

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

ADDRESS (number and street) 1 M STREET SE SUITE 275 WASHINGTON DC 20003 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00677492 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT FL 20

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2025 through M M / D D / Y Y Y Y 12 / 31 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Barclay, Dwayne, , , Signature of Treasurer Barclay, Dwayne, , , Date M M / D D / Y Y Y Y 01 / 24 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

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: / / To: / /

	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))	118508.60	344727.48
(b) Total Contribution Refunds (from Line 20(d))	2181.16	2681.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	116327.44	342046.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	128964.72	234221.53
(b) Total Offsets to Operating Expenditures (from Line 14)	9.07	1953.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	128955.65	232268.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	106698.55	
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).....	108575.00	261550.00
(ii) Unitemized.....	433.60	3177.48
(iii) TOTAL of contributions from individuals ▶	109008.60	264727.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9500.00	80000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	118508.60	344727.48
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.)	9.07	1953.08
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)..... ▶	118517.67	347934.56

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.....	128964.72	234221.53
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	2181.16	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)).....	2181.16	2681.16
21. OTHER DISBURSEMENTS	4591.34	8941.34
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	135737.22	285944.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	123918.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	118517.67
25. SUBTOTAL (add Line 23 and Line 24).....	242435.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	135737.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	106698.55

**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 198
(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)
 Bah, Oumou, , ,
 Mailing Address 4242 E West Hwy
 City Chevy Chase State MD Zip Code 20814
 FEC ID number of contributing federal political committee. C
 Name of Employer Womens Leaders Today Occupation Founder and President
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2025
Transaction ID : SA11AI.13706
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
 ACTBLUE
 Mailing Address PO BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. C C00401224
 Name of Employer Occupation
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 59457.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2025
Transaction ID : SA11AI.13706.0
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
 Belt, Deb, , ,
 Mailing Address 6 Wamesit Rd
 City Waban State MA Zip Code 02468
 FEC ID number of contributing federal political committee. C
 Name of Employer Hammond Coldwell Banker Occupation Real Estate
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2025
Transaction ID : SA11AI.13756
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62539.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13756.0

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Benus, Liba, , ,

Mailing Address 7709 Crossland Rd

City Pikesville	State MD	Zip Code 21208
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13772

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
71214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13772.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Berg, Austin, , ,

Mailing Address 1653 Bullock Circle

City Owings Mills State MD Zip Code 21117

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

Name of Employer GRP Occupation Real estate

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13875

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
121521.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13875.0

Amount of Each Receipt this Period
1300.00

Memo Item

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

Mailing Address 7 Old Crown Ct

City Pikesville State MD Zip Code 21208

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13837

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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

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 8 OF 198
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13837.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Bernstein, Julie, , ,

Mailing Address 13079 Jerome Jay Drive

City Cockeysville	State MD	Zip Code 21030
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FEC ID number of contributing federal political committee. **C**

Name of Employer MD Structural	Occupation Administrative
-----------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13847

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
104721.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13847.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

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 9 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Bloomstone, Amy, , ,

Mailing Address 273 Otis St

City West Newton, Ma	State MA	Zip Code 02465
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13815

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
91214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13815.0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3506 Old Court Rd

City Pikesville	State MD	Zip Code 21208
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FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia pediatric dentistry	Occupation Pediatric dentist
--	---------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13863

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1500.00

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 10 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
114621.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13863.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Boro, Clifford, , ,

Mailing Address 2497 SW Roney Rd

City Port Saint Lucie	State FL	Zip Code 34953
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FEC ID number of contributing federal political committee. **C**

Name of Employer Boro Ventures, Inc	Occupation Executive
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13819

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
92714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13819.0

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Bramzon, David, , ,

Mailing Address 6619 Three Canyons Court

City San Diego State CA Zip Code 92130

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Real Estate Investor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13790

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. C C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
81214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13790.0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 101 Buck Lane

City Haverford State PA Zip Code 19041

FEC ID number of contributing federal political committee. C

Name of Employer BGCP Occupation Executive

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13860

Amount of Each Receipt this Period
1300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1800.00

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

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 12 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
113621.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13860.0

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Brooks, Gail, , ,

Mailing Address 149 Monte Carlo Drive

City Palm Beach Gardens	State FL	Zip Code 33418
----------------------------	-------------	-------------------

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13867

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
116621.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13867.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 198
(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)
Cohen, Suzanne, , ,

Mailing Address 7 Laurus Lane

City Newton State MA Zip Code 02459

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13903

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. C C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
142101.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13903.0

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Coll, Lisa D, , ,

Mailing Address 103 Stanton Ave

City AUBURNDALE State MA Zip Code 02466

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13905

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
143101.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13905.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cooper, David D., , ,

Mailing Address 529 Mixsell St

City Easton	State PA	Zip Code 18042
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FEC ID number of contributing federal political committee. **C**

Name of Employer LOLV	Occupation automotive
--------------------------	--------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13869

Amount of Each Receipt this Period
1300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
117921.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13869.0

Amount of Each Receipt this Period
1300.00

Memo Item

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

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

1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 198
(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)
Curtis, Marla, , ,

Mailing Address 211 Ipswich Road

City: BOXFORD State: MA Zip Code: 01921

FEC ID number of contributing federal political committee: C

Name of Employer: Marla Glanzer Curtis,AIA Occupation: architect

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13883

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
125521.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13883.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 10 oakwood Road

City: Newton State: MA Zip Code: 02460

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13807

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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 16 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 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)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
88214.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13807.0

Amount of Each Receipt this Period

1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Darish, Danielle, , ,

Mailing Address 34 Country Way

City Needham	State MA	Zip Code 02492
-----------------	-------------	-------------------

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

Name of Employer Not employed	Occupation social worker
----------------------------------	-----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13817

Amount of Each Receipt this Period

1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
92214.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13817.0

Amount of Each Receipt this Period

1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 198
(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)
Diane, Angelique, , ,

Mailing Address 11520 Glen Rd

City Potomac State MD Zip Code 20854

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.13687

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Diane, Mori, , ,

Mailing Address 11520 Glen Rd

City Potomac State MD Zip Code 20854

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.13694

Amount of Each Receipt this Period
3000.00

Memo Item

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

Mailing Address 3201 1/2 Fallstaff Road

City Baltimore State MD Zip Code 21215

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

Name of Employer Occupation
Hats to Hose Merchant

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13829

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
97714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13829.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Erle, Gabriel, , ,

Mailing Address 5484 Harvest Run Drive

City San Diego	State CA	Zip Code 92130
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FEC ID number of contributing federal political committee. **C**

Name of Employer C3 Risk & Insurance Services	Occupation Insurance Broker
--	--------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13782

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
77714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13782.0

Amount of Each Receipt this Period
500.00

Memo Item

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

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

500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Fain, Dorie, , ,

Mailing Address 1629 Thames St

City Baltimore State MD Zip Code 21231

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

Name of Employer And Wealth Partners Occupation Owner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13784

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
78714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13784.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 100 Essex Rd

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Occupation Na Na

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13827

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
96714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13827.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Feder, Dan, , ,

Mailing Address 2486 Vallecitos Ct

City La Jolla	State CA	Zip Code 92037
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FEC ID number of contributing federal political committee. **C**

Name of Employer FNF Inc	Occupation CEO
-----------------------------	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13813

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
90714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13813.0

Amount of Each Receipt this Period
500.00

Memo Item

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

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

500.00

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 21 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 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)
Feder, Joshua, , ,

Mailing Address 12615 Prego Court

City San Diego	State CA	Zip Code 92130
-------------------	-------------	-------------------

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

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13780

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
77214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13780.0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 16 Pebble Beach Drive

City Rancho Mirage	State CA	Zip Code 92270
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13833

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1000.00

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 22 OF 198
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 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)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
98714.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13833.0

Amount of Each Receipt this Period

500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Forchheimer, Jody, , ,

Mailing Address 19 Thatcher St
Apt 4

City Brookline	State MA	Zip Code 02446
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13758

Amount of Each Receipt this Period

1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
63539.87

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13758.0

Amount of Each Receipt this Period

1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 198
(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)
Freedman, Myrna, , ,

Mailing Address 580 Washington Street, Unit 305

City: Wellesley State: MA Zip Code: 02482

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: 1000.00

Date of Receipt: 11 / 12 / 2025

Transaction ID : SA11AI.13877

Amount of Each Receipt this Period: 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 122521.03

Date of Receipt: 11 / 12 / 2025

Transaction ID : SA11AI.13877.0

Amount of Each Receipt this Period: 1000.00

Memo Item

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

Mailing Address 1785 Puterbaugh St

City: San Diego State: CA Zip Code: 92103

FEC ID number of contributing federal political committee: C

Name of Employer: ColRich Occupation: Real Estate Investor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 22 / 2025

Transaction ID : SA11AI.13747

Amount of Each Receipt this Period: 500.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 24 OF 198
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: **C** C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
61039.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2025

Transaction ID : SA11AI.13747.0

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Gardyn, Yardena, , ,

Mailing Address 3501 Bonfield road

City: Pikesville State: MD Zip Code: 21208

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

Name of Employer: Occupation:
N/A N/a

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2025

Transaction ID : SA11AI.13823

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: **C** C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
94714.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2025

Transaction ID : SA11AI.13823.0

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Gewurz, Risa, , ,

Mailing Address 177 Gardner Rd

City Brookline State MA Zip Code 02445

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13879

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. C C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
123521.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13879.0

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gilman Eisenbaum, Claudia, , ,

Mailing Address 77 Oak Hill St.

City Newton State MA Zip Code 02459

FEC ID number of contributing federal political committee. C

Name of Employer Novara Global Consulting LLC Occupation Founder and Principal

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13895

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
135801.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13895.0

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Groner, Rachel, , ,

Mailing Address 2415 Everton Rd

City Baltimore State MD Zip Code 21209

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

Name of Employer Occupation
Retired Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13803

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
86214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13803.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

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 27 OF 198
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 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)
Gumpel, Jerry, , ,

Mailing Address 6923 The Preserve Way

City San Diego	State CA	Zip Code 92130
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.13739

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
55539.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.13739.0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 70 Hundreds Road

City Wellesley Hills	State MA	Zip Code 02481
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13801

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1500.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
85214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13801.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Heller, Rita, , ,

Mailing Address 12887 Pine Meadow Court

City San Diego State CA Zip Code 92130

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

Name of Employer Occupation
None Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13760

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
64039.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13760.0

Amount of Each Receipt this Period
500.00

Memo Item

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

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

500.00

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 29 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Hershkovitz, Berly, , ,

Mailing Address 2209A Wiltonwood Road

City Stevenson	State MD	Zip Code 21153
-------------------	-------------	-------------------

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

Name of Employer Not Employed	Occupation Not Employed
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13851

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
106721.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13851.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3 Old Lyme Road

City Lutherville	State MD	Zip Code 21093
---------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13835

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	2000.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
99714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13835.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kaufman, Emily, , ,

Mailing Address 1410 Malvern Ave

City Towson	State MD	Zip Code 21204
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Not Employed
--------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13794

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
82214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13794.0

Amount of Each Receipt this Period
0.00

Memo Item

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

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

1000.00

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 198
(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)
Kaye, Judith, , ,

Mailing Address 6 Folsoms Pond Road

City: Wayland State: MA Zip Code: 01778

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 26 / 2025

Transaction ID : SA11AI.13910

Amount of Each Receipt this Period: 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 145901.03

Date of Receipt: 11 / 26 / 2025

Transaction ID : SA11AI.13910.0

Amount of Each Receipt this Period: 500.00

Memo Item

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

Mailing Address 3017 Susanne Court

City: Owings Mills State: MD Zip Code: 21117

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: 1000.00

Date of Receipt: 11 / 12 / 2025

Transaction ID : SA11AI.13853

Amount of Each Receipt this Period: 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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

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 32 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
107721.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13853.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
klein, jayne, , ,

Mailing Address 107 w Jarrettsville road

City forest hill	State MD	Zip Code 21050
---------------------	-------------	-------------------

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

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

Retired Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13843

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
102721.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13843.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 33 OF 198
(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)
Klitofsky, Arthur, , ,

Mailing Address 8512 Cliffridge Ave

City San Diego State CA Zip Code 92037

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

Name of Employer Above All Advertising Occupation COO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13762

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
64539.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13762.0

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kopans, Barbara S, , ,

Mailing Address 20 Manitoba Road

City Waban State MA Zip Code 02468

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13831

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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 34 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
98214.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2025

Transaction ID : SA11AI.13831.0

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kraft, Wendy, , ,

Mailing Address 1 Patriot Pl

City Foxborough	State MA	Zip Code 02035
--------------------	-------------	-------------------

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

Name of Employer None	Occupation Not Employed
--------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2025

Transaction ID : SA11AI.13768

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
70039.87

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2025

Transaction ID : SA11AI.13768.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Kurinsky, Debbie, , ,

Mailing Address 1 Bridle Trail Road

City: Needham State: MA Zip Code: 02492

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
1000.00

Date of Receipt: 11 / 19 / 2025

Transaction ID : SA11AI.13907

Amount of Each Receipt this Period: 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
144101.03

Date of Receipt: 11 / 19 / 2025

Transaction ID : SA11AI.13907.0

Amount of Each Receipt this Period: 1000.00

Memo Item

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

Mailing Address 95 Bralan Court

City: Gaithersburg State: MD Zip Code: 20877

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
3000.00

Date of Receipt: 11 / 06 / 2025

Transaction ID : SA11AI.13685

Amount of Each Receipt this Period: 3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Marcus, Rachael, , ,

Mailing Address 48 Ruthven Road

City: Newton State: MA Zip Code: 02458

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 19 / 2025

Transaction ID : SA11AI.13897

Amount of Each Receipt this Period: 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 136301.03

Date of Receipt: 11 / 19 / 2025

Transaction ID : SA11AI.13897.0

Amount of Each Receipt this Period: 500.00

Memo Item

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

Mailing Address 20 Diana Lane

City: LEXINGTON State: MA Zip Code: 02421

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 05 / 2025

Transaction ID : SA11AI.13839

Amount of Each Receipt this Period: 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
101714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13839.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Michan, David, , ,

Mailing Address 6222 Belmont Trail Ct

City San Diego	State CA	Zip Code 92130
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FEC ID number of contributing federal political committee. **C**

Name of Employer Strata Equity Group	Occupation Real Estate
---	---------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2025

Transaction ID : SA11AI.13734

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
55039.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2025

Transaction ID : SA11AI.13734.0

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 198
(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)
Michan, Esther, , ,

Mailing Address 5862 Meadows Del mar

City San Diego State CA Zip Code 92130

FEC ID number of contributing federal political committee. C

Name of Employer Strata Equity Global Occupation Real Estate

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.13745

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. C C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
60539.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.13745.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 475 Brickell Ave., Apt. 2114

City Miami State FL Zip Code 33131

FEC ID number of contributing federal political committee. C

Name of Employer Derek Smith Law Group, PLLC Occupation Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13858

Amount of Each Receipt this Period
1300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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

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 39 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
111621.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13858.0

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Miller, Caroline, , ,

Mailing Address 475 Brickell Ave., Apt. 2114

City Miami	State FL	Zip Code 33131
---------------	-------------	-------------------

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

Name of Employer Derek Smith Law Group, PLLC	Occupation Attorney
---	------------------------

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
11 / 12 / 2025

Transaction ID : SA11AI.13861

Amount of Each Receipt this Period
700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
112321.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13861.0

Amount of Each Receipt this Period
700.00

Memo Item

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

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

700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Miller, Mary, , ,

Mailing Address 4 Windsong Court

City Baltimore State MD Zip Code 21208

FEC ID number of contributing federal political committee. C

Name of Employer Mt Washington Pediatric Hospit Occupation CFO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13788

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. C C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
80714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13788.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1128 Castanea Court

City Lutherville State MD Zip Code 21093

FEC ID number of contributing federal political committee. C

Name of Employer Merritt Gallery Occupation Art Gallerist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13873

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

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 41 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
120221.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13873.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Moses, Joshua, , ,

Mailing Address 9810 Brookford Rd

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer JM LLC	Occupation Attorney
----------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.13712

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
63457.45

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.13712.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

**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 42 OF 198	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Myers, Jessica, , ,

Mailing Address 67 Byron Rd

City Weston	State MA	Zip Code 02493
----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13887

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
127521.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13887.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 27 Thomas Craddock Ct

City Pikesville	State MD	Zip Code 21208
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Sales
--------------------------	---------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13865

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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 43 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
115621.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13865.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ness, Elissa, , ,

Mailing Address 2220 Ridge Rd

City Reisterstown	State MD	Zip Code 21136
----------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13792

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
82214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13792.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 44 OF 198
(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)
Neuberger, Yehuda, , ,

Mailing Address 1777 Reisterstown Rd., Suite 290

City Baltimore	State MD	Zip Code 21208
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Finance Professional
-----------------------------------	------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13857

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
110321.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13857.0

Amount of Each Receipt this Period
1300.00

Memo Item

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

Mailing Address 1777 Reisterstown Rd., Suite 290

City Baltimore	State MD	Zip Code 21208
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Finance Professional
-----------------------------------	------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2025

Transaction ID : SA11AI.13908

Amount of Each Receipt this Period
1300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
145401.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 26 / 2025

Transaction ID : SA11AI.13908.0

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ngoueko, Marie Solange, , ,

Mailing Address 2209 Greenery Lane

City Silver Spring State MD Zip Code 20906

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

Name of Employer Occupation
CASA Organizer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.13708

Amount of Each Receipt this Period
3000.00

Memo Item

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62457.45

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.13708.0

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Nigrin, Lisi, , ,

Mailing Address 13 Paladia Way

City Pikesville State MD Zip Code 21208

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

Name of Employer Lisi Nigrin interiors llc Occupation Interior designer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13849

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
105721.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13849.0

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Pearlstone, P Justin, , ,

Mailing Address 7013 Rock Stream Ct

City Baltimore State MD Zip Code 21209

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

Name of Employer UBS Financial Services Inc. Occupation Financial Advisor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13893

Amount of Each Receipt this Period
1300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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

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 47 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
135301.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13893.0

Amount of Each Receipt this Period

1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Peskin, Bianca, , ,

Mailing Address 58 Monmouth St

City Brookline	State MA	Zip Code 02446
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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 ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13901

Amount of Each Receipt this Period

3500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
141101.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13901.0

Amount of Each Receipt this Period

3500.00

Memo Item

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

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

3500.00

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 48 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 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)
Pretter, Isaac, , ,

Mailing Address 3307 Labyrinth Road

City Baltimore	State MD	Zip Code 21215
-------------------	-------------	-------------------

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

Name of Employer Self	Occupation Real Estate
--------------------------	---------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13899

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
137601.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13899.0

Amount of Each Receipt this Period
1300.00

Memo Item

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

Mailing Address 2800 Stone Cliff Drive

City Baltimore	State MD	Zip Code 21209
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13776

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2300.00

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 49 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
73214.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2025

Transaction ID : SA11AI.13776.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Reitberger, Jason, , ,

Mailing Address 3400 Gulley Rd

City Baltimore	State MD	Zip Code 21215
-------------------	-------------	-------------------

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

Name of Employer	Occupation
Quest holdings, llc	Real estate developer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2025

Transaction ID : SA11AI.13855

Amount of Each Receipt this Period
1300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
109021.03

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2025

Transaction ID : SA11AI.13855.0

Amount of Each Receipt this Period
1300.00

Memo Item

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

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

1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Rosenberg, Stacy, , ,

Mailing Address 6207 Camino de la Costa

City: La Jolla State: CA Zip Code: 92037

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3500.00

Date of Receipt: 10 / 29 / 2025

Transaction ID : SA11AI.13764

Amount of Each Receipt this Period: 3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 68039.87

Date of Receipt: 10 / 29 / 2025

Transaction ID : SA11AI.13764.0

Amount of Each Receipt this Period: 3500.00

Memo Item

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

Mailing Address 4643 Santa Cruz Ave

City: San Diego State: CA Zip Code: 92107

FEC ID number of contributing federal political committee: C

Name of Employer: Singleton Shreiber LLP Occupation: Founding Partner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3500.00

Date of Receipt: 10 / 22 / 2025

Transaction ID : SA11AI.13741

Amount of Each Receipt this Period: 3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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

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 51 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
59039.87

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.13741.0

Amount of Each Receipt this Period

3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Segall, Karen, , ,

Mailing Address 3510 Englemeade Road

City Pikesville	State MD	Zip Code 21208
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Teacher
--------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13805

Amount of Each Receipt this Period

1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
87214.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13805.0

Amount of Each Receipt this Period

1000.00

Memo Item

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

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

1000.00

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 52 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Shalom, Deborah, , ,

Mailing Address 430 Stuart Street

City Boston	State MA	Zip Code 02116
----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13809

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
89214.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13809.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 9988 Hibert St #302

City San Diego	State CA	Zip Code 92131
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FEC ID number of contributing federal political committee. **C**

Name of Employer Merchant Associates	Occupation Manager
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13766

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 198
(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)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
69039.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13766.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Shekhter, Boris, , ,

Mailing Address 4195 falcon st

City San diego	State CA	Zip Code 92103
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FEC ID number of contributing federal political committee. **C**

Name of Employer Helix Electric	Occupation Engineer
------------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13811

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
90214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13811.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Shteremberg, David, , ,

Mailing Address 8548 Prestwick Drive

City La Jolla State CA Zip Code 92037

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

Name of Employer Steren Electronics International, LLC Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13825

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
95714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13825.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 12304 Cleghorn Road

City Cockeysville State MD Zip Code 21030

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13845

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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 55 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
103721.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13845.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sidman, Lori, , ,

Mailing Address 297 Commonwealth Avenue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13881

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
124521.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13881.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Siegler, Mitchell, , ,

Mailing Address 475 San Gorgonio

City San Diego State CA Zip Code 92106

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

Name of Employer Occupation
Pathfinder Partners Real Estate

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 15 2025

Transaction ID : SA11AI.13732

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
54539.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 15 2025

Transaction ID : SA11AI.13732.0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 14530 Dufief Mill Rd

City North Potomac State MD Zip Code 20878

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

Name of Employer Occupation
Howard University Professor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 30 2025

Transaction ID : SA11AI.13703

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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

**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 57 OF 198	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input 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)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
59207.45

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.13703.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Silverglate, Betty, , ,

Mailing Address 10212 Berkshire Lane

City Ellicott City State MD Zip Code 21042

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

Name of Employer Occupation
None Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13798

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
84214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13798.0

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1000.00
TOTAL This Period (last page this line number only)..... ▶	

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 58 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Simon, Dina, , ,

Mailing Address 77 8th Avenue

City Huntington Station	State NY	Zip Code 11746
----------------------------	-------------	-------------------

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

Name of Employer NYC	Occupation Chief of Stagg
-------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2025

Transaction ID : SA11AI.13700

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
58202.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2025

Transaction ID : SA11AI.13700.0

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 9 Trout Pond Ln

City Needham	State MA	Zip Code 02492
-----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2025

Transaction ID : SA11AI.13885

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1025.00

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 59 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
126521.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13885.0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Slone, Jacob, , ,

Mailing Address 6601 Pebble Brooke Rd

City Baltimore	State MD	Zip Code 21209
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harbor Group International, LLC	Occupation Investor
---	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13871

Amount of Each Receipt this Period
1300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
119221.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.13871.0

Amount of Each Receipt this Period
1300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1300.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Stoler, Lisa, , ,

Mailing Address 10513 Burnside Farm Rd

City Owings Mills State MD Zip Code 21117

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

Name of Employer None Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13786

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
79714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13786.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2116 Kratz Station Rd

City Harleysville State PA Zip Code 19438

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

Name of Employer Occupation
Scribe Strategies & Advisors Managing Director

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.13714

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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 61 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
63957.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.13714.0

Amount of Each Receipt this Period

500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Talles, Susan, , ,

Mailing Address 8200 Brynmor Ct

City Baltimore	State MD	Zip Code 21208
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13796

Amount of Each Receipt this Period

1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
83214.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13796.0

Amount of Each Receipt this Period

1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Tchamdjou, Joseph, , ,

Mailing Address 116 Autumn Hill Way

City Gaithersburg State MD Zip Code 20877

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.13689

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Toranto, Anthony, , ,

Mailing Address 8074 Doug Hill

City San Diego State CA Zip Code 92127

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

Name of Employer Occupation
Sheppard Mullin Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13821

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
93714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.13821.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4000.00

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 63 OF 198	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input 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)
Turlkel, Harel, , ,

Mailing Address 1421 Clarkview Rd

City Baltimore	State MA	Zip Code 21209
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FEC ID number of contributing federal political committee. **C**

Name of Employer SOS Tech Group	Occupation CEO
------------------------------------	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13891

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
134001.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.13891.0

Amount of Each Receipt this Period
1300.00

Memo Item

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

Mailing Address 1020 Prospect St
Unit 402

City La Jolla	State CA	Zip Code 92037
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Not Employed
--------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : SA11AI.13727

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4800.00
TOTAL This Period (last page this line number only)..... ▶	

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 64 OF 198
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
67489.45

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : SA11AI.13727.0

Amount of Each Receipt this Period
3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Wallack, Lisa, , ,

Mailing Address 3 Idlewile Lane

City Weston	State MA	Zip Code 02493
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Not Employed
--------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13754

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62039.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13754.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 198
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Warchawski, Rachel, , ,

Mailing Address 3121 Old Court Rd

City Baltimore State MD Zip Code 21208

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

Name of Employer Self Occupation Artist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13774

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
72214.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13774.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 13379 Heston Place

City San Diego State CA Zip Code 92130

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

Name of Employer Self Occupation Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.13743

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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 66 OF 198	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
59539.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.13743.0

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Zeff, Dana, , ,

Mailing Address 6251 La Jolla Scenic Dr S

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

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

Name of Employer UnitLeader	Occupation Managing Partner
--------------------------------	--------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13778

Amount of Each Receipt this Period
3300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
76714.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.13778.0

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
TOTAL This Period (last page this line number only).....▶	108575.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 OF 198
(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)
AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

Mailing Address 80 F STREET, NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: **C** C00009936

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
10 / 21 / 2025

Transaction ID : SA11C.13696

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: **C** C00797670

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
132701.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 18 / 2025

Transaction ID : SA11C.13698

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MOLINA HEALTHCARE, INC. PAC

Mailing Address 200 OCEANGATE
SUITE 100

City: LONG BEACH State: CA Zip Code: 90802

FEC ID number of contributing federal political committee: **C** C00430256

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11C.13692

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00

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

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 68 OF 198	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)

Mailing Address 550 S 4TH STREET, FLOOR 10
MAC N9310-10E

City MINNEAPOLIS	State MN	Zip Code 55415
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034595

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11C.13697

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	9500.00

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 69 OF 198	
	<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. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2025	
Mailing Address PO Box 962017			FEC Identification Number C	
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 1.19	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : SB17.14010	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025	
Mailing Address PO Box 962017			FEC Identification Number C	
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 227.13	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : SB17.14011	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025	
Mailing Address PO Box 962017			FEC Identification Number C	
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 1.27	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : SB17.14012	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	229.59
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 70 OF 198	
	<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. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025	
Mailing Address PO Box 962017			FEC Identification Number C	
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 139.52	
Purpose of Disbursement Credit Card Processing Fee			Transaction ID : SB17.14013	
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. Alaska Airlines			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2025	
Mailing Address 19300 International Blvd			FEC Identification Number C	
City Seatac	State WA	Zip Code 98188	Amount of Each Disbursement this Period 913.30	
Purpose of Disbursement Travel Expense			Transaction ID : SB17.14067	
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. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2025	
Mailing Address PO BOX 619616			FEC Identification Number C	
City DFW Airport	State TX	Zip Code 75261	Amount of Each Disbursement this Period 674.96	
Purpose of Disbursement Travel Expense			Transaction ID : SB17.14061	
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).....▶	1727.78
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. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2025
Mailing Address PO BOX 619616		FEC Identification Number C
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 1092.48
Candidate Name		Transaction ID : SB17.14063
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. Black Car Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
Mailing Address		FEC Identification Number C
City Potomac	State MD	Zip Code
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 594.62
Candidate Name		Transaction ID : SB17.14072
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. Black Car Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2025
Mailing Address		FEC Identification Number C
City Potomac	State MD	Zip Code
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 779.28
Candidate Name		Transaction ID : SB17.14073
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).....▶	2466.38
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 72 OF 198	
	<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. David Oscar Markus			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025	
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 100000.00	
Purpose of Disbursement Legal Fees			Transaction ID : SB17.14042	
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. Democracy Engine LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025	
Mailing Address 416 Florida Ave NW #26418			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 50.18	
Purpose of Disbursement Credit Card Processing Fee			Transaction ID : SB17.14003	
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 10 / 23 / 2025	
Mailing Address 416 Florida Ave NW #26418			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Credit Card Processing Fee			Transaction ID : SB17.14004	
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).....▶	100350.18
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)		PAGE 73 OF 198	
	<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 M M / D D / Y Y Y Y 10 / 30 / 2025	
Mailing Address 416 Florida Ave NW #26418			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 1198.73	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : SB17.14005	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Democracy Engine LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2025	
Mailing Address 416 Florida Ave NW #26418			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 875.34	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : SB17.14006	
Candidate Name		Memo Item <input type="checkbox"/>		
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 11 / 13 / 2025	
Mailing Address 416 Florida Ave NW #26418			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 1299.00	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : SB17.14007	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	3373.07
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 74 OF 198	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Democracy Engine LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2025
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 570.00
Candidate Name		Transaction ID : SB17.14008
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 M M / D D / Y Y Y Y 11 / 27 / 2025
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 90.00
Candidate Name		Transaction ID : SB17.14009
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. Houses Built by Faith		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 10401 NW 8th Ave		FEC Identification Number C
City Miami	State FL	Zip Code 33150
Purpose of Disbursement Event Tickets		Amount of Each Disbursement this Period 220.80
Candidate Name		Transaction ID : SB17.14030
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).....▶	880.80
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 75 OF 198	
	<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. Intercontinental San Diego			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2025	
Mailing Address 901 Bayfront Ct			FEC Identification Number C	
City San Diego	State CA	Zip Code 92101	Amount of Each Disbursement this Period 1021.33	
Purpose of Disbursement Travel Expense		Category/ Type	Transaction ID : SB17.14069	
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. Mailchimp			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025	
Mailing Address 675 Ponce De Leon Ave NE Ste 5000			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30308	Amount of Each Disbursement this Period 119.00	
Purpose of Disbursement Email Service		Category/ Type	Transaction ID : SB17.14024	
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. Mailchimp			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025	
Mailing Address 675 Ponce De Leon Ave NE Ste 5000			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30308	Amount of Each Disbursement this Period 119.00	
Purpose of Disbursement Email Service		Category/ Type	Transaction ID : SB17.14025	
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).....▶	1259.33
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 76 OF 198	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Mailchimp		M M / D D / Y Y Y Y 12 / 03 / 2025	
Mailing Address 675 Ponce De Leon Ave NE Ste 5000		FEC Identification Number	
City Atlanta	State GA	Zip Code 30308	C
Purpose of Disbursement Email Service		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			119.00
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.14026	
<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. Mauricio Pereira de Barros		M M / D D / Y Y Y Y 10 / 28 / 2025	
Mailing Address 20801 NW 2nd St		FEC Identification Number	
City Pembroke Pines	State FL	Zip Code 33029	C
Purpose of Disbursement Travel Expense		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			320.00
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.14071	
<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	
C. National Democratic Club		M M / D D / Y Y Y Y 10 / 17 / 2025	
Mailing Address 30 Ivy St SE		FEC Identification Number	
City Washington	State DC	Zip Code 20003	C
Purpose of Disbursement Food and Meals		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			19.80
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.14033	
<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:			

SUBTOTAL of Disbursements This Page (optional).....▶	458.80
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 77 OF 198	
	<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. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 30 Ivy St SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Food and Meals		Amount of Each Disbursement this Period 343.20
Candidate Name		Transaction ID : SB17.14037
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. NGP Van		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2025
Mailing Address 655 15th Street NW Suite 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Software		Amount of Each Disbursement this Period 1365.00
Candidate Name		Transaction ID : SB17.13999
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. NGP Van		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 655 15th Street NW Suite 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Software		Amount of Each Disbursement this Period 682.50
Candidate Name		Transaction ID : SB17.14000
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).....▶	2390.70
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 78 OF 198	
	<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 M M / D D / Y Y Y Y 12 / 03 / 2025
Mailing Address 655 15th Street NW Suite 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Software		Amount of Each Disbursement this Period 682.50
Candidate Name		Transaction ID : SB17.14001
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. Publix		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address 3300 Publix Corporate Pkwy		FEC Identification Number C
City Lakeland	State FL	Zip Code 33811
Purpose of Disbursement Food and Meals		Amount of Each Disbursement this Period 141.22
Candidate Name		Transaction ID : SB17.14036
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. San Diego Black Car		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2025
Mailing Address 1220 Rosecrans St		FEC Identification Number C
City San Diego	State CA	Zip Code 92106
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 520.80
Candidate Name		Transaction ID : SB17.14064
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).....▶	1344.52
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 79 OF 198	
	<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. Sir Stor-A-Lot Self Storage			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2025	
Mailing Address 1973 S State Rd 7			FEC Identification Number C	
City West Park	State FL	Zip Code 33023	Amount of Each Disbursement this Period 926.57	
Purpose of Disbursement Storage Unit		Category/ Type	Transaction ID : SB17.14080	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Sir Stor-A-Lot Self Storage			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025	
Mailing Address 1973 S State Rd 7			FEC Identification Number C	
City West Park	State FL	Zip Code 33023	Amount of Each Disbursement this Period 914.00	
Purpose of Disbursement Storage Unit		Category/ Type	Transaction ID : SB17.14081	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Surtified Print Shop			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2025	
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 38.52	
Purpose of Disbursement Printing Expense		Category/ Type	Transaction ID : SB17.14047	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	1879.09
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 80 OF 198	
	<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. Trindy Gourmet			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2025	
Mailing Address 2055 Spruce Ave			FEC Identification Number C	
City West Palm Beach	State FL	Zip Code 33407	Amount of Each Disbursement this Period 1390.00	
Purpose of Disbursement Catering Expense		Category/ Type	Transaction ID : SB17.14027	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Truist			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025	
Mailing Address 3401 N Pine Island			FEC Identification Number C	
City Sunrise	State FL	Zip Code 33351	Amount of Each Disbursement this Period 44.00	
Purpose of Disbursement Bank Fee		Category/ Type	Transaction ID : SB17.13996	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Truist			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2025	
Mailing Address 3401 N Pine Island			FEC Identification Number C	
City Sunrise	State FL	Zip Code 33351	Amount of Each Disbursement this Period 12.00	
Purpose of Disbursement Bank Fee		Category/ Type	Transaction ID : SB17.13997	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	1446.00
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 81 OF 198	
	<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. Truist		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025
Mailing Address 3401 N Pine Island		FEC Identification Number C
City Sunrise	State FL	Zip Code 33351
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 32.00
Candidate Name		Transaction ID : SB17.13998
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. Verdi & Ogletree PLLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2025
Mailing Address 1325 G St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period 10000.00
Candidate Name		Transaction ID : SB17.14040
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 10 / 15 / 2025
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 : SB17.14074
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).....▶	10068.00
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 82 OF 198	
	<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 11 / 17 / 2025	
Mailing Address 500 Tery A Francois Blvd Fl 6			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94158	Amount of Each Disbursement this Period 36.00	
Purpose of Disbursement Website		Candidate Name	Transaction ID : SB17.14075	
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) ▼	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) B. Wix			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025	
Mailing Address 500 Tery A Francois Blvd Fl 6			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94158	Amount of Each Disbursement this Period 36.00	
Purpose of Disbursement Website		Candidate Name	Transaction ID : SB17.14076	
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) ▼	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) C. Zeffy			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2025	
Mailing Address 2915 Ogletown Rd			FEC Identification Number C	
City Newark	State DE	Zip Code 19713	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement Event Tickets		Candidate Name	Transaction ID : SB17.14029	
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) ▼	Memo Item <input type="checkbox"/>
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	822.00
TOTAL This Period (last page this line number only).....▶	128696.24

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 83 OF 198	
	<input type="checkbox"/> 17 <input checked="" 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. Cohen, Suzanne, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2025
Mailing Address 7 Laurus Lane		FEC Identification Number C
City Newton	State MA	Zip Code 02459
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB20A.14053
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. Kleeman, Lisa, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025
Mailing Address 3017 Susanne Court		FEC Identification Number C
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB20A.14052
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

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)
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. Ayiti Community Trust

Date of Disbursement
M M / D D / Y Y Y Y
10 / 20 / 2025

Mailing Address 201 S Biscayne Blvd #800

FEC Identification Number
C

City Miami State FL Zip Code 33131

Amount of Each Disbursement this Period
641.34
Transaction ID : SB21.14019

Purpose of Disbursement Donation

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

B. Broward County Democratic Executive Committee,

Date of Disbursement
M M / D D / Y Y Y Y
10 / 06 / 2025

Mailing Address 8320 W Sunrise Blvd

FEC Identification Number
C

City Plantation State FL Zip Code 33322

Amount of Each Disbursement this Period
2000.00
Transaction ID : SB21.14014

Purpose of Disbursement Political Contribution

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

C. Women of Veteran Affairs, Inc.

Date of Disbursement
M M / D D / Y Y Y Y
11 / 04 / 2025

Mailing Address 4440 NW 36th St

FEC Identification Number
C

City Lauderdale Lakes State FL Zip Code 33319

Amount of Each Disbursement this Period
600.00
Transaction ID : SB21.14021

Purpose of Disbursement Donation

Candidate Name

Memo Item

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

SUBTOTAL of Disbursements This Page (optional).....▶ 3241.34

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 85 OF 198	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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. Women of Veteran Affairs, Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2025	
Mailing Address 4440 NW 36th St			FEC Identification Number C	
City Lauderdale Lakes	State FL	Zip Code 33319	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Donation		Category/ Type	Transaction ID : SB21.14023	
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. Zeffy Island Space Summer Camp			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2025	
Mailing Address 851023 US 17			FEC Identification Number C	
City Yulee	State FL	Zip Code 32097	Amount of Each Disbursement this Period 850.00	
Purpose of Disbursement Donation		Category/ Type	Transaction ID : SB21.14017	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
Candidate Name				
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) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	4391.34

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 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 7.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 06 / 01 / 2021	Date Due M M / D D / Y Y Y Y 01/13/2023	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).....▶	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 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			
City MIRAMAR	State FL	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
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 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	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			<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
200000.00	2019568.50	- 1819568.50

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 14 / 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).....▶	- 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
Special-Primary			

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:
	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
	06 / 24 / 2021	01/13/2023	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).....▶	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	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
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 08 / 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).....▶	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			<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
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 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 150000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 07 / 21 / 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).....▶	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 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 45000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 45000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 07 / 29 / 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).....▶	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	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:
	08 / 09 / 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).....▶	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 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
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			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
52700.00	0.00	52700.00

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	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
20000.00	0.00	20000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 25 / 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/10.7321
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 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			
City MIRAMAR	State FL	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 Secured: (If none, enter 0)								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td style="text-align: center;">0.00 % (apr)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">09 / 01 / 2021</td> <td style="text-align: center;">12/31/25</td> <td></td> <td></td> </tr> </table>	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	09 / 01 / 2021	12/31/25		
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					
09 / 01 / 2021	12/31/25							

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 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 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 09 / 03 / 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).....▶	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 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
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 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			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS Date Incurred Date Due Interest Rate Secured: (If none, enter 0)										
<table style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">% (apr)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">09 / 15 / 2021</td> <td style="text-align: center;">12/31/25</td> <td></td> <td></td> <td></td> </tr> </table>	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	09 / 15 / 2021	12/31/25			
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						
09 / 15 / 2021	12/31/25									

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 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 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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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 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		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 / 22 / 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 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="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/10.7328**
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			<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
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	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 / 24 / 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/10.7330**
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 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
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	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).....▶	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

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 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 10 / 01 / 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).....▶	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			<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:
	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 / 04 / 2021	12/31/25		

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 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 10 / 07 / 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/10.7335**
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 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
152000.00	0.00	152000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 08 / 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).....▶	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) **Transaction ID : SC/10.9990**
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
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

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:
	10 / 26 / 2021	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	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
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	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	10 / 27 / 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).....▶	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	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
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 28 / 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).....▶	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			
City MIRAMAR	State FL	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
290000.00	0.00	290000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 04 / 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: <input style="width: 150px;" 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: 150px;" 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: 150px;" 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: 150px;" type="text"/>	

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="290000.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" 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/10.8181
 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 105000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 105000.00
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TERMS	Date Incurred MM / DD / YYYY 12 / 02 / 2021	Date Due MM / DD / YYYY 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).....▶	105000.00
TOTALS This Period (last page in this line only).....▶	(Empty field)

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 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 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 12 / 13 / 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: <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="40000.00"/>
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/10.10000
 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 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)▶	(Empty field)

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 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 70000.00	Cumulative Payment To Date 2900.00	Balance Outstanding at Close of This Period 67100.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 09 / 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).....▶	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		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
10000.00	2900.00	7100.00

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 18612 SW 41ST STREET				<input type="checkbox"/> General
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

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 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 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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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:
	02 / 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).....▶	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/10.8874**
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
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	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/10.8875
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 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred MM / DD / YYYY 02 / 14 / 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).....▶	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:
	MM / DD / YYYY	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	02 / 15 / 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).....▶	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
Mailing Address				<input type="checkbox"/> General
18612 SW 41ST STREET				<input 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
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	Date Due	Interest Rate (If none, enter 0)	Secured:																																								
	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>03</td><td></td><td></td><td>01</td><td></td><td></td><td>2022</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	03			01			2022				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>12/31/2023</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y							12/31/2023				0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	/	D	D	/	Y	Y	Y	Y																																			
03			01			2022																																						
M	M	/	D	D	/	Y	Y	Y	Y																																			
						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: <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	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
37000.00	0.00	37000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 03 / 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).....▶	37000.00
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/10.8880**
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:
	03 / 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).....▶	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/10.8881**
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
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 25 / 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/10.9443**
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 <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
5500.00	0.00	5500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 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).....▶	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			<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
400.00	0.00	400.00

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 / 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).....▶	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 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).....▶	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 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 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 05 / 11 / 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).....▶	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 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 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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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 MM / DD / YYYY 05 / 13 / 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 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:
	05 / 19 / 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).....▶	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		
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
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	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
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	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	05 / 31 / 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).....▶	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 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 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 05 / 31 / 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).....▶	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 MM / DD / YYYY 06 / 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:
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/10.9456**
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:
	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 / 07 / 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).....▶	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 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 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS	Date Incurred MM / DD / YYYY 06 / 13 / 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).....▶	<input style="width: 100%;" type="text" value="6000.00"/>
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/10.9459**
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 18612 SW 41ST STREET				<input type="checkbox"/> General
City MIRAMAR			State FL	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
4000.00			0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 17 / 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).....▶	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 MM / DD / YYYY 06 / 21 / 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).....▶	<input style="width: 100%;" type="text" value="5000.00"/>
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/10.9463**
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
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 12000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12000.00
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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 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 62000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 62000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 29 / 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).....▶	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 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
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 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 12120.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12120.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 07 / 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="12120.00"/>
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/10.9798**
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 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
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 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	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:
	M M / D D / Y Y Y Y 07 / 12 / 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: <input style="width: 150px;" 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: 150px;" 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: 150px;" 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: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="150000.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" 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/10.9802**
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			<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
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			State FL	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
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	M M / D D / Y Y Y Y	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 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 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 07 / 27 / 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).....▶	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	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
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 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).....▶	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	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
60000.00	0.00	60000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 29 / 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).....▶	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/10.9808**
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
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
75000.00	0.00	75000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 03 / 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).....▶	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	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
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 22 / 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/10.10507
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 50000.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 23 / 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).....▶	10000.00
TOTALS This Period (last page in this line only)▶	(Empty field)

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	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
15000.00	2900.00	12100.00

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
	08 / 25 / 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).....▶	12100.00
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/10.10510**

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 checked="" type="checkbox"/> General
City MIRAMAR		State FL	ZIP Code 33029
			<input type="checkbox"/> Other (specify) ▼
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 / 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).....▶	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 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 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 09 / 02 / 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/10.12586**
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			State FL	ZIP Code 33029
				<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Personal Funds of the Candidate				

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 / 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 <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 700.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 31 / 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).....▶	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 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	ZIP Code 33029	

Original Amount of Loan 200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 02 / 12 / 2025	Date Due M M / D D / Y Y Y Y	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).....▶	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	Election: 2026
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 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
354.00	0.00	354.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 14 / 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).....▶	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 <input style="width: 100%;" type="text" value="16354.16"/>	Transaction ID : SD10.13042
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="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 <input style="width: 100%;" type="text" value="18949.80"/>	Transaction ID : SD10.13339
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="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 <input style="width: 100%;" type="text" value="19845.19"/>	Transaction ID : SD10.13681
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="19845.19"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="55149.15"/>
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 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 0.00	Transaction ID : SD10.14082	
Amount Incurred This Period 6291.24	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 <input style="width:100%;" type="text" value="13109.75"/>		Transaction ID : SD10.12593	
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="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 <input style="width:100%;" type="text" value="66297.00"/>		Transaction ID : SD10.12595	
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="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 <input style="width:100%;" type="text" value="50205.25"/>		Transaction ID : SD10.12608	
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="50205.25"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="129612.00"/>
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="49814.07"/>		Transaction ID : SD10.12596	
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="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 <input style="width:100%;" type="text" value="22575.15"/>		Transaction ID : SD10.12598	
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="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 <input style="width:100%;" type="text" value="43620.30"/>		Transaction ID : SD10.12600	
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="43620.30"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="116009.52"/>
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="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 53006.00	Transaction ID : SD10.13045	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 13054.05	Transaction ID : SD10.13046	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 4500.00	Transaction ID : SD10.12272	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

1) SUBTOTALS This Period This Page (optional)	▶	70560.05
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 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		Transaction ID : SD10.14083	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
57570.42	0.00	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		Transaction ID : SD10.13043	
56177.09			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	113747.51
2) TOTALS This Period (last page this line number only)	729210.12
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	3656079.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	4385289.12