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 682.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.14110
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1365.68
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 131			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. NGP Van		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 655 15th Street NW Suite 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Campaign Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 682.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.14157
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NGP Van		Date of Disbursement MM / DD / YYYY 03 / 18 / 2026
Mailing Address 655 15th Street NW Suite 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Credit Card Processing Fee	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.68	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.14156
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Sir Stor-A-Lot Self Storage		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026
Mailing Address 1973 S State Rd 7		FEC Identification Number C
City West Park	State FL	Zip Code 33023
Purpose of Disbursement Storage Unit	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1009.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.14107
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1692.18
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Surtified Print Shop

Date of Disbursement

M M / D D / Y Y Y Y
01 / 20 / 2026

Mailing Address 2510 NW 19th St #1A

FEC Identification Number

C

City Fort Lauderdale State FL Zip Code 33311

Amount of Each Disbursement this Period

26.75

Purpose of Disbursement Printing

Transaction ID : SB17.14099

Candidate Name

Category/Type

Memo Item

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Truist Bank

Date of Disbursement

M M / D D / Y Y Y Y
01 / 21 / 2026

Mailing Address 3401 N Pine Island Rd

FEC Identification Number

C

City Sunrise State FL Zip Code 33351

Amount of Each Disbursement this Period

12.00

Purpose of Disbursement Bank Fee

Transaction ID : SB17.14098

Candidate Name

Category/Type

Memo Item

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Truist Bank

Date of Disbursement

M M / D D / Y Y Y Y
02 / 23 / 2026

Mailing Address 3401 N Pine Island Rd

FEC Identification Number

C

City Sunrise State FL Zip Code 33351

Amount of Each Disbursement this Period

32.00

Purpose of Disbursement Bank Fee

Transaction ID : SB17.14104

Candidate Name

Category/Type

Memo Item

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼
State: District:

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

70.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Truist Bank		M M / D D / Y Y Y Y 03 / 23 / 2026	
Mailing Address 3401 N Pine Island Rd		FEC Identification Number	
City Sunrise	State FL	Zip Code 33351	C
Purpose of Disbursement Bank Fee		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			38.00
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.14118	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Turo		M M / D D / Y Y Y Y 01 / 13 / 2026	
Mailing Address 111 Sutter St Floor 12		FEC Identification Number	
City San Francisco	State CA	Zip Code 94104	C
Purpose of Disbursement Automobile Expense		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			572.98
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.14095	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Turo		M M / D D / Y Y Y Y 02 / 20 / 2026	
Mailing Address 111 Sutter St Floor 12		FEC Identification Number	
City San Francisco	State CA	Zip Code 94104	C
Purpose of Disbursement Automobile Expense		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			15.03
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.14105	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	626.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Turo		Date of Disbursement MM / DD / YYYY 02 / 25 / 2026
Mailing Address 111 Sutter St Floor 12		FEC Identification Number C
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Automobile Expense		Amount of Each Disbursement this Period 380.60
Candidate Name		Transaction ID : SB17.14111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Turo		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 111 Sutter St Floor 12		FEC Identification Number C
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Automobile Expense		Amount of Each Disbursement this Period 3.69
Candidate Name		Transaction ID : SB17.14113
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Walmart		Date of Disbursement MM / DD / YYYY 01 / 07 / 2026
Mailing Address 702 SW 8th St		FEC Identification Number C
City Bentonville	State AR	Zip Code 72716
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 116.08
Candidate Name		Transaction ID : SB17.14090
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	500.37
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 702 SW 8th St		FEC Identification Number C
City Bentonville	State AR	Zip Code 72716
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 116.08
Candidate Name		Transaction ID : SB17.14092
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 702 SW 8th St		FEC Identification Number C
City Bentonville	State AR	Zip Code 72716
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 68.60
Candidate Name		Transaction ID : SB17.14108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Wix		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026
Mailing Address 500 Tery A Francois Blvd FI 6		FEC Identification Number C
City San Francisco	State CA	Zip Code 94158
Purpose of Disbursement Website		Amount of Each Disbursement this Period 36.00
Candidate Name		Transaction ID : SB17.14094
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	220.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Wix		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2026
Mailing Address 500 Tery A Francois Blvd FI 6		FEC Identification Number C
City San Francisco	State CA	Zip Code 94158
Purpose of Disbursement Website	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 36.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.14103
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Wix		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2026
Mailing Address 500 Tery A Francois Blvd FI 6		FEC Identification Number C
City San Francisco	State CA	Zip Code 94158
Purpose of Disbursement Bank Fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 36.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.14117
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	72.00
TOTAL This Period (last page this line number only).....▶	106192.20

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6489**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR		State FL	<input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
ZIP Code 33029		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.00	0.00	7.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 01 / 2021	M M / D D / Y Y Y Y 01/13/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	7.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6490**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	78400.00	21600.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	06 / 01 / 2021	01/13/2023		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	21600.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6491**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET		<input type="checkbox"/> General
City MIRAMAR		<input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200000.00	Cumulative Payment To Date 2019568.50	Balance Outstanding at Close of This Period - 1819568.50
--------------------------------------	--	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 14 / 2021	M M / D D / Y Y Y Y 01/13/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	- 1819568.50
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6492**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000000.00	0.00	2000000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 24 / 2021	01/13/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	2000000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7308**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 08 / 2021	M M / D D / Y Y Y Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶	5000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7309**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,				<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET				<input type="checkbox"/> General
City MIRAMAR			State FL	ZIP Code 33029
				<input checked="" type="checkbox"/> Other (specify) Special-Primary
				<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 12 / 2021	12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	25000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7310**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR		State FL	<input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
ZIP Code 33029		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 14 / 2021	12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	25000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7311**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 21 / 2021	12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	150000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7312**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45000.00	0.00	45000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 29 / 2021	12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	45000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7313
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan 60000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 02 / 2021	Date Due M M / D D / Y Y Y Y / / 12/31/2025	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶	60000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7314
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22368.38	0.00	22368.38

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 05 / 2021	M M / D D / Y Y Y Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶	_____ 22368.38
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7315
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 09 / 2021	Date Due M M / D D / Y Y Y Y / / 12/31/2025	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶	50000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7316**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 17 / 2021	12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7317**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	08 / 18 / 2021	12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7318**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 19 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	40000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7319**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR			<input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 52700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 52700.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 23 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	52700.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7320
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 25 / 2021	Date Due M M / D D / Y Y Y Y / / 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7321
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan 23000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 23000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 31 / 2021	Date Due M M / D D / Y Y Y Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	

SUBTOTALS This Period This Page (optional).....▶	23000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7322**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 01 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7323**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 03 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	75000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7324**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	09 / 03 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7325**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	09 / 15 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7326**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 21 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	30000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7327**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,				<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET				<input type="checkbox"/> General
City MIRAMAR			State FL	ZIP Code 33029
				<input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
				<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 22 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	30000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7328**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR		State FL	<input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
ZIP Code 33029		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
126101.63	0.00	126101.63

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 23 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	126101.63
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7329
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 09 / 24 / 2021	Date Due M M / D D / Y Y Y Y / / 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="30000.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7330**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
94587.93	0.00	94587.93

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 27 / 2021	12/30/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	94587.93
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9995**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR	FL	33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Special-Primary			

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 27 / 2021	12/30/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	40000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7331**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	10 / 01 / 2021	12/31/25	0.00	

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	60000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7332**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR		State FL	<input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
ZIP Code 33029		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 04 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7333**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
18000.00	0.00	18000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 05 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	18000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7334**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	10 / 07 / 2021	12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7335**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
152000.00	0.00	152000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	10 / 08 / 2021	12/31/25	0.00	

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	152000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.9990**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
341000.00	0.00	341000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	10 / 23 / 2021	12/31/2023		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	341000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.10669**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR	FL	33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Special-Primary			

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8893.56	0.00	8893.56

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 26 / 2021	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	8893.56
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.10670
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7200.00	0.00	7200.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 27 / 2021	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶	7200.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.10671
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan 2700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2700.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 10 / 27 / 2021	Date Due M M / D D / Y Y Y Y 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶	2700.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.8179
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary _____
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 10 / 28 / 2021	Date Due M M / D D / Y Y Y Y 12/31/2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶	50000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8180**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
290000.00	0.00	290000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 04 / 2021	MM / DD / YYYY 12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	290000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8181**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR		State FL	<input checked="" type="checkbox"/> Other (specify) ▼ Special-General
ZIP Code 33029		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
105000.00	0.00	105000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	12 / 02 / 2021	12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	105000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8182**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR			<input checked="" type="checkbox"/> Other (specify) ▼ Special-General
State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 13 / 2021	M M / D D / Y Y Y Y 12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	40000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.10000**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
CHERFILUS-MCCORMICK, SHEILA, , ,			
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 26000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 26000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 12 / 22 / 2021	Date Due M M / D D / Y Y Y Y 12/31/2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	26000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8184**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input checked="" type="checkbox"/> Other (specify) ▼
City		State	ZIP Code
MIRAMAR		FL	33029
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	2900.00	67100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 09 / 2022	12/31/2024		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	67100.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8185**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET		<input type="checkbox"/> General
City MIRAMAR		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 2900.00	Balance Outstanding at Close of This Period 7100.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 01 / 18 / 2022	MM / DD / YYYY 12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 7100.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8186**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

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 (If none, enter 0)	Secured:
	01 / 19 / 2022	12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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		
City	State	ZIP Code	Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8187**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 20 / 2022	12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	15000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8873**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	02 / 01 / 2022	12/31/2023		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	25000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8874**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	02 / 09 / 2022	12/31/2023		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	ZIP Code
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	ZIP Code
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	ZIP Code
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	ZIP Code

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="30000.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8875**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 14 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8876**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 15 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	1000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8877**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 17 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	35000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.8878
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 03 / 01 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.8879
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 37000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 37000.00
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TERMS	Date Incurred MM / DD / YYYY 03 / 03 / 2022	Date Due MM / DD / YYYY 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	37000.00
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.8880
 SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 03 / 18 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="20000.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.8881
 SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 03 / 25 / 2022	Date Due M M / D D / Y Y Y Y 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9443**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR		State FL	<input type="checkbox"/> Other (specify) ▼
ZIP Code 33029		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5500.00	0.00	5500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 04 / 01 / 2022	MM / DD / YYYY 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	5500.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9444**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR		State FL	<input type="checkbox"/> Other (specify) ▼
ZIP Code 33029		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 04 / 01 / 2022	MM / DD / YYYY 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	400.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9446**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9170.00	0.00	9170.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	04 / 12 / 2022	12/31/2023		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	9170.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9447**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 25 / 2022	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9448**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CHERFILUS-MCCORMICK, SHEILA, , ,			
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 05 / 11 / 2022	MM / DD / YYYY 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	10000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9449**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 13 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	1000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.9450
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 05 / 13 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9451**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21836.00	0.00	21836.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	05 / 19 / 2022	12/31/2023		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	21836.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9452**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2765.00	0.00	2765.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 26 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	2765.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.9453
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred MM / DD / YYYY 05 / 31 / 2022	Date Due MM / DD / YYYY 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	5000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9454**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 31 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	

SUBTOTALS This Period This Page (optional).....▶	10000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.9455
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 06 / 03 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9456**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CHERFILUS-MCCORMICK, SHEILA, , ,			
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 07 / 2022	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 6000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9457**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11444.00	0.00	11444.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 10 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	11444.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9458**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 13 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	6000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9459**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	0.00	8500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 14 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	8500.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9461**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 17 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	4000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.9462
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 06 / 21 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9463**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 21 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	25000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9464**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17000.00	0.00	17000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 24 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	17000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9465**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 27 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9466**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 28 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	12000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9467**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15500.00	0.00	15500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 28 / 2022	12/31/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	15500.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9469**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
62000.00	0.00	62000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	06 / 29 / 2022	12/31/2023		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	62000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9470**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 30 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	12000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9797**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12120.00	0.00	12120.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 01 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	12120.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9798**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15700.00	0.00	15700.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 05 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	15700.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9799**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
36000.00	0.00	36000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 06 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	36000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9800**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 12 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	15000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9801**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 12 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	150000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9802**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR		State FL	<input type="checkbox"/> Other (specify) ▼
ZIP Code 33029		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52000.00	0.00	52000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 15 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	52000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9803**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input type="checkbox"/> General
City MIRAMAR			<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 15 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	10000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9804**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 27 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	

SUBTOTALS This Period This Page (optional).....▶	4000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.9805
 SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 07 / 28 / 2022	Date Due M M / D D / Y Y Y Y 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	5000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.9806
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 60000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 07 / 29 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="60000.00"/>
TOTALS This Period (last page in this line only).....▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9808**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 08 / 03 / 2022	MM / DD / YYYY 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	75000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9822**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
41000.00	0.00	41000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 15 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	41000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9825**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19000.00	0.00	19000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 16 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	19000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9829**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
33000.00	0.00	33000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 17 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	33000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9906**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 18 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	15000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.9928
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 22 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle 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	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional).....▶	5000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.10507**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET		<input type="checkbox"/> General
City MIRAMAR		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 60000.00	Cumulative Payment To Date 50000.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 23 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.10508
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,			Election: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15000.00	Cumulative Payment To Date 2900.00	Balance Outstanding at Close of This Period 12100.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 25 / 2022	Date Due M M / D D / Y Y Y Y / / 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>	

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="12100.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.10510**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input checked="" type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 01 / 2022	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	5000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.10511**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address			<input checked="" type="checkbox"/> General
18612 SW 41ST STREET			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIRAMAR	FL	33029	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 02 / 2022	12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	5000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.12586**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2024
CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Primary
Mailing Address 18612 SW 41ST STREET			<input checked="" type="checkbox"/> General
City MIRAMAR			<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 33029	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 06 / 2024	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	5000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.12927**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2026
CHERFILUS-MCCORMICK, SHEILA, , ,				<input checked="" type="checkbox"/> Primary
Mailing Address				<input type="checkbox"/> General
18612 SW 41ST STREET				<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code		
MIRAMAR	FL	33029	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 31 / 2025			

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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		
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	700.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.12928**
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2026
CHERFILUS-MCCORMICK, SHEILA, , ,				<input checked="" type="checkbox"/> Primary
Mailing Address				<input type="checkbox"/> General
18612 SW 41ST STREET				<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code		
MIRAMAR	FL	33029	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 12 / 2025	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle 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
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	200.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.12929
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET		<input type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan 354.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 354.00
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TERMS	Date Incurred MM / DD / YYYY 02 / 14 / 2025	Date Due MM / DD / YYYY	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle 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
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	354.00
TOTALS This Period (last page in this line only).....▶	3656079.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Angerholzer Broz Consulting			Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee
Mailing Address 1 M Street SE Suite 275			
City Washington	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period 16354.16	Transaction ID : SD10.13042	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16354.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Angerholzer Broz Consulting			Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee
Mailing Address 1 M Street SE Suite 275			
City Washington	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period 18949.80	Transaction ID : SD10.13339	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18949.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Angerholzer Broz Consulting			Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee
Mailing Address 1 M Street SE Suite 275			
City Washington	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period 19845.19	Transaction ID : SD10.13681	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19845.19

1) SUBTOTALS This Period This Page (optional)	▶	55149.15
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Angerholzer Broz Consulting			Nature of Debt (Purpose): Compliance Consulting Fee
Mailing Address 1 M Street SE Suite 275			
City Washington	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period 6291.24	Transaction ID : SD10.14082	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6291.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 33149.50	Transaction ID : SD10.12591	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33149.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 130338.00	Transaction ID : SD10.12592	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 130338.00

1) SUBTOTALS This Period This Page (optional)	▶	169778.74
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 13109.75	Transaction ID : SD10.12593	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13109.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 66297.00	Transaction ID : SD10.12595	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 66297.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 50205.25	Transaction ID : SD10.12608	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50205.25

1) SUBTOTALS This Period This Page (optional)	▶	129612.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 49814.07	Transaction ID : SD10.12596	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 49814.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 22575.15	Transaction ID : SD10.12598	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22575.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 43620.30	Transaction ID : SD10.12600	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43620.30

1) SUBTOTALS This Period This Page (optional)	▶	116009.52
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="718.25"/>		Transaction ID : SD10.12601	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="718.25"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="2029.80"/>		Transaction ID : SD10.12603	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="2029.80"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="26328.75"/>		Transaction ID : SD10.12604	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="26328.75"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="29076.80"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="16126.20"/>		Transaction ID : SD10.12606	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="16126.20"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="9646.65"/>		Transaction ID : SD10.12607	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="9646.65"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="7337.20"/>		Transaction ID : SD10.12914	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="7337.20"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="33110.05"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="3823.30"/>	Transaction ID : SD10.12916
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="3823.30"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="4475.50"/>	Transaction ID : SD10.12917
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="4475.50"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="3867.50"/>	Transaction ID : SD10.12918
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="3867.50"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="12166.30"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="53006.00"/>	Transaction ID : SD10.13045
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="53006.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="13054.05"/>	Transaction ID : SD10.13046
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="13054.05"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Figgers Technologies			Nature of Debt (Purpose): Multimedia Messaging Services
Mailing Address 3810 Inverrary Blvd Suite 401			
City Fort Lauderdale	State FL	Zip Code 33319	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="4500.00"/>	Transaction ID : SD10.12272
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="4500.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="70560.05"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IceMiller LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address PO Box 68			
City Indianapolis	State IN	Zip Code 46206	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="57570.42"/>		Transaction ID : SD10.14083	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="57570.42"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaiser PLLC			Nature of Debt (Purpose): Legal Fees
Mailing Address 1099 14th St NW 8th Floor W			
City Washington	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="56177.09"/>		Transaction ID : SD10.13043	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="56177.09"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text"/>		Outstanding Balance at Close of This Period <input style="width: 100%;" type="text"/>	
Amount Incurred This Period <input style="width: 100%;" type="text"/>	Payment This Period <input style="width: 100%;" type="text"/>		

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="113747.51"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text" value="729210.12"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text" value="729210.12"/>